

The Health and Social Services Disaster Recovery

SIX YEARS IN RETROSPECTIVE



2011-2017

U.S. Department of Health and Human Services
Office of the Assistant Secretary for Preparedness and Response
Office of Emergency Management
Division of Recovery



Contents

- From the Director3
- The Division of Recovery Overview.....4
- Health and Social Services Recovery Mission Scope.....5
- Authorities7
- National Disaster Recovery Framework (NDRF) Fundamentals8
- Health and Social Services Concept of Operations – Guiding Recovery Action9
- Health Care Preparedness and Response Capabilities and Recovery10
- Preparedness, Resilience, and Recovery11
- Our Activities around the Nation13
 - North Carolina Hurricane Matthew (DR-4285)14
 - Louisiana – Severe Storms and Flooding (DR-4263)15
 - Louisiana Severe Storms and Flooding (DR-4277)15
 - Contaminated Water in Flint, Michigan (EM-3375).....16
 - South Carolina Severe Storms and Flooding (DR-4241)17
 - Guam Typhoon Dolphin (DR-4224)18
 - Texas Severe Storms, Tornadoes, Straight-line Winds, and Flooding (DR-4223).....19
 - Oklahoma Severe Storms, Tornadoes, Straight-line Winds, and Flooding (DR-4222).....21
 - Oklahoma Severe Storms and Tornadoes (DR-4117).....22
 - New Jersey Hurricane Sandy (DR-4086).....23
 - New York Hurricane Sandy (DR-4085)23
 - Louisiana Hurricane Isaac (DR-4080).....25
 - US National Drought 201226
 - Mississippi Severe Storms, Tornadoes, and Flooding (DR-4175).....29
- Appendix A – Recovery Web Resources30
- Appendix B – National Preparedness Report.....31

*D*isasters are always local.

Regardless of whether it is the smallest flood, the largest hurricane, an act of terrorism, or a technological accident — communities will inherit the consequences of that incident. Their leaders will be pressed to answer many questions like: ‘who can help us?’, ‘who will be my partners?’ and ‘how will we build back better?’

As we have over the last six years, HHS stands ready to be your partner to help navigate the days and months to come in preparing for and recovering from the next incident.

From the Director

Recovering from a disaster is a complicated and frustrating process for individuals, families, businesses, and communities. In a single moment, day-to-day lives shift to a life-saving and life-sustaining response. As the dust settles, the inevitable question that emerges is “Now what?” Often the decisions made in the days and weeks following a major disaster can set the course for how a community will cope in the months and years to come. For this reason it is imperative for well-considered recovery planning and coordination to start in tandem with disaster response. The major determinant of how a community recovers hinges on how effectively a community aligns resources, plans, and problem solvers at all levels of government.

The television cameras and the imagery of destruction often leave the airwaves far earlier than when the effects of the disaster are resolved. As national attention begins to fade, the community must sustain their momentum with a focused recovery effort.

The Division of Recovery’s mission is to advance the nation’s ability to recover from the health and social services effects of emergencies and disasters. It leads the coordination of federal health and social services efforts to support communities’ recovery from these events. To be most effective post-disaster, the Division works with its partners to promote pre-disaster recovery planning, systematic improvements in health and social services recovery capabilities, and meaningful advancements in preparedness for recovery.

The National Disaster Recovery Framework (NDRF) established the Department of Health and Human Services (HHS) as the Coordinating Agency for the Health and Social Services (HSS) Recovery Support Function (RSF); the Division of Recovery fulfills these responsibilities for HHS. In supporting the post-incident recovery needs of states, tribes, territories, and communities, the scope of the HSS mission is broad - spanning issues such as public health, behavioral health, environmental health, social services effects, and children and youth in disasters. We depend heavily on the coalition of HSS partners to be proactive and forward-leaning. In doing so, we collectively find ways to creatively apply programs, authorities, and technical capabilities to fill critical gaps in a community, state, tribe, or territory’s recovery.

The past six years taught us a great deal about how natural, technological, and terrorism incidents can affect the health and social services outcomes of communities. We are enthusiastic about what the next six years will bring as we continue to work with states, communities, and our federal partners to enable a more resilient nation.

Joshua Barnes

Acting Director, Recovery Division, HHS/ASPR

The Division of Recovery Overview

VISION

Communities will recover from the adverse impacts of emergencies and disasters in a coordinated manner that incorporates health and social services

MISSION

To advance the Nation's ability to recover from the health and social services impacts of emergencies and disasters

GOALS

4

- Lead federal health and social services to advance nationwide innovation and capacity building that positively affects communities' recovery from emergencies and disasters
- Build pre-disaster recovery capacity of state, local, tribal, and territorial health and social services stakeholders
- Enable a more efficient and effective recovery effort through the implementation of information sharing, technical assistance, and utilization of health and social services capabilities

Health and Social Services Recovery

Mission Scope

Health and Social Services recovery covers a broad range of topics that all affect communities in different ways after disasters. A key facet of the National Disaster Recovery Framework is in how it looks at recovery from a thematic perspective as opposed to an organizational one. Looking at recovery from this thematic perspective prompts organizations confronting these challenges to understand the incident effects along nine core mission areas: public health, health care services effects, behavioral health effects, environmental health effects, food safety and regulated medical product, long-term health issues specific to responders, social services effects, referral to social services and disaster case management, and children and youth in disaster.

The nine core mission areas encompass the mission scope of the Health and Social Services RSF. Each core mission area includes a broad array of capabilities that the Division of Recovery works to coordinate among its partners

PUBLIC HEALTH

- Develop strategies to assess and monitor the public health, disease surveillance, and injury prevention of the affected community in order to identify and mitigate health problems
 - Develop and implement risk communications and public health messaging for the disaster
 - Provide technical assistance regarding site-specific hazards and their implications related to recovery
-

HEALTH CARE SERVICES IMPACTS

- Identify and assess affected health care services, and the applicability of programs and waivers that may be strategically leveraged to meet health care deficits
 - Strategize to address availability of interim and long-term health care services while damaged facilities are permanently restored
-

BEHAVIORAL HEALTH IMPACTS

- Assess disaster-caused service deficits, connect practitioners with resources, and identify best practices that include prevention to address ongoing surveillance and long-term treatment assistance
- Develop and disseminate consistent messaging and guidance concerning stress management and stress mitigation strategies

ENVIRONMENTAL HEALTH IMPACTS

- Survey the environment in an affected community to determine whether post-disaster conditions may cause adverse public health effects
- Identify and mitigate public health threats in sheltering, potable water, and wastewater that can cause or exacerbate negative environmental health outcomes

FOOD SAFETY AND REGULATED MEDICAL PRODUCTS

- Provide technical assistance for regulated biologics, medical devices, drugs, animal feed, and human food establishments to protect public health; and support of the safety of the nation’s supply of meat, poultry, and processed egg products

LONG-TERM HEALTH ISSUES SPECIFIC TO RESPONDERS

- Monitor and survey long-term health (including behavioral health) issues specific to responders; and establish long-term health monitoring capacity of disaster responders

SOCIAL SERVICES IMPACTS

- Assess disaster-related structural, functional and operational impacts to social services facilities
- Assess disaster-related impacts to at-risk individuals

REFERRAL TO SOCIAL SERVICES/DISASTER CASE MANAGEMENT

- Facilitate technical assistance for impacted states and communities with grant support of the Federal Disaster Case Management Program

CHILDREN AND YOUTH IN DISASTERS

- Facilitate technical assistance, programs, and activities to support children and youth who are displaced as a result of the disaster including access to school and access to healthy meal services
- Identify behavioral health needs of children, youth, expectant and nursing mothers and provide age-appropriate messaging

Authorities

The Post Katrina Emergency Management Reform Act significantly reinforced the requirements of federal-level emergency management. This act provided new authorities to remedy gaps identified during the response to Hurricane Katrina and included a more robust preparedness and recovery mission. To advance the nation's ability to recover from the health and social services effects of emergencies and disasters, the Office of the Assistant Secretary for Preparedness and Response (ASPR) created the Division of Recovery.

