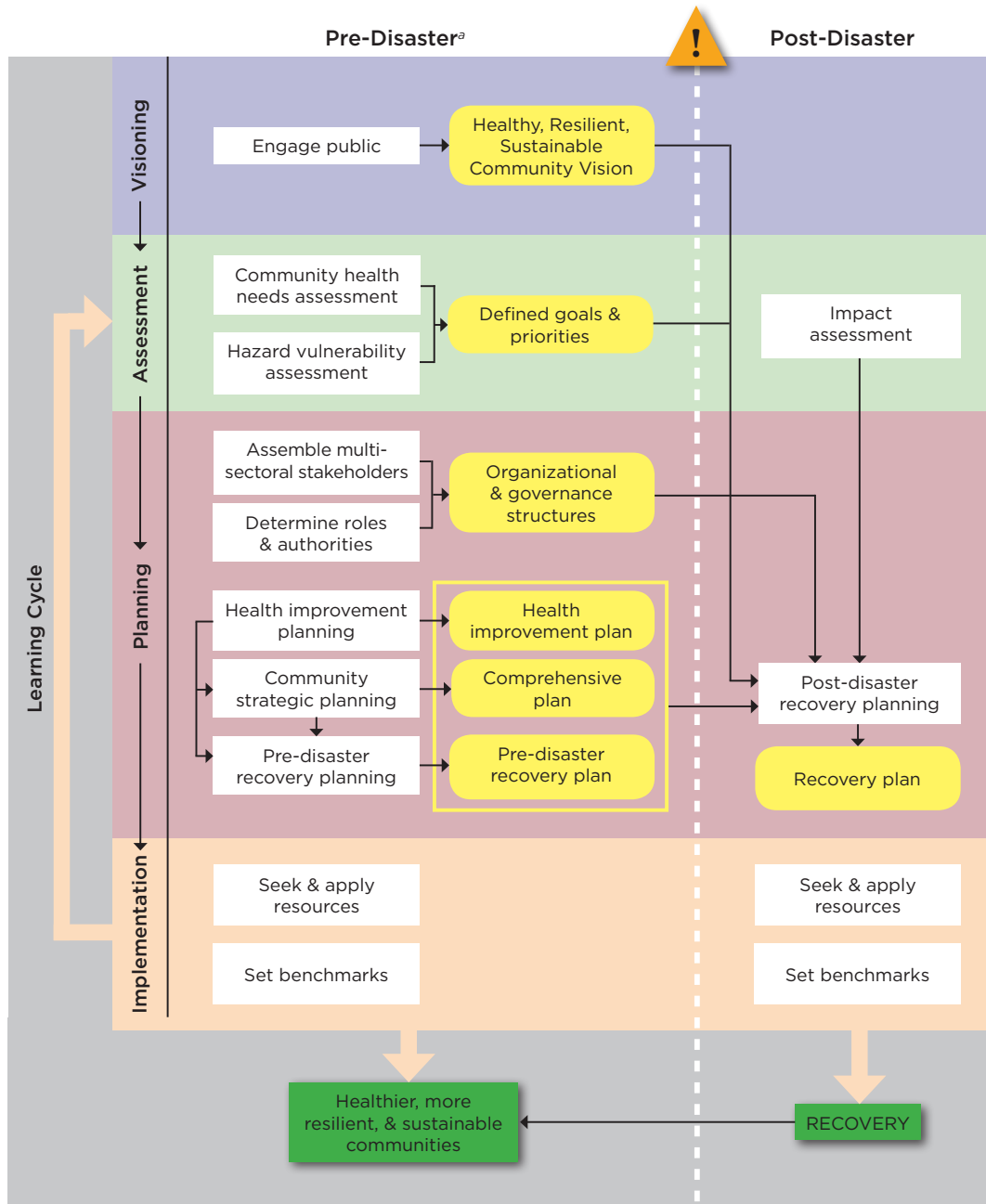


# Healthy, Resilient, and Sustainable Communities After Disasters



**FIGURE** Leveraging the products of pre-disaster planning processes supports a healthy community approach to disaster recovery.

<sup>a</sup> Although the committee strongly encourages communities to undertake these activities in the pre-disaster period to maximize the opportunities to leverage the post-event recovery process for the purpose of creating healthier, more resilient and sustainable communities, in the event that they have not been undertaken beforehand, there is still benefit to incorporating them into post-disaster recovery planning.

