

# Disaster Recovery Planning for Health and Social Services

SUMMARY OF DISASTER RECOVERY FOCUS GROUPS

ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS

NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS

## **Introduction**

In June 2015, the Association of State and Territorial Health Officials (ASTHO) and the National Association of County and City Health Officials (NACCHO), under a cooperative agreement with the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR), hosted a series of focus groups to identify current disaster recovery planning, training, and exercise activities within state and local public health departments.

## **Methods**

ASPR's recovery workshop, held on March 3-4, 2015, informed the focus groups' goal, which was to collect detailed information from representatives of state and local health departments who are actively involved with preparedness and recovery initiatives. ASTHO and NACCHO convened five focus groups:

- Two with local health officials.
- One with state health officials.
- Two with both state and local representation.

Four of the focus groups were held via teleconference, while the fifth was conducted at the NACCHO Annual 2015, a national public health conference. Focus group facilitators asked questions about current recovery activities, challenges and support needs, opportunities, and how jurisdictions engaged recovery partners. All five focus groups were conducted using an interview guide (Appendix) and lasted approximately one hour. ASTHO and NACCHO then collated and analyzed answers and identified common themes from respondents.

## **Current Activities in Disaster Recovery**

### *Summary Findings*

Focus group participants shared disaster recovery planning, training, and exercise activities currently underway in their respective jurisdictions. Discussions centered on developing and testing disaster recovery plans, engaging community partners, and developing staff training programs focused on disaster recovery. Participants also discussed their experiences on funding these activities.

### *Disaster Recovery Planning*

Several organizations currently have a recovery plan in place, though there is significant variation in the scope and breadth of these plans. Interviewers did not provide participants with a standard definition of a recovery plan, as it was critical to assess their perceptions. Some participants referenced continuity of operations plans as the basis for some or all of their recovery planning. Others stated that their recovery plan was either a stand-alone plan, or an annex to a jurisdictional emergency response plan. Nearly every participant expressed concerns that their recovery plan lacks the detail contained within their response plans, and that these plans have not been adequately tested to identify potential shortcomings. Finally, all participants agreed that recovery planning should include all response partners, as well as organizations that focus on community engagement, social services, and long-term rebuilding/restoration for infrastructure. Specific partners will vary by jurisdiction.

### *Community Partnerships*

When discussing recovery planning and activities, many participants emphasized the importance of engaging a wide variety of community partners. Examples included the Medical Reserve Corps (MRC), healthcare coalitions, and state and local agencies that typically have disaster response-related responsibilities. In some locations, pre-existing multi-jurisdictional planning committees designed for preparedness initiatives are used for recovery planning purposes.

### *Training*

Focus group participants highlighted several examples of training designed for disaster recovery, including workshops, tabletop exercises, and workforce development training for staff. In addition to creating new training opportunities specific to disaster recovery, participants also talked about integrating recovery activities into pre-existing disaster response initiatives. For example, one MRC unit holds an annual Community Assessment for Public Health Emergency Response training. This past year, they provided this training in the context of disaster recovery. Another community integrated testing of recovery plans into a pre-scheduled Federal Emergency Management Agency (FEMA) radiation workshop. A representative from a state health department told us that they had trained two distinct MRCs in psychological first aid that could be called upon if needed.

### *Funding*

Many of the focus group participants shared difficulties conducting widespread recovery activities without funding tied to recovery-specific deliverables. Some participants have found success connecting recovery planning to existing response activities using Hospital Preparedness Program (HPP) or Public Health Emergency Preparedness Grant (PHEP) funding, but explained that making this connection may not address all aspects of the recovery phase because recovery is not the primary focus of contract deliverables.

## **Challenges and Support Needs**

Focus group participants were asked about the challenges and barriers they face related to disaster recovery activities and support needs that would enable them to overcome these challenges and barriers. Discussion topics included leadership and structure, resources and capabilities, information sharing and coordination, guidance and technical assistance, recovery exercises, and overall length of a real-world recovery phase.

### *Leadership and Structure*

One of the fundamental challenges that was raised continuously during discussions focused on a lack of a disaster recovery structure post-disaster. One participant noted that in their jurisdiction, they were struggling to identify which agency would write the disaster recovery plan. Another participant stated that in their jurisdictions, there is no clear “recovery leader” in charge of the overall recovery phase; during recovery, agencies would determine their own priorities and act accordingly. Participants agreed that they could establish a complete and effective recovery process through central leadership and defined agency roles and responsibilities.

### *Resources and Capabilities*

Similar to comments about funding, participants said that many of their current recovery resources and capabilities are shared or borrowed from other projects or activities (often preparedness and response planning initiatives). There was some concern that a lack of designated funding may negatively impact a jurisdiction's ability to adequately support disaster recovery in their community. Infrastructure capabilities were also a cause of concern. For example, hospitals have plans to handle an influx of patients, but if community healthcare providers are impacted by a disaster, there is limited pre-disaster knowledge of the extent or length of time for the hospital surge. Hurricane Katrina was used as an example of how long recovery can take and how expensive it can be for a community, and emphasized concerns that many participants felt they are inadequately prepared to address.