HHS continually takes actions to improve the health and well-being of Americans, both before and after major disasters and emergencies. In December 2006, Congress passed the Pandemic and All-Hazards Preparedness Act to assist HHS in these preparedness and response efforts. This law has broad implications for the Department, as well as our partners in the federal government, states, territories, tribes, and local communities as an amendment to the Public Health Service Act. In 2013, Congress continued efforts to improve the nation's public health and medical preparedness and response capabilities for emergencies, whether deliberate, accidental, or natural by passing the Pandemic and All-Hazards Preparedness Reauthorization Act. This law builds upon the crucial HHS responsibility to advance national health security and authorized funding to public health and medical preparedness programs, such as the Hospital Preparedness Program, one of our close partners in disaster recovery.

In addition, the National Health Security Strategy is the first comprehensive strategy focusing specifically on the nation's goals of protecting people's health in an emergency. Disaster recovery is included as a strategic objective needed to achieve the goals of this strategy.

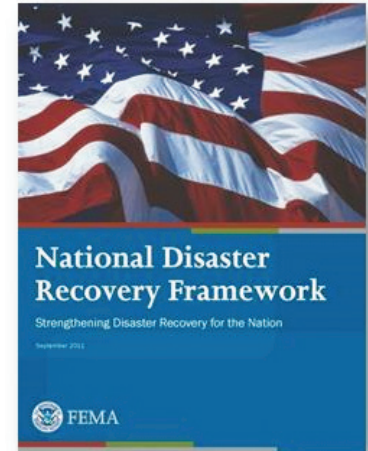
“In December 2006, Congress passed the Pandemic and All-Hazards Preparedness Act to assist HHS in these preparedness and response efforts.”



National Disaster Recovery Framework Fundamentals

The NDRF and supporting operational plans are integral elements of the National Preparedness System. The NDRF is guided by eight principles:

- Individual and Family Empowerment;
- Leadership and Local Primacy;
- Pre-Disaster Recovery Planning;
- Engaged Partnerships and Inclusiveness;
- Unity of Effort;
- Timeliness and Flexibility;
- Resilience and Sustainability; and
- Psychological and Emotional Recovery.



8

The framework focuses on how to restore, redevelop, and revitalize the health, social, economic, natural, and environmental fabric of the community and build a more resilient nation. It also provides guidance that enables effective recovery support to disaster-affected states, tribes, and local jurisdictions, as well as provides a flexible structure that enables communities who endure incidents to operate in a unified and collaborative manner.

The NDRF established six RSFs that provide a structure to facilitate the identification, coordination and delivery of federal assistance needed to supplement recovery resources and efforts by local, state, and tribal governments and private and nonprofit sectors. The RSFs are:

- Community Planning and Capacity Building
- Economic
- Health and Social Services (HSS)
- Housing
- Infrastructure Systems
- Natural and Cultural Resources

The NDRF is all-hazards in scope, and it encompasses natural and human-caused disasters, as well as public health emergencies within the United States and its territories. The activities described in the NDRF are primarily described in the context of a Presidential disaster declaration under the Robert T. Stafford Disaster Relief and Emergency Assistance Act. However, the HSS RSF structure may be used to support incidents outside of Stafford Act declarations with health and social services recovery implications (e.g., incidents declared under the Oil Pollution Act and Public Health Emergencies).

The HSS RSF mission is to restore and improve health and social services networks to promote the resilience, health (including behavioral health), independence, and wellbeing of the whole community.

Health and Social Services Concept of Operations – Guiding Recovery Action

The Health and Social Services Recovery Support Function Concept of Operations Plan of 2015 (CONOP) provides operational guidance to people who staff or support the NDRF. The plan describes how the coalition of departments, agencies, and organizations that comprise the HSS RSF coordinates to support recovery planning and operations to address unmet health and social services disaster recovery needs. In accordance with the NDRF and the Recovery Federal Interagency Operational Plan, the plan's scope is all-hazards, and encompasses natural and human-caused disasters and public health emergencies within the United States and its territories.

This document applies to the Coordinating Agency, Primary Agencies, and Supporting Organizations, and their sub-agencies, of the HSS RSF and applies to all post-incident activities of the HSS RSF. The CONOP establishes a common understanding of the method and mechanics for how affected states, communities, tribes, and territories can be effectively supported after a disaster.



A woman is counseled after a disaster.

Health Care Preparedness and Response Capabilities and Recovery

ASPR's Hospital Preparedness Program (HPP) enables the health care system to save lives during emergencies that exceed the day-to-day capacity of the health and emergency response systems. HPP is the only source of federal funding that promotes a sustained national focus to improve patient outcomes, minimize the need for supplemental state and federal resources during emergencies, and enable rapid recovery.

HPP awardees use their funds to focus on activities that advance progress toward meeting the goals of the four capabilities listed in the 2017-2022 Health Care Preparedness and Response Capabilities document:

1. Foundation for Health Care and Medical Readiness
2. Health Care and Medical Response Coordination
3. Continuity of Health Care Service Delivery
4. Medical Surge

10

Capability three is the competence through which the Division of Recovery assists HPP field project officers by offering technical assistance so HPP awardees can incorporate plans for the effective recovery of the health care system. Important health system recovery considerations include:



Hospital surge capacity

- Effective recovery and reconstitution of the health care delivery system including pre-incident planning and implementation of recovery processes that begin at the outset of a response
- Developing and implementing the important role health care coalitions play by supporting post-disaster restoration of access to health care in the community

The Division of Recovery also provides regional training on recovery requirements for the health care coalition members and developed technical resources and assistance for health-sector recovery that are published and disseminated through ASPR Technical Resources, Assistance Center, and Information Exchange (TRACIE), a health care emergency preparedness information gateway that provides access to information and resources to improve preparedness, response, and recovery.

Preparedness, Resilience, and Recovery

The Division of Recovery is constantly at work nationwide with other federal agencies, states, tribes, territories, private sector, and non-profit partners to lead in the advancement of innovation and growth in the area of Health and Social Services Recovery.

Engaging with Academia

Disasters can create important opportunities for communities to implement lasting measures to recover stronger and healthier. To understand this better, the Division of Recovery worked with its federal partners and the Institute of Medicine (IOM), a non-profit organization established in 1970 as a component of the US National Academy of Sciences. The IOM works outside the framework of government to provide evidence-based research and recommendations for public health and science policy.

The result of this effort was the publication of the Healthy, Resilient, and Sustainable Communities After Disasters Strategies, Opportunities, and Planning for Recovery in April 2015. With support from the Office of the Assistant Secretary for Preparedness and Response (U.S. Department of Health and Human Services), the Office of Lead Hazard Control and Healthy Homes (U.S. Department of Housing and Urban Development), the Veterans Health Administration (U.S. Department of Veterans Affairs), and the Robert Wood Johnson Foundation, the IOM convened an expert committee to develop an approach to disaster recovery that mitigates disaster impacts on health and promotes healthy communities.