## Recommendations

### Recommendation 1: Develop a Healthy Community Vision for Disaster Recovery

The committee recommends that state and local elected and public officials incorporate a vision for a healthy community into community strategic planning and disaster recovery planning.

*Implementation of this recommendation will require action at the state and local as well as federal levels. Specifically, at the state and local levels, the following actions should be taken:*

- *Public health leaders should enhance health improvement planning through engagement with a comprehensive group of community stakeholders (representing each of the audiences for this report, as outlined above) and ensure that plans are based on communities' needs and assets.*
- *Elected and public officials, including emergency managers and local disaster recovery managers, should together lead relevant stakeholders in risk-based disaster recovery planning that develops the procedures, processes, and administrative arrangements to be used for integrated, coordinated recovery.*
- *Elected and public officials, including emergency managers and local disaster recovery managers, should integrate public health officials and health improvement plans into community strategic planning and disaster recovery planning before and after a disaster. To facilitate that integration, the community's needs and plans for health improvement should be reflected in disaster recovery priorities.*

*At the federal level, a coordinated, interagency effort is needed to support state and local stakeholders in the development of recovery plans that ensure that communities build back stronger. To this end, the committee believes that aligned grant guidance and technical assistance are essential motivators. Alignment is key to promoting synergy and ensuring that opportunities are not missed. Federal agencies should use existing grant programs to enhance the capacity of state and local stakeholders to plan for and implement a healthy community perspective in disaster recovery. Specifically, federal agencies should take the following actions:*

- *The U.S. Department of Health and Human Services (HHS), the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of Transportation (DOT), the U.S. Environmental Protection Agency (EPA), and other federal agencies should use aligned grant guidance and technical assistance for existing and future grant programs to incentivize preparedness, community health, and community development grantees to collaborate on the integration of local health improvement goals into comprehensive plans and disaster recovery plans.*
- *The Centers for Disease Control and Prevention (CDC) and the Office of the Assistant Secretary for Preparedness and Response (ASPR) should revise preparedness grant guidance related to the recovery capability to include greater focus on long-term recovery and opportunities for using recovery to advance healthier, more sustainable and resilient communities.*
- *The Federal Emergency Management Agency (FEMA) should incentivize emergency management preparedness program grantees to incorporate health considerations into recovery planning by providing grant guidance and technical assistance aligned with HHS guidance.*

### Recommendation 2: Integrate Health Considerations into Recovery Decision Making Through the National Disaster Recovery Framework

The committee recommends that FEMA and the five other federal agencies that represent coordinating agencies for the Recovery Support Functions take steps to further develop and promote the National Disaster Recovery Framework (NDRF) as the basis for a locally defined organizing structure for disaster recovery at the state and local levels to promote information sharing and alignment of funding streams. Further, to ensure that health considerations are integrated into all recovery operations, FEMA, in consultation with HHS, should update the NDRF to explicitly include health implications for the activities of all Recovery Support Functions.

State and local elected and public officials should establish a steering committee to guide the development of an operational structure that incorporates the organizing principles of the NDRF—including a disaster recovery coordinator and the Recovery Support Functions—and builds on existing collaborative municipal and civic structures, authorities, and initiatives.

### Recommendation 3: Facilitate the Engagement of the Whole Community in Disaster Recovery Through Simplified and Accessible Information and Training

To facilitate the engagement of the whole community in building healthier communities after disasters, FEMA should lead an interagency effort centered on increasing the accessibility and coherence of information related to disaster recovery and the provision of relevant training.

*Priorities should include:*

- *the development of educational materials, including a single overarching federal document that serves as a primer on the recovery process and is easily accessible on the Web regardless of the pathway by which a stakeholder seeks to enter the recovery planning process;*
- *the development of companion guidance documents for state, local, and nongovernmental stakeholders for each of the Recovery Support Functions, providing more detailed descriptions that facilitate stakeholder understanding of available resources, best practices, and the pathways by which they can engage in the pre- and post-disaster recovery planning processes; and*
- *the development of coordinated training programs for stakeholders and their professional societies that raise awareness of threats and opportunities related to health and promote broad stakeholder participation in recovery planning under the NDRF.*

## **Recommendation 4: Enhance and Leverage Social Networks in Community Health Improvement and Recovery Planning**

Local elected and public officials should develop and support programs designed to strengthen social networks and deepen trust among community members before and after disasters, thereby increasing resilience. Strategies for enhancing and preserving social networks should be specifically included in community health improvement and disaster recovery plans. Before and after a disaster, existing social networks, such as neighborhood associations, should be leveraged to enhance mechanisms for integrating the community into recovery planning.