### *Information Sharing and Coordination*

Concerns over information sharing and coordination were closely aligned with the lack of recovery leadership and structure. Participants agreed that several aspects of the recovery planning process are negatively impacted when there is not a single entity coordinating recovery planning efforts. Examples given included poor situational awareness, duplication of recovery efforts, and lack of opportunities to share best practices and new ideas. Another challenge is maintaining partner interest in the disaster recovery process. Some participants have found it difficult to engage community members in activities for disaster recovery prior to an event because it is far more fluid and abstract than the initial response.

### *Guidance/Technical Assistance*

Many of the challenges raised by the focus groups stemmed from a perceived lack of guidance from federal partners. Most of the participants want guidance from the federal government on how to begin the recovery planning process, who to involve from the community, and how coordinated recovery planning should look. There was also interest in receiving guidance from the federal level on not only building back their communities better, but building back healthier.

### *Recovery Exercises*

There were few examples given during focus group discussions of recovery exercises at the state or local levels. Participants suggested that this may be due to a lack of leadership and funding; no one is tasked with completing a recovery exercise deliverable, so it is not a high priority. Recovery is generally more abstract and fluid than response, and designing an exercise to capture the intricacies of a multi-year recovery phase specific to a community's complex needs is a daunting task, particularly without support or funding. Participants agreed that exercising recovery plans is important, and were interested in seeing this attached to future preparedness grants.

### *Length of Recovery*

Determining the length of recovery is another challenge that impacts all areas of recovery planning. As participants pointed out, the response phase tends to be much more defined than the recovery phase, and the transition between the two can be vague. Recovery can go on for months, even years. Because recovery can extend over long periods of time, participants are concerned that the long-term effects are often underestimated, particularly as they relate to mental health. There can be environmental impacts that arise during the recovery phase as well.

One participant gave an example of a community recovering from a hurricane. The storm had physically changed the land, creating optimal nesting areas for mosquitoes. During the recovery phase, there was a surge in vector-borne diseases in that community.

### **Opportunities**

Despite the challenges to disaster recovery planning and activities, state and local focus group participants identified several opportunities to improve practices. They highlighted information sharing and collaboration, technical assistance, funding, and capacity and capability building as major areas of potential improvement.

#### *Information Sharing and Collaboration*

Participants agreed that information sharing and collaboration are critical to disaster recovery. They offered several ways to improve the process, including holding meetings at the regional, state, and local levels, where attendees could learn from others' real world recovery experiences. Other suggestions included conducting workshops and tabletop exercises. Participants stated that these activities would help personnel prioritize priority areas and resources. Several participants thought using an incident command system throughout the recovery process would give structure and organization to continued collaboration.

Collaboration with the community beyond the public health field is also important. Leveraging existing community initiatives, holding town hall forums, and establishing relationships with community leaders would help create community resilience and support. Working with agencies such as the Centers for Medicare and Medicaid Services (CMS) and private insurance providers would improve information flow to shelter residents. One participant suggested agencies use emPOWER Map, an HHS/ASPR resource that enables hospitals, first responders, electric companies, and community members to find the monthly total of Medicare beneficiaries with electricity-dependent equipment claims and access severe weather tracking services to identify areas impacted and at risk for power outages.

#### *Technical Assistance*

One participant suggested that the federal government cover travel costs for experienced staff to visit jurisdictions and provide technical assistance. Another participant shared that FEMA helped her state develop a catastrophic earthquake plan. She recounted this as a positive opportunity that should be more widely available.

#### *Funding*

Focus group participants cited a lack of dedicated recovery funding as a major challenge. One proposed solution to this is to include recovery planning requirements in the next PHEP-HPP grant cycle. If it becomes a requirement, jurisdictions will have to prioritize this work. Two participants mentioned that the Substance Abuse and Mental Health Services Administration offers a small grant for disaster recovery behavioral health that jurisdictions may want to consider. Additionally, recovery was often tied to community resilience and the notion that a more resilient community will fare better during a recovery period, and that a recovery period is an opportunity to build a more resilient community. Based on this, one participant encouraged looking for nontraditional funding opportunities, such as health equity or healthy community design grants, to improve a community's ability to recover from a disaster.

### *Capability and Capacity Building*

Although recovery capability and capacity building are important at both the state and local levels, local representatives were more likely to emphasize these issues during the focus group discussions. They mentioned the importance of rebuilding more thoughtfully to instill community resilience through sound infrastructure. They also suggested that local jurisdictions provide services and medications to those with chronic illnesses, and psychological first aid to responders using the Milestones of Adjustment Post-Psychosis Recovery Model. One participant mentioned leveraging the CMS proposed rule, Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers (CMS-3178-P), to collaborate with healthcare facilities to meet certain preparedness requirements.