Central to the report was the integration of health considerations into recovery planning, as well as operational guidance for the multitude of sectors involved in community planning and disaster recovery. The IOM-led report presented 12 recommendations for how communities and the nation can improve short-, mid-, and long-term health outcomes in communities affected by a catastrophic incident:

- Develop a Healthy Community Vision for Disaster Recovery
- Integrate Health Considerations into Recovery Decision Making through the NDRF
- Facilitate the Engagement of the Whole Community in Disaster Recovery through Simplified and Accessible Information and Training
- Enhance and Leverage Social Networks in Community Health Improvement and Recovery Planning
- Establish Pathways by which Health Information Can Inform Recovery Decision Making
- Leverage Recovery Resources in a Coordinated Manner to Achieve Healthier Post-Disaster Communities
- Ensure a Ready Health Information Technology Infrastructure
- Develop a National Disaster Behavioral Health Policy

“We’ve delivered more than 100 on-site training courses and exercises, numerous webinars, and countless instances of direct technical assistance for our state, local, tribal, and territorial partners.”

- Develop an Integrated Social Services Recovery Framework
- Design for Healthy Post-Disaster Communities
- Mitigate Against Future Health Hazards
- Ensure Healthy and Affordable Post-Disaster Housing

In addition, the report focused on policy strategies that target the key social determinants of health through an integrated response across multiple sectors. In doing so, we learned that integrating Health & Social Services in disaster recovery planning and operations improves outcomes for communities to recover to a place where people live, learn, work, and play.

Engaging with Health and Social Services and Emergency Management Stakeholders

Our preparedness and capacity-building work included the delivery of training sessions, workshops, planning initiatives, and exercises over the last six years. Supporting pre-disaster recovery planning and preparedness is a vital element of our mission. Below is a sample of the kinds of services the Division of Recovery provided:

- On-going technical assistance to Healthcare Preparedness Program regional partners and emergency management stakeholders
- Webinars and regional planning support workshops to support state, local, tribal, territorial, and non-profit recovery initiatives
- More than 100 on-site training courses and exercises to build capacity of partners at all levels to support and implement their own recovery efforts

Engaging with National-Level Stakeholders

In March 2015, ASPR held a Recovery Workshop, bringing together stakeholders from across various levels of government and outside the government to discuss systematic approaches to recovery, to identify gaps or challenges from recent experiences, and to promote promising practices in an effort to establish a national dialogue for the health and social services emergency management community.

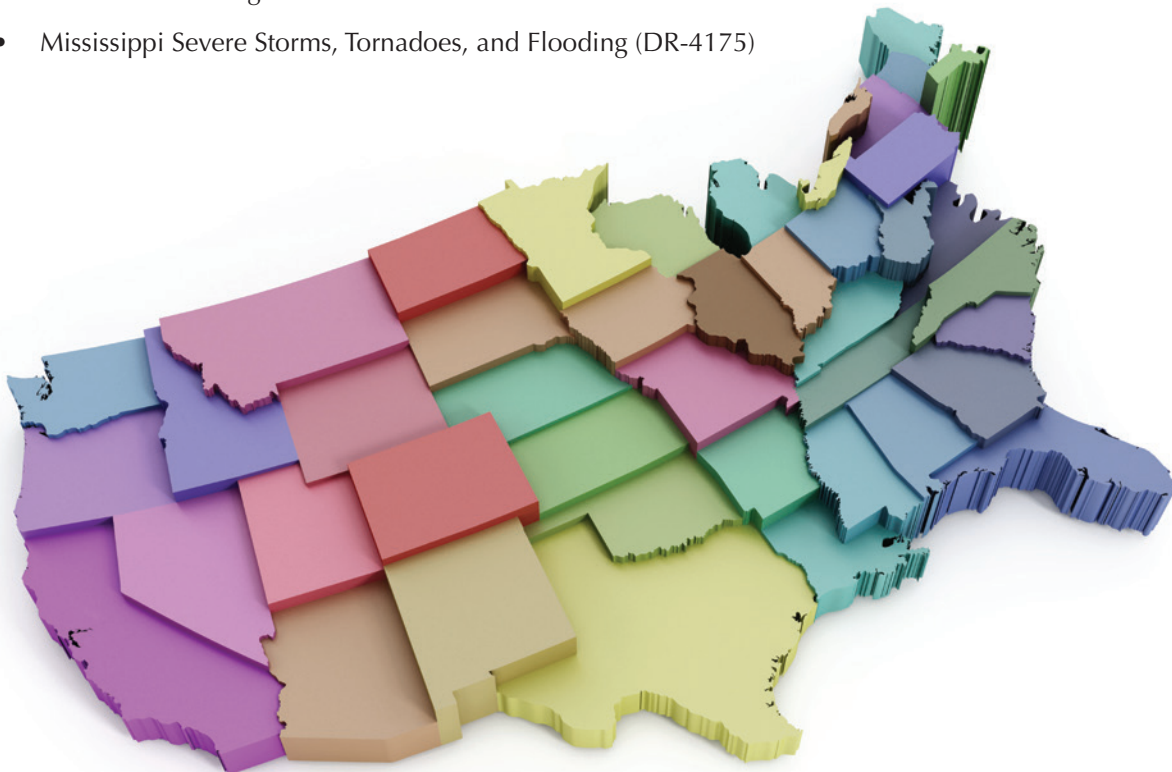
The workshop focused on public health, health care, social services and networks in a pre- and post-disaster recovery context. The workshop also elucidated the need for building pre-disaster recovery plans, creating recovery research opportunities, and coordinating across levels of government in concert with non-government organizations.

Our Activities around the Nation

The Division of Recovery deployed HSS recovery support for these disasters since the 2011 release of the NDRF:

- North Carolina Hurricane Matthew (DR-4285),
- Louisiana Severe Storms and Flooding (DR-4277)
- Louisiana Severe Storms and Flooding (DR-4263)
- Contaminated Water in Flint, Michigan (EM-3375)
- South Carolina Severe Storms and Flooding (DR-4241)
- Guam Typhoon Dolphin (DR-4224)
- Texas Severe Storms, Tornadoes, Straight-line Winds, and Flooding (DR-4223)
- Oklahoma Severe Storms, Tornadoes, Straight-line Winds, and Flooding (DR-4222)
- Oklahoma Severe Storms and Tornadoes (DR-4117)
- New Jersey Hurricane Sandy (DR-4086)
- New York Hurricane Sandy (DR-4085)
- Louisiana Hurricane Isaac (DR-4080)
- US National Drought 2012
- Mississippi Severe Storms, Tornadoes, and Flooding (DR-4175)

“Over the course of six years the Division of Recovery provided assistance coordinating the health and social services after disasters to 30 states, one US territory, and 264 counties nationwide.”



NORTH CAROLINA HURRICANE MATTHEW (DR-4285)

Major Disaster Declaration, October 10, 2016

BACKGROUND



Flooding in Princeville, NC

Hurricane Matthew formed from a tropical wave that pushed off the African coast in late September 2016. Once Matthew reached the eastern Caribbean, it became a hurricane and rapidly intensified. The southeastern United States was hit hard by Hurricane Matthew as it moved very close to the coasts of Florida, Georgia, South Carolina, and North Carolina. Major disaster declarations for South Carolina, North Carolina, Georgia and Florida were issued in October in response to damage caused as the hurricane swept up the coastline of the southeastern United States.

