Healthy, Resilient, and Sustainable Communities after Disasters:

A Discussion Toolkit

A toolkit that can be used and adapted to conduct a single day-long meeting or series of activities aimed at helping a community engage in an initial conversation about potential actions that can be taken across sectors to infuse disaster recovery planning with strategies that optimize community health.

Contents of This Toolkit

Overview

Each year, dozens of events across the United States—from floods and forest fires to explosions and tornadoes—are declared disasters. Communities experiencing these events often receive an influx of public, private, and charitable support and resources intended to facilitate their return to normalcy. For many communities, these new resources represent an opportunity to go beyond restoring a less than optimal status quo, achieving crucial benefits for the community as a whole and the lives of its members.

Simply restoring a community to its previous state following a disaster reproduces or reinforces its vulnerabilities. A resilient community learns from its disaster experience and rebuilds with an eye toward reducing the risks of hazard exposure in the future (Lindell, 2013). In addition to reducing vulnerability, rebuilding can be focused on designing solutions that improve the living conditions and health of a community's citizens.

Long-term disaster recovery planning can serve as the impetus for sectors across the community to think holistically about how they can contribute to post-disaster rebuilding. This toolkit provides an approach for bringing together a variety of sectors in a community to discuss the opportunities and benefits of leveraging disaster recovery resources and coordinating disaster response efforts to improve community health, resilience, and sustainability. For recovery to be most effective, the needs and priorities of the community must shape the planning process. Likewise, if community members are to take ownership of the recovery process, their voices must be heard in the planning process as well.

During the community meeting that is the subject of this toolkit, a facilitator guides the participants through a number of activities that involve establishing a common foundational language, generating a shared vision, analyzing the current context, and developing concrete actions aimed at aligning planning efforts. This meeting is designed to accomplish several goals:

- Connect stakeholders from sectors responsible for both disaster recovery and community development and improvement.
- Generate a shared understanding that disaster recovery planning is an opportunity to coordinate efforts and leverage resources for improved community health, resilience, and sustainability.
- Foster a shared vision for a healthy, resilient, sustainable community.
- Identify opportunities to align planning activities and integrate strategies to ensure long-term health, resilience, and sustainability.

This toolkit is designed to ensure appropriate preparation for planning, hosting, and following up after such a community meeting. It contains step-by-step instructions and tips including a sample agenda, document templates (invitation, sign-in sheet, notes, evaluation form), messaging for different sectors, a supplies and set-up checklist, detailed guidance for the facilitator, and participant worksheets and handouts.

Finally, this community meeting is not intended to replace a comprehensive disaster recovery planning effort. Rather, this toolkit can be used in whole or in part to complement a broader community planning effort. It also can be used by nonprofit, academic, or other organizations as a reference in their publications or products. Its overall purpose is to raise awareness of expert recommendations and help communities consider how they might integrate health into their cross-sector recovery planning.

Origins of This Toolkit

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 National Academies of Sciences, Engineering, and Medicine convened an expert committee to develop an approach to disaster recovery that can mitigate the impacts of disasters on health and promote healthy communities. The committee's report, *Healthy, Resilient, and Sustainable Communities after Disasters: Strategies, Opportunities, and Planning for Recovery*, provides a conceptual framework for the integration of health considerations into recovery planning, as well as operational guidance for multiple sectors involved in community planning and disaster recovery.

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What Is a Disaster?

A disaster occurs when the disruption caused by a hazard (whether a phenomenon, substance, human activity, or condition) exceeds a community's ability to cope using its own resources. The risk for disaster can be diminished by reducing the likelihood of exposure to the hazard, increasing the resilience of the community (its people, property, infrastructure, and systems), and improving disaster preparedness and response strategies.

Key Terms

Disaster: A sudden, calamitous event that seriously disrupts the functioning of a community and causes human, material, and economic or environmental losses that exceed the community's ability to