

Examining Long-Term Community Recovery to Identify Opportunities for Improved Education and Training:

Sandy and Irene

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Background

Presidential Policy Directive 8 and the National Disaster Recovery Framework direct the development of a national preparedness goal and identify core capabilities for effective recovery in areas impacted by disasters. The policies, however, do not describe knowledge needs of the health professionals required to support these capabilities.

This study aims to identify opportunities for improved education and training by learning from the lived experience of those currently involved in the recovery process.

Research Questions

- I. What level of education, training, and awareness did participants have pre-disaster?
- II. How did participants learn essential information and form essential relationships in pre- and post-disaster phases?
- III. How can recovery-related training of the disaster health workforce be improved?

Mixed Methods Study Design

- 5 case study locations; 2 Irene, 3 Sandy
- Semi-structured interviews conducted with the following professionals:

- Incident commander
- Emergency manager
- Public health director
- Mental health director
- Hospital emergency operations leader
- Chiefs of fire and police
- Local political leader (i.e. mayor)
- Leaders of active humanitarian organizations
- Other active leaders in the recovery process

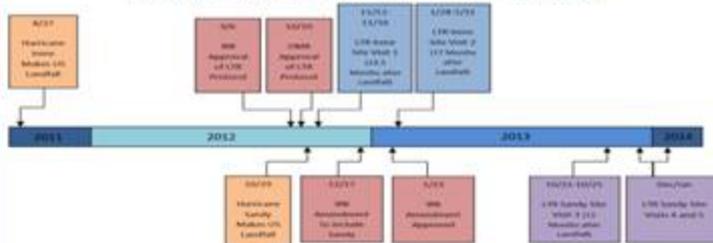
- Data were analyzed using NVivo 10 software



Flexibility in Disaster Research

The study originally included only communities affected by Hurricane Irene. On October 29, 2012, Hurricane Sandy made landfall, impacting many of the same communities as Irene. Researchers could not go into communities so recently hit by Sandy and ask questions about recovering from Irene. The timing of events illustrated the challenges inherent in planning for disaster research protocols, the need for a streamlined approval processes, and flexibility on the part of disaster research teams.

Timeline of Irene and Sandy-related Events



Preliminary findings (Irene Sites)

Successes

able actually to look at the CDRE community was day
emergency services **get going** good get team help **just**
know like looking for more management from FEMA needed
people really **think**

Challenges

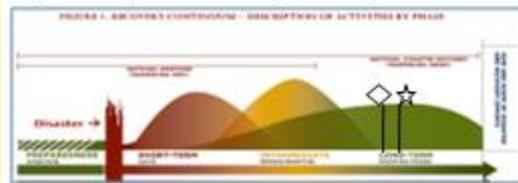
get going got help how having **just know**
like the long CDRE team needed from FEMA needed
people **think**

References

- 1.) National Disaster Recovery Framework (NDRF): Federal Register Volume 76, Issue 217 (November 9, 2011)
- 2.) Presidential Policy Directive 8 (PPD-8): National Preparedness (Mar. 30, 2011)
- 3.) NVivo qualitative data analysis software; QSR International Pty Ltd., Version 10, 2012.
- 4.) Aerial photo of Sandy Damaged community © Andrea Boehler/FEMA

Preliminary findings (Irene Sites)

- Most commonly needed trainings
 1. Public health principles
 2. Recovery, short- and long-term
 3. Legal principles
 4. Clinical management
 5. Surge capacity
- Most respondents indicated the community was in the long-term stage of recovery
 - Some variation was observed
- Further results pending
 - ☆ = Site1, 10.5 cm ◇ = Site2, 10.2 cm



Conclusion

As the discipline of disaster health develops, we will move towards a more structured approach to educating and training those who are likely to be involved in the recovery of disaster-impacted localities.

A better understanding of the lived experience of health professionals in leadership roles during and after large-scale events can help educators tailor curriculum to meet the needs of the end user and allow them to operate in a unified and collaborative manner.