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OUR WORK

After the major disaster declaration was issued on October 10, 2016, for North Carolina, the HSS RSF Field Coordinator deployed to assess damages to health, social services, child care, and educational services providers in 50 counties and provided a list of available resources and assistance state partners could apply for. The Region IV Recovery Coordinator worked with South Carolina Department of Health and Human Services (SC DHHS) and Centers for Medicare and Medicaid Services (CMS) to ensure Federal Qualified Health Centers (FQHC) in North Carolina understood the Federal Emergency Management Agency (FEMA) Public Assistance (PA) application process and worked to have FEMA PA assess damaged FQHCs. The Region IV Recovery Coordinator worked with Apexus (HRSA-designated Prime Vendor for the 340B Drug Pricing Program) to help FQHC's replace medications that had to be disposed of due to a loss of power after the disaster. The Region IV Recovery Coordinator coordinated with homeless education liaisons in 50 school districts to identify needs of students displaced by Hurricane Matthew and ensure that the U.S. Department of Education was aware of any issues. As of August 2017, we continue to support recovery planning and capacity building at the historically and culturally significant town of Princeville, NC.

OUTCOMES

State partners took advantage of available federal disaster assistance. FQHCs in North Carolina applied for PA to repair the damages.

North Carolina's Division of Public Health encouraged school districts in all 50 declared counties to implement their "summer nutrition" program during the two-week Christmas holiday break, giving low-income children, displaced because of Hurricane Matthew, access to nutritional meals. FQHCs were also able to restore and distribute medication to populations in need.

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LOUISIANA – SEVERE STORMS AND FLOODING (DR-4263)

Major Disaster Declaration March 13, 2016
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LOUISIANA SEVERE STORMS AND FLOODING (DR-4277)

Major Disaster Declaration August 14, 2016
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BACKGROUND

The March and August flooding events had a devastating impact on the State of Louisiana. Fifty-six of Louisiana’s 64 parishes received a federal disaster declaration. The March flooding event caused damage or destruction to more than 29,000 homes. The August flooding dropped over 7 trillion gallons of rainwater in Louisiana resulting in the flooding of more than 100,000 homes and claimed 13 lives.

Community members, volunteers, and all levels of government continue developing solutions to move recovery forward.
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OUR WORK

The HSS RSF Field Coordinator serves as a subject matter expert to the Federal Disaster Recovery Coordinator (FDRC) in developing and meeting the Health and Social Services Core Capabilities. The Field Coordinator, in collaboration with Louisiana Health and Social Services Recovery Support Function (RSF) # 3, conducted an assessment of the nine core mission areas under the health and social services recovery umbrella. The subsequent Mission Scoping Assessment Report (MSAR) is the cornerstone of the HSS RSF Recovery Support Strategy that informs the performance tracking tools. Additionally, the Health and Social Services Recovery Support Function Field Coordinator in collaboration with state, federal, academic and local partners stood up a school/children’s task force and an environmental health task force that addressed public health, behavioral health, and access to healthcare and social services solutions, mitigation, resilience, and sustainability opportunities, conducted impact assessments of health and social services issues, coordinated the delivery of behavioral health assistance for first responders, and coordinated the delivery of environmental health technical assistance to prevent the risks of mold growth.
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OUTCOME

As of August 2017, the Field Coordinator is still engaged with State of Louisiana implementing the RSS, to build state capacity. One example includes, the augmentation of existing school/children’s task forces covering issues such as healthy meals, transportation, and behavioral health issues. Our team is also working with the state to support local children and youth recovery planning strategies.



Family being counseled

CONTAMINATED WATER IN FLINT, MICHIGAN (EM-3375)

Emergency Disaster Declaration January 16, 2016

BACKGROUND

Federal agencies moved quickly to support residents of Flint, Michigan, during the water crisis. President Obama signed an emergency declaration and designated HHS as the lead federal agency to coordinate federal support for the state's emergency response to the water crisis in Flint. This unique designation was based on recognition that the incident was primarily a public health crisis.



Corroded pipes

The crisis stemmed from an April 2014 change in the city's water source. The change was made without the necessary corrosion control measures, allowing lead to leach from aging pipes into the water supply, potentially exposing up to 9,000 children to drinking water containing high levels of lead. Ingesting high levels of lead can cause developmental delays, particularly in infants and young children, as well as other health problems.

OUR WORK

Federal agencies, including HHS, FEMA, EPA, HUD, USDA, and the Small Business Administration, focused collaboratively on helping state and local officials provide immediate access to safe water, ensure a safe water supply, and address short and long-term health needs. Federal support spanned from providing technical expertise and personnel to increasing access to nutritious foods that can combat lead absorption, and included increasing access to healthcare, as well as early childhood education. HSS RSF subject matter experts facilitated conversations with the Michigan Department of Health and Human Services (MDHHS) and offered guidance in developing a long-term health and social services recovery plan. We coordinated and in some cases facilitated conversation and activities among HHS OPDIVS and STAFFDIVS as well as our partners and stakeholders so the federal community was able to leverage existing programs in order to offer better access to health and social services.

OUTCOME

As a result of our subject matter expertise and assistance MDHHS developed a state recovery plan that was used not only for the actual crisis but will benefit any future disaster recovery plans.. Accordingly, HHS provided technical assistance for the development of consistent messaging such as guidance on healthy diets; the roles of antioxidants and vitamins B, C and E on health; and strategies for stress mitigation and management. Consequently, the residents of Flint have gained knowledge and awareness that helps them manage the water contamination crisis.

Because of our coordination work with our stakeholders and partners residents of Flint were able to access needed healthcare services as well as human and social services.

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SOUTH CAROLINA SEVERE STORMS AND FLOODING (DR-4241)

Major Disaster Declaration October 05, 2015

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BACKGROUND

As the coordinating agency for the HSS RSF, HHS maintained situational awareness of disaster impacts in South Carolina from the onset of the flood. The Region IV recovery coordinator supported South Carolina’s Department of Health and Environmental Control in addressing environmental health threats related to vector-borne disease.

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OUR WORK

On October 13, 2015, the HSS RSF Field Coordinator convened the primary agencies and supporting organizations of the HSS RSF to develop a common operating picture for recovery needs. At the same time the Field Coordinator took proactive steps to disseminate recovery technical assistance to state and local partners, identify gaps that may require assistance or flexibilities, and to promote lessons learned from Hurricane Sandy. While the HSS RSF was not activated for the South Carolina flood, the HSS RSF Field Coordinator worked with FEMA, Region IV ASPR Regional Emergency Coordinators (RECs), the Centers for Medicare & Medicaid Services (CMS), and United States Department of Agriculture (USDA) Rural Development to support disaster recovery needs of impacted health facilities in rural counties.

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OUTCOME

The HSS RSF Field Coordinator provided cultural competence subject matter expertise to federal and state emergency managers to ensure that the needs of disenfranchised communities were considered during recovery discussions and planning.



Flooded road in Columbia, SC.