## **Recommendation 5: Establish Pathways by Which Health Information Can Inform Recovery Decision Making**

State and local elected and public officials should ensure clear pathways for integration and dissemination of health information are established, including mechanisms that enable concerns and priorities of community members to be transmitted to disaster recovery decision makers. Additionally, a continual feedback process should be established to allow for updating to reflect changes in conditions and measured progress toward recovery. Thus, indicators for measuring progress and success should be (1) developed, (2) incorporated into pre-disaster recovery plans, and (3) updated after a disaster based on its health impact.

## **Recommendation 6: Leverage Recovery Resources in a Coordinated Manner to Achieve Healthier Post-Disaster Communities**

Federal agencies (FEMA, HUD, HHS, DOT, and other federal partners) providing funding for recovery, including pre-event recovery planning, should lead and promote an integrated recovery approach by

- aligning technical requirements and guidance for federal recovery funding opportunities within and across agencies around identified core needs;
- including a requirement and financial incentives for grantees to demonstrate how health considerations will be incorporated into short- and long-term recovery planning conducted using those funds; and
- identifying and removing disincentives that impede the coordination of efforts and the combining of different funding streams to support a healthy community approach to recovery.

Working with private and philanthropic organizations, elected and public officials should ensure that state and local funding regulations and guidelines are consistent with these federal integration efforts.

## **Recommendation 7: Ensure a Ready Health Information Technology Infrastructure**

State and local governmental officials should ensure the necessary leadership and accountability to support establishment of the interconnected data systems and analytic capacity that are essential to the continuity of health care and social services delivery across the continuum of disaster response and recovery. To this end, coordination of efforts will be required among local and regional public health, health care, health insurance plans, private-sector information technology innovators and vendors, and regulatory and governmental stakeholders at all levels.

At the federal level, the Office of the National Coordinator for Health Information Technology should build on its current efforts and develop a 3-year implementation plan for health information technology integration. This plan should be designed to facilitate data sharing and portability of individual health records across health care settings in support of pre- and post-disaster recovery health care planning and optimal recovery of essential infrastructure for medical and behavioral health care, public health, and social services.

## **Recommendation 8: Develop a National Disaster Behavioral Health Policy**

HHS and FEMA should engage state and local governments, as well as private- and nonprofit-sector stakeholders, in the development of a national disaster behavioral health policy. This policy should delineate the roles, responsibilities, and authorities of the federal government for optimal integration of behavioral health services across the continuum of health care, public health, social services, and all other sectors (e.g., housing, public safety, education) before, during, and after a disaster or other emergency.

*To support the implementation of this recommendation, the following steps should be taken at the federal level:*

- *Federal agencies responsible for funding and developing behavioral health policy should support and collaborate with behavioral and other health professional societies to enhance national understanding of the importance of behavioral health to the realization of healthy communities so that this agenda will be included more effectively in general community health planning.*
- *HHS should use its preparedness funding requirements and currently existing collaborative bodies (e.g., Disaster Behavioral Health Preparedness Forum, Federal Community Health Resilience Coalition), as well as other mechanisms, to overcome the fragmentation of disaster behavioral health services and stimulate their coordination and integration with health care, social support, emergency management, and information technology services.*
- *HHS should commission a study to analyze current federal behavioral health programs and generate recommendations for efforts at the federal level to address the long-term behavioral health needs of individuals and communities after a disaster or other emergency.*

*At the state and local levels, the following steps should be taken:*

- *State and local government disaster preparedness, response, and recovery officials should make the necessary efforts to ensure that behavioral health professionals at all levels are included in disaster preparedness planning and in emergency operations centers after a disaster.*
- *State and local government public health and mental health officials, supported by federal preparedness funding from the Hospital Preparedness Program and Public Health Emergency Preparedness cooperative agreements, should work together and with other key community stakeholders, including state and local emergency managers, to integrate behavioral health into efforts to build community*

resilience and enhance planning for long-term behavioral health recovery. Opportunities to leverage other funding sources, such as the Substance Abuse Prevention and Treatment Block Grant, Community Mental Health Services Block Grant, and Social Services Block Grant, should be evaluated.