### **Partners**

Focus group participants explained that they work with all of the same partners in recovery planning as they do in response planning, as well as some additional partners to meet recovery objectives. Participants mentioned the following partners:

- Other offices within the health department: Emergency management, oral health, child and adolescent health, women's health, mental health, and homeland security.
- Regional emergency coordinators and resilience coordinators.
- Federal agencies and funders such as ASPR, CDC, FEMA and DOE.
- Disaster behavioral health teams from home state and nearby states.
- Healthcare facilities and nursing homes.
- Local veterinarians.
- Therapy dogs.
- Associations, non-governmental organizations, and volunteers.
- National Association for the Advancement of Colored People.
- Faith-based communities.
- Tribes.
- Refugee communities.
- Libraries that provide free meeting space for community members.
- Professional organizations such as Lions Clubs and Rotary Clubs.
- Community colleges.
- Private sector: Functional and medical needs providers (specifically for sheltering), insurance providers, power providers, tourism industry, and big-box stores.

State and local preparedness programs engaged these partners by leveraging established relationships with traditional planning partners. In some cases, they used risk assessments to determine engagement. They also considered their jurisdictions' unique needs. For example, one participant explained that their county imports a high volume of freight and needed to establish relationships that would help to quickly reestablish that supply chain.

## **Conclusion**

Focus group participants confirmed that for many jurisdictions, disaster recovery activities are not as fully developed as preparedness and response. Reasons cited for this imbalance are a lack of dedicated funding and prioritization, and confusion around coordination, structure, and delineation of responsibilities after transitioning from the response to the recovery phase. Traditional and nontraditional partners will be critical in addressing gaps and advancing recovery practices. Correspondingly, the participants see opportunities to leverage partnerships and learn from others, and include recovery planning requirements in the next PHEP-HPP grant cycle.

## Appendix



### Disaster Recovery Planning Focus Group

#### Interview Guide

##### **I. Welcome and Introductions (3:00-3:05)**

*Facilitator: Welcome to today's Focus Group call, organized by the Association of State and Territorial Health Officials (ASTHO) and the National Association of County and City Health Officials. My name is \_\_\_\_\_. I am job title at NACCHO and will serve as moderator for this call.*

*We are very grateful that you have taken the time to participate on this call today and look forward to hearing some of your insights and expertise.*

*We are also grateful to the Office of the Assistant Secretary for Preparedness and Response (ASPR) for supporting ASTHO's and NACCHO's work on this project and for sponsoring this call.*

*An agenda for the call has been sent out in advance. In case you have not had the chance to look it over, the plan for the call is to start with introductions and some brief background on this disaster recovery planning project. We will then turn to a series of discussion questions. Each question is open-ended and meant to elicit your ideas and experiences. Please feel free to share both the successes and any disappointments or challenges you may have experienced in these areas. This call is being recorded only for ASTHO/NACCHO purposes.*

*Now I would like to invite each of you to introduce yourself with your name, organization and state.*

##### **II. Background to the Project and the Call (3:05-3:10)**

*On March 3–4, 2015, the Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response (ASPR) held a Recovery Workshop to engage state, local, territorial, and tribal governments and non-profit, private, and other non-governmental entities in discussions regarding disaster recovery planning. Participants included representatives from ASTHO and the National Association of County and City Health Officials (NACCHO).*

*While disaster planning is not new to the field of public health, past efforts have focused primarily on response capabilities. Recovery planning is becoming an area of greater interest for local, state, and federal partners as real-world events have demonstrated that long-term recovery and community resiliency are critical to the population's post-disaster health and well-being. Common themes of this*

*workshop included a need to collaborate at all levels of government and non-governmental community agencies, consideration of long- and short-term outcomes, and the need to use new and existing sources of funding. Discussions also emphasized the need to view recovery not only as a community-wide response after a disaster but an opportunity to grow and build afterward.*

*This focus group is part of a series of focus groups with state and local public health representatives that is meant as a follow-up to the March meeting, and serves as an environmental scan of the status of disaster recovery planning at the state and local levels.*

**III. Question #1: To what degree are disaster recovery activities underway in your jurisdiction (consideration, initiation, conduct, execution, evaluation)? (3:10 – 3:20)**

**Question #2: What key partners has your jurisdiction engaged in the disaster recovery planning process? (2:20 – 2:30)**

**Question #3: What challenges, barriers and support needs were identified throughout the disaster recovery planning process (both generally and specifically regarding collaboration between states and locals)? (2:30-40)**

**Question #4: What are the resolutions/potential resolutions and/or opportunities to enhance the planning process (both generally and specifically regarding collaboration between states and locals)? (2:40 – 2:50)**

**Question #5: What tangible documents has your jurisdiction produced in the process of conducting disaster recovery activities? Are you willing to share these with ASTHO/NACCHO? (2:50 – 2:55)**

**IV. Next steps and closing (2:55-3:00)**

*We have reached the close of the hour. I want to thank everyone for your time and valuable feedback.*

*Going forward, this project will incorporate the key themes discussed today along with information gathered during the March recovery meeting to produce a report that will be published for sharing. That material will be available on the ASTHO and NACCHO website in about a month.*

*If you have any questions about this project, please contact Lindsy LoVerde ([lloverde@astho.org](mailto:lloverde@astho.org)) at ASTHO or Steve Maheux ([smaheux@naccho.org](mailto:smaheux@naccho.org)) at NACCHO. Again, we thank you for your time and insights today and for the great work you do every day to keep our communities safe and healthy.*

*Have a great afternoon.*