GUAM TYPHOON DOLPHIN (DR-4224)

Major Disaster Declaration June 05, 2015

BACKGROUND

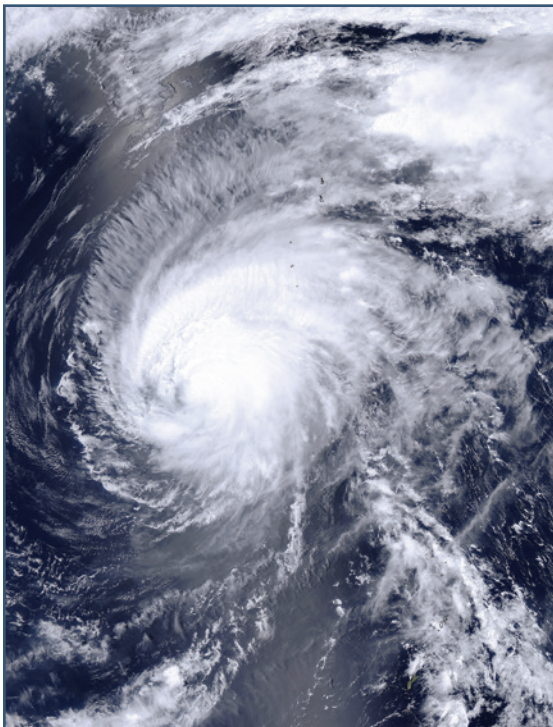
Typhoon Dolphin impacted the U.S. territories of Guam and the Commonwealth of the Mariana Islands on May 15, 2015. HHS' Deputy Assistant Secretary for Preparedness and Response designated an HHS Recovery Liaison Officer, on May 20, 2015, to conduct a post-disaster recovery needs assessment of Typhoon Dolphin's effects to the health and social services networks in order to inform potential Health and Social Services RSF activation discussions.

OUR WORK

The HSS RSF Field Coordinator deployed to Guam, Saipan, and Rota. The Field Coordinator established a Region IX Recovery Task Force with the support of ACF Region IX Regional Director and Region IX's Regional Advisory Committee. The Field Coordinator spent 21 days in the Pacific conducting a post-disaster recovery needs assessment of impacts to health, human services, and educational providers following the disaster. As part of his assessment, he identified a need for emergency management training for school teachers and nurses who are critical in Pacific territories' disaster operations. After returning to the headquarters office he provided support remotely such as working with the U.S. Department of Education to provide emergency management technical assistance to school teachers in the Pacific in advance of Typhoon Soudelor. Additionally, a "Guam- Cultural Considerations" just in-time training tool was developed and sent to all HHS and FEMA responders.

OUTCOME

In addition to improving territorial sheltering operations by providing technical assistance to teachers, the Field Coordinator was able to work with ASPR RECs to use lessons learned from Typhoon Dolphin to update and improve Guam's emergency management plan. The just in time-training tool: "Guam – Cultural Considerations" increased responders knowledge about cultural differences, so they were able to be more efficient in their response.



Typhoon Dolphin—from space

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TEXAS SEVERE STORMS, TORNADOES, STRAIGHT-LINE WINDS, AND FLOODING (DR-4223)

Major Disaster Declaration May 29, 2015

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BACKGROUND

In late May 2015, Texas recorded the highest average precipitation for any month since 1895, temporarily ending a 13-year record drought and causing disastrous results. Estimates indicate more than 35 trillion gallons of rain fell, enough to cover the entire state of Texas with eight inches of water. Also, 32 tornadoes touched down in 29 counties. Approximately 12.5 million citizens were affected by the storms and more than 22 fatalities were reported. The storms resulted in 780 road closures. There were widespread impacts to water and wastewater treatment facilities, and more than 2,000 homes were evacuated.



Texas storm

Damage and destruction from the storms and flooding to the homes and supporting infrastructure resulted in a significant number of homes being structurally compromised and deemed unhealthy due to mold, sewage, animal carcasses, and vermin exposure. Poor and non-existing drainage and septic systems created toxic flood waters in some areas. Residents, homes, and property were exposed to raw sewage water. Additionally, lingering moisture in the home makes remediation very difficult resulting in a potential health hazard. Residents who were hesitant to leave their homes unattended did not evacuate. Residents who were displaced from their home as a result of the storm most likely stayed with friends and family in the same community environment after the disaster. Animals were also exposed to sewage flooding.

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OUR WORK

The HSS RSF addressed disaster impacts in the nine core mission areas that may impede or delay disaster recovery.

Utilizing the FEMA Individual Assistance application numbers, the top three counties with the greatest number of applicants were selected. Next, using the Agency for Toxic Substances Disease Registry (ATSDR) Social Vulnerability Index (SVI) data help emergency response planners and public health officials identify communities that may need support in preparing for or recovering from disaster.

Hidalgo County was found to have the highest SVI scores and was the focus of this HSS RSF Recovery Support Strategy.

OUTCOME

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The barriers of recovery resources for Rio Grande Valley (RGV) residents and [at-risk individuals](#)¹ were greatly reduced by training Community Emergency Response Team members in understanding FEMA resources. The culturally trained team would act as liaisons to assist response and recovery workers with outreach to survivors, especially American citizens in the colonias, a residential community along the Texas-Mexico border lacking some of the most basic living necessities.

The Field Coordinator convened multiple meetings of state, federal, local and academic partners to develop “A Rio Grande Culture Card”, that describes the myths, strengths, land issues, literacy and culture to facilitate outreach and interactions with the population.

¹ <https://www.phe.gov/Preparedness/planning/abc/Pages/atrisk.aspx>



Rebuilding after flooding in Texas

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OKLAHOMA SEVERE STORMS, TORNADOES, STRAIGHT-LINE WINDS, AND FLOODING (DR-4222)

Major Disaster Declaration May 26, 2015

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BACKGROUND

Following the April-June 2015 floods in the Central Plains, the HSS RSF was activated to conduct a mission scoping assessment of disaster impacts to the (1) health and social services systems, networks, and providers in Oklahoma; and (2) disaster impacts that may impact Oklahomans access to essential services. Subsequently, the ASPR deployed HSS RSF Field Coordinators to Oklahoma to support the recovery operation.

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OUR WORK

HSS RSF Field Coordinators conducted field assessments and convened discussions with federal and state partners. In particular, HSS RSF personnel met with partners within the Oklahoma State Department of Health to identify the state's health and social services recovery priorities. The HSS RSF's assessment focused on public health, behavioral health, environmental health, social services, and disaster impacts that limited access to schools where children receive many health, nutrition, and social services.

The HSS RSF completed and submitted its draft Mission Scoping Assessment Report (MSAR) to the Federal Disaster Recovery Coordinator on August 11, 2015. The MSAR noted that Oklahoma did not need extensive coordination support through the HSS RSF to address the state's health and social services recovery needs. The recovery coordinator worked virtually in addition to participating in meetings and different events with Oklahoma State Department and other state partners.

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OUTCOME

Oklahoma was able to deal with mold issues with the assistance of mold cleanup trainers that provided curricula, booklets and trainings to communities. In addition, Oklahoma State Department of Health decision to use Health in All Policies initiative, collaborative approach to improve the health of all, by incorporating health considerations into decision-making across sectors and policy areas. Different state agencies, departments, and offices gather round to identify priority programs, policies, and strategies to improve the health of Oklahomans.