- Given the scale and range of mental health consequences associated with disasters and the need for local capacity to support long-term behavioral health recovery, the adequacy of the behavioral health workforce to meet disaster-related needs should be enhanced. Efforts to this end should include pre-disaster identification of trained professionals; training and exercising of support personnel; attention to licensure and credentialing requirements; and coordination of government mental health care systems, community- and faith-based organizations, and for-profit provider companies.

### **Recommendation 9: Develop an Integrated Social Services Recovery Framework**

HHS should lead the development of an integrated post-disaster social services framework that more effectively meets human services needs during recovery.

*The following steps should be taken to enable the development of the framework:*

- ASPR should commission a study to analyze federal programs related to disaster recovery social services and to generate recommendations for decreasing duplication and fragmentation, streamlining processes, and optimally meeting the needs of the affected populations.
- Based on the results of this study, ASPR should work with federal and nonfederal partners—including but not limited to FEMA, HHS (including Administration for Children and Families, the Substance Abuse and Mental Health Services Administration, and the Health Resources and Services Administration), HUD, the U.S. Department of Agriculture, the U.S. Department of Education, the U.S. Department of Veterans Affairs, the American Red Cross, and other appropriate nongovernmental organizations—to create a framework linking current and future funding sources, policies, and regulations to the recommended strategies for optimizing social services after disasters.
- The multiple federal agencies and nongovernmental organizations that provide day-to-day funding for human services and funding to support social services during recovery (including those agencies cited above) should condition funding on the creation by each state or municipality (in cases where large municipalities receive funding directly) of an integrated strategy for social service delivery. This strategy should be designed to facilitate the accessibility of these services through such means as collocation of services and data portability for disaster survivors.
- Departments responsible for human/social services within states and municipalities should serve as the coordinators for operationalizing the above strategy and coordinating faith-based and other nongovernmental organizations, and related state agencies implementing the post-disaster social services framework.

### **Recommendation 10: Design for Healthy Post-Disaster Communities**

State and federal agencies (FEMA, DOT, HUD, EPA, HHS, and others), acting alone or as components of the federal Partnership for Sustainable Communities, should ensure through funding requirements that the use of federal community development and disaster recovery and preparedness funds optimizes the built environment in support of healthy communities by creating places that protect against health threats, promote good health, and address unmet social needs.

Local and state planning entities should develop a team-based approach to integrated recovery planning aligned with the policies and processes of the Partnership for Sustainable Communities so as to maximize efficiency in the use of federal resources to enhance smart growth, equity, hazard mitigation, resilience, sustainability, and other elements necessary to the creation of healthy communities. Priority areas for funding should specifically address the following essential health-enhancing requirements that are pertinent to the community's needs as laid out in pre- and post-disaster health improvement and comprehensive plans:

- physical activity-enhancing infrastructure that includes trails, bike paths, sidewalks, and parks and recreational spaces, as well as walkable, mixed-use neighborhood designs; and
- comprehensive transportation infrastructure and land use policies that ensure the accessibility of healthy food retail outlets, employment, health and social services, schools, and community amenities such as libraries and community centers for all residents.

### **Recommendation 11: Mitigate Against Future Health Hazards**

Building on the National Mitigation Framework, federal agencies, led by FEMA, should immediately intensify their efforts, undertaken collectively and supported by aligned funding eligibility requirements, to ensure that all critical infrastructure and facilities—such as hospitals (public and private), nursing homes, fire stations, and public utilities—constructed after a disaster are designed and built with a level of protection that better ensures post-disaster safety and functionality essential to protecting health and recovering more quickly. When feasible, they should be located outside of known hazard zones. Additionally, requirements should ensure that existing critical infrastructure and facilities restored with federal recovery funds are upgraded to the new standards.

### **Recommendation 12: Ensure Healthy and Affordable Post-Disaster Housing**

To reduce housing-related health risks, federal, state, and local governmental housing agencies should require that new residential construction and substantial rehabilitation of existing residences financed with public funds after disasters comply fully with Enterprise Green Communities standards or their equivalent and with the minimum requirements set forth in the National Healthy Housing Standard. Federal and state funding agencies should tie these requirements to recovery funds, and private funders should consider incentivizing compliance with these standards. Additionally, multiple affordable housing options should be considered during redevelopment to ensure that people of all income levels can remain in the community.