Mold in residential building

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OKLAHOMA SEVERE STORMS AND TORNADOES (DR-4117)

Major Disaster Declaration May 20, 2013

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BACKGROUND

In May 2013, an EF-5 tornado hit Moore, Oklahoma, and adjacent areas with peak winds estimated at 210 mph. The disaster declaration made federal funding available to state, tribal, eligible local governments, and certain private nonprofit organizations on a cost-sharing basis for emergency work in Cleveland, Lincoln, McClain, Oklahoma, and Pottawatomie counties.

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OUR WORK

As part of the declaration, the HSS RSF Field Coordinator supported ESF 6 subject matter experts and technical assistance experts to assess human services needs and effect on post-declaration activation for the Administration for Children and Families (ACF). In addition, the Division of Recovery supported the functions of ESF 6 in the National Response Coordinating Center (NRCC) supporting national-level coordination efforts and regional response activities at the direction and coordination of FEMA. The Federal Coordinating Officer requested an assessment to determine whether or not National Disaster Recovery Support was needed to address long-term recovery needs in Oklahoma. An Advance Evaluation Team worked with the Joint Field Office to conduct this assessment.

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OUTCOME

The HSS RSF Field Coordinator conducted an effective assessment to support the decision making process of FEMA and the state to determine that a full activation of the RSF was unnecessary. Local, state, federal, and private programs were able to sufficiently provide support for the needs identified by the mission scoping assessment team. Moore schools and the medical center were committed to rebuilding and engaged in planning conversations. The team provided ad hoc technical assistance.



The Moore area was struck by an EF5 tornado.

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NEW JERSEY HURRICANE SANDY (DR-4086)

Major Disaster Declaration - October 30, 2012

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NEW YORK HURRICANE SANDY (DR-4085)

Major Disaster Declaration - October 30, 2012

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BACKGROUND

Super storm Sandy made landfall in the northeastern United States on October 29, 2012, severely damaging coastal areas of Connecticut, New Jersey, and New York. Although Sandy had weakened from a hurricane by the time it reached the United States, the storm surge combined with high tides caused widespread flooding along the coastal areas. The storm claimed 72 lives and damage estimates totaled nearly \$50 billion.

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OUR WORK

The HSS RSF was activated for Hurricane Sandy from November 7, 2012 through July 31, 2016. HSS RSF Field Coordinators deployed to New Jersey and New York in support of state and local partners, and they worked collaboratively and effectively with state, local, federal, non-governmental, private sector and academic partners. They assessed the situation and developed a mission scoping report and recovery support strategies that outlined federal actions in support of state recovery priorities and objectives. In New York, the Field Coordinator successfully piloted evidence-based metrics for community recovery through DHS Science and Technology Directorate in partnership with the FEMA Joint Field Office Recovery operation.

Also in New York, the Field Coordinator facilitated an ongoing partnership between the American Institute of Architects, FEMA Mitigation Assessment Teams and the New York Resilience Office to deliver workshops and offer guidance to the healthcare sector on disaster mitigation strategies.

Across the region, the Field Coordinators emphasized the role and importance of childcare facilities and community health centers within impacted communities. Working closely with FEMA Public Assistance and non-profit partnership with Direct Relief and the National Association of Community Health Centers, the recovery coordinators highlighted the importance of access to primary care medical services through community health centers.

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OUTCOME

As a result of HSS RSF Field Coordinator's advocacy, FEMA revised issued policy 9461.1 "Disaster Assistance for Child Care" as part of the Individuals and Households Program (IHP). The recovery coordinators also helped pave the way for long-term facility reconstruction, replacement of damaged medical equipment and recovery of lost operating costs. For more information on both initiatives refer to the link provided in the Appendix.



Displaced population after Hurricane Sandy

In considering the importance of the primary care network across the healthcare continuum and access to various forms of capital to reconstitute and enhance services, recovery coordinators worked with the US Department of Treasury and the Primary Care Development Corporation - a non-profit community development financial institution (CDFI) - to secure additional funds in support of facilitating access to services and care for under-resourced communities. As a result of partnership building, the health care sector began working on mitigation strategies in future approaches to facility design, in case another disaster similar to Hurricane Sandy happens.

The grants awarded by Direct Relief and National Association of Community Health Centers (NACHC) to twenty-six nonprofit health centers in Hurricane Sandy-affected areas of New York and New Jersey covered medical equipment and supplies, generators, mobile medical unit operations, and revenue losses resulting from closure after the storm.

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LOUISIANA HURRICANE ISAAC (DR-4080)

Major Disaster Declaration August 29, 2012

BACKGROUND

Hurricane Isaac moved ashore in Louisiana, producing high storm surges that reached 11 feet in some areas. The storm brought high winds across the state, with sustained winds of 67 mph and gusts up to 85 mph. The FEMA NRCC activated HHS to perform the duties of ESF 8 in support of post-declaration disaster operations in response to Hurricane Isaac.

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OUR WORK

The HSS RSF Field Coordinator began disaster recovery assistance on August 27, 2012 with the State of Louisiana. Beginning the week of October 9th 2012, in accordance with the NDRF, HSS RSF was activated to ensure the activities and outcomes identified in the NDRF were achieved in order to assist locally-led recovery efforts in the restoration of the public health, health care, and social services networks to promote the resilience, health, and well-being of the community.

The Field Coordinator collaborated with the other federal agencies and non-governmental organizations (NGOs) on the Federal Disaster Behavioral Health Group while identifying related impacts in core health and social services mission areas for the Mission Scoping Assessment (MSA). While deployed, the Field Coordinator attended Parish meetings and met with state leaders through January 2013.

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OUTCOME

Hurricane Isaac was the first true activation of the National Disaster Recovery Framework (NDRF) where all six Recovery Support Functions (RSF) National Coordinators engaged and RSF Field Coordinators deployed. The Health and Social Services Field Coordinator deployed and completed the Mission Scoping Assessment Report (MSAR). Having the RSFs located in the FEMA Baton Rouge Joint Field Office served to build relationships with FEMA staff and facilitated an understanding of the “on scene” role of the other RSFs, as well as identifying RSF cross cutting issues and solutions.

Although the state did not isolate any health and social services unmet needs nor required federal assistance, the Parishes of Plaquemines and Saint John the Baptist convened their own health and social services recovery task forces to address the unmet needs of the communities of which FEMA continues to be engaged. For example in affected communities in Ouachita Parish the RSFs teams brought in disaster recovery subject matter experts from more than 10 federal agencies such as the Environmental Protection Agency, Housing and Urban Development and the Commerce Department to develop technical assistance on disaster recovery projects. They included proposals on green infrastructure and mitigation activities.

US NATIONAL DROUGHT 2012

BACKGROUND

In a press conference on August 12, 2012, President Obama called for an “all hands on deck response” to address the nation’s worst drought since the 1950’s. . In September, USDA senior staff met with FEMA to request activation of the NDRF to support nationwide drought recovery. USDA became the NDRF lead agency and appointed a USDA Federal Disaster Recovery Coordinator (FDRC). The FDRC activated the relevant NDRF RSFs based on the outcomes of four regionally-conducted drought meetings. In a meeting, USDA expressed concerns of potential escalating suicidal behavior—as occurred in the 1980’s—among farming community residents in response to the economic downturn and substantial losses experienced in the 2012 drought.

OUR WORK

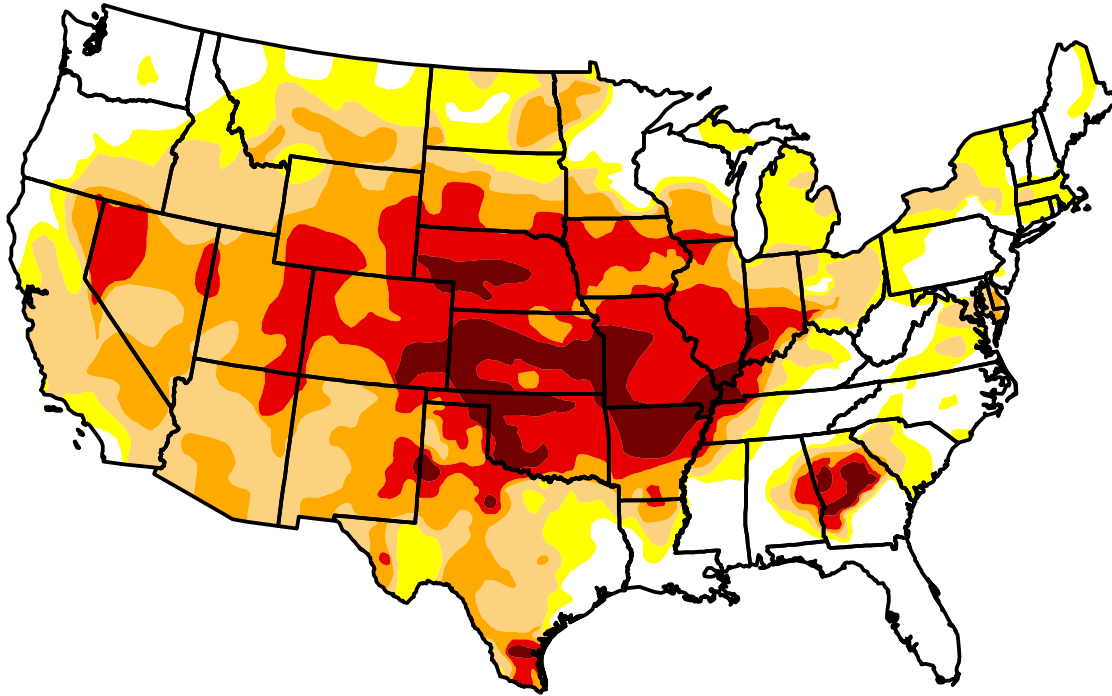
The HSS RSF was activated in January 2013 in response to the concerns expressed by USDA leadership about an increase in behavioral health needs in farming communities based on input from farming community stakeholders regarding drought-exacerbated stress. The first step of activation was to identify appropriate partners within the HSS RSF primary agencies and supporting organizations who would be called upon to help. Designees from six federal departments; HHS (including six OPDIV’s and STAFFDIVs), USDA, FEMA, VA, DOI, Dept. of Education and three national organizations; National Voluntary Organizations Active In Disaster (NVOAD), Extension Disaster Education Network (EDEN), and the National Drought Mitigation Center (NDMC) were identified and served as the body of the Drought Behavioral Health Task Force.

The HSS RSF Field Coordinator established a Drought Behavioral Health Task Force to develop a framework with goals and tasks to guide and measure recovery activities. This included the identification of behavioral health agency partners, providers and educators throughout the Federal Government and national organizations, that serve farming communities. Also, the Task Force supported the identification of 86 relevant farming community behavioral health resources within each Task Force member’s agency/organization. Finally, the Task Force developed a plan for suicide and depression data collection rather than the universe of behavioral health data.

OUTCOME

This was the first “non-Stafford” incident that the NDRF was utilized to support the coordination of the recovery effort. The practices pioneered in this effort helped lay the foundation supporting the complexity of “non-Stafford” incidents that came afterward (e.g. Flint water crisis and Unaccompanied Children crisis). All of these activities led to providing many stakeholders with the critical environmental intelligence they need for drought planning and preparedness activities. A new interagency National Drought Resilience Partnership now helps communities better prepare for future droughts and reduce the impact of drought events on livelihoods, behavioral health and the economy.

US DROUGHT MONITOR CONUS AS OF AUGUST 28, 2012



Drought Conditions (Percent Area)

	None	D0-D4	D1-D4	D2-D4	D3-D4	D4
Current	22.31	77.69	62.89	42.34	23.18	6.04
Last Week <i>8/21/2012</i>	22.72	77.28	63.20	44.03	23.01	6.31
3 Months Ago <i>5/29/2012</i>	35.98	64.02	37.37	18.94	5.22	0.66
Start of Calendar Year <i>1/3/2012</i>	50.41	49.59	31.90	18.83	10.18	3.32
Start of Water Year <i>9/27/2011</i>	56.45	43.55	29.13	23.44	17.80	11.37
One Year Ago <i>8/30/2011</i>	54.07	45.93	32.83	24.75	18.27	11.21

Intensity:

- D0 Abnormally Dry
- D1 Moderate Drought
- D2 Severe Drought
- D3 Extreme Drought
- D4 Exceptional Drought

The Drought Monitor focuses on broad-scale conditions. Local conditions may vary. See accompanying text summary for forecast statements.

Author(s):
 Brian Fuchs
 National Drought Mitigation Center

US Drought Monitor Conus as of August 28th, 2012

The graphic of the US States shows States affected by Exceptional Drought

1. Texas
2. Oklahoma
3. Arkansas
4. Missouri
5. Illinois
6. Kentucky
7. Mississippi
8. Kansas
9. New Mexico
10. Colorado
11. Nebraska
12. Indiana

States affected by Extreme Drought

1. California
2. Nevada
3. Utah
4. Arizona
5. New Mexico
6. Colorado
7. Wyoming
8. South Dakota
9. Nebraska
10. Illinois
11. Missouri
12. Oklahoma
13. Louisiana
14. Mississippi
15. Ohio
16. Wisconsin
17. Kentucky
18. Tennessee
19. Georgia
20. Iowa
21. Texas
22. Alabama
23. Wisconsin
24. Indiana

States affected by Severe Drought

1. California
2. Nevada
3. Utah
4. Arizona

5. New Mexico
6. Colorado
7. Wyoming
8. South Dakota
9. Nebraska
10. Illinois
11. Missouri
12. Oklahoma
13. Louisiana
14. Mississippi
15. Ohio
16. Wisconsin
17. Kentucky
18. Tennessee
19. Georgia
20. Texas
21. Alabama
22. Indiana
23. Iowa
24. Montana
25. North Dakota
26. Oregon
27. Minnesota

States affected by Moderate Drought

1. California
2. Nevada
3. Oregon
4. Idaho
5. Utah
6. Arizona
7. New Mexico
8. Wyoming
9. Montana
10. North Dakota
11. South Dakota
12. Minnesota
13. Wisconsin
14. Michigan
15. Illinois
16. Indiana
17. Ohio
18. New York
19. Massachusetts
20. Delaware
21. Maryland
22. South Carolina
23. Georgia
24. Alabama
25. Mississippi
26. Arkansas
27. Louisiana
28. Texas

29. Virginia
30. Kentucky
31. Tennessee

States affected that were Abnormally Dry

1. California
2. Oregon
3. Washington
4. Idaho
5. Montana
6. Wyoming
7. South Dakota
8. North Dakota
9. Minnesota
10. Wisconsin
11. Illinois
12. Texas
13. Missouri
14. Louisiana
15. Mississippi
16. Alabama
17. Georgia
18. South Carolina
19. North Carolina
20. Virginia
21. Tennessee
22. Kentucky
23. Indiana
24. Ohio
25. Pennsylvania
26. New York
27. Vermont
28. Massachusetts
29. Rhode Island
30. West Virginia
31. Maryland
32. New Jersey

The table in the photo depicts Drought Conditions by Percent area over the course of one year from most recent, August 29th, 2012 back to August 30th, 2011.

In the table:

D0 to D4 is ratio from abnormal dry to exceptional drought.

D1 to D4 is ratio from moderate drought to exceptional drought.

D2 to D4 is ratio from severe drought to exceptional drought.

D3 to D4 is ratio from extreme drought to exceptional drought.

D4 is exceptional drought.

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MISSISSIPPI SEVERE STORMS, TORNADOES, AND FLOODING (DR-4175)

Major Disaster Declaration April 30, 2011

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BACKGROUND

FEMA Region VI activated the Regional Response Coordination Center (RRCC) on April 28, 2011, in response to severe weather, including multiple tornadoes, in Arkansas, Kansas, Oklahoma, and Mississippi.

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OUR WORK

The Region IV recovery coordinator deployed to Mississippi to assess damages to the Winston Medical Center in Winston County, Mississippi, a non-profit, 41-bed hospital with a psychiatric unit. It was destroyed by severe weather and tornadoes on April 29. At the time of the storm, there were 14 patients who had to be relocated. The only remaining resources on site were a six-bed temporary ED trailer (being supported by University of Mississippi Medical Center), six physicians and one physician's office. Region IV's recovery coordinator worked with ASPR Region IV REC and CMS to address the hospital's concerns related to waivers. The Region IV Recovery Coordinator worked to enable Winston Medical Center to avail itself of all available disaster recovery resources and federal funding.

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OUTCOME

Damaged hospitals were supported by our team by enabling some regulatory waivers and leveraging disaster recovery resources.



The temporary hospital complex

Appendix A – Recovery Web Resources

[The Division of Recovery website](#)

For more information go to: www.PHE.gov/recovery

ASPR Technical Resources, Assistance Center, and Information Exchange (TRACIE)

[ASPR TRACIE](#) is a healthcare emergency preparedness information gateway that ensures that all stakeholders—at the federal, state, local, tribal, and territorial government levels; in nongovernmental organizations; and in the private sector—have access to information and resources to improve preparedness, response, recovery, and mitigation efforts.

<https://asprtracie.hhs.gov>

[The Full Institute of Medicine \(IOM\) Report:](#)

<http://nationalacademies.org/hmd/reports/2015/post-disaster.aspx>

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More on Hurricane Sandy Disaster Recovery Efforts:

The following link is the [FEMA Recovery Policy outlining Disaster Assistance for Child Care](#)

https://www.fema.gov/media-library-data/1391701209685-30433dd137630622c99bd80809b77ee8/Recovery_Policy_9461_1_Disaster_Assistance_for_Child_Care_1_17_2014.pdf

For information on the how [Coney Island rebuilt the Ida G. Israel Community Health Center after Hurricane Sandy](#)

<http://bklyner.com/coney-island-celebrates-return-health-center-destroyed-sandy-sheepshead-bay/>

The below link details the \$1.5 Million in [grants New Jersey and New York received to rebuild nonprofit health centers](#)

<https://www.directrelief.org/2013/07/1-5-million-grants-hurricane-sandy-battered-nonprofit-health-centers-ny-nj/>

Appendix B – National Preparedness Report

The National Preparedness Report (NPR) summarizes how prepared we are as a nation. It focuses on the five mission areas in the National Preparedness Goal: Prevention, Protection, Mitigation, Response, and Recovery. The NPR identifies areas where the nation has made significant progress, acknowledges remaining opportunities for improvement, and reinforces the important principles of national preparedness. The NPR focuses on threats and hazards that pose the greatest risk to the nation’s security and resilience.

For Health and Social Services recovery, the NPR reflects nationwide efforts to promote the message of incorporating health and social services considerations into disaster recovery efforts. In addition, it helps to demonstrate progress year after year made by states, local communities, tribes, and territories in building their capacity to deliver health and social services recovery capabilities to their constituents.

The Division of Recovery worked with FEMA to collect nationwide information about health and social services recovery issues. Since 2012, the NPR documented that the capabilities to support health and social services in recovery have steadily advanced in sophistication and implementation nationwide. Below are the health and social services findings from the previous NPRs:

NPR 2012 and 2013: Community partners have established standards and plans to support short-term health recovery

- [NPR 2012](https://www.fema.gov/media-library-data/20130726-1833-25045-2705/national_preparedness_report_20120330_v2_1.pdf) https://www.fema.gov/media-library-data/20130726-1833-25045-2705/national_preparedness_report_20120330_v2_1.pdf
- [NPR 2013](https://www.fema.gov/media-library-data/20130726-1916-25045-0015/npr2013_final.pdf) https://www.fema.gov/media-library-data/20130726-1916-25045-0015/npr2013_final.pdf

Whole community partners have established standards and plans to support short-term health recovery. Integrating social service and behavioral health into recovery activities and assessing long-term health and social services recovery are areas for future improvement.

Health and medical facilities have significantly improved in the area of short-term health recovery.

[NPR 2014](#): Wider use of electronic health records and of health information exchanges.

- https://www.fema.gov/media-library-data/1409688068371-d71247cab52a55de78305a4462d0e1a/2014_NPR_FINAL_082914_508v11.pdf

Wider use of electronic health records and of health information exchanges is increasing the resilience of health networks, but social service providers have not yet adopted similar technologies to the same extent. Data-driven, systematic methods to assess long-term recovery of health and social services do not currently exist. However, the Nation is making progress in its ability to better assess and assist with the health and social service needs of disaster survivors.

[2015: Federal Government developed new guidance and policies and tools](#)

- https://www.fema.gov/media-library-data/1432751954859-fcaf2acc365b5a7213a38bbeb5cd1d61/2015_NPR_508c_20150527_Final.pdf

The Federal Government developed new guidance and policies to more effectively define and deliver recovery support.

The Institute of Medicine (IOM), with support from HHS, HUD, other Federal agencies, and The Robert Wood Johnson Foundation, released a report in 2015 that offers recommendations and guidance for communities to more proactively incorporate health considerations into pre- and post-disaster decision-making for recovery efforts. Its recommendations include establishing mechanisms to ensure that non-health sector professionals—including elected officials, emergency managers, disaster recovery managers, and urban planners—consider the health implications of all decisions made in the disaster recovery process.

[2016: The Federal Government expanded health information-sharing systems](#) to enhance pre-disaster recovery planning and post-disaster research capabilities for health and social services

- https://www.fema.gov/media-library-data/1476817353589-987d6a58e2eb124ac6b19ef1f7c9a77d/2016NPR_508c_052716_1600_alla.pdf

New research and recent Federal initiatives encourage decision-makers to incorporate health considerations into all aspects of disaster recovery planning. The Federal Government is expanding health information-sharing systems to enhance pre-disaster recovery planning and post-disaster research capabilities for health and social services.

The complete [library of National Preparedness Reports](#)

https://www.fema.gov/media-library-data/1476817353589-987d6a58e2eb124ac6b19ef1f7c9a77d/2016NPR_508c_052716_1600_alla.pdf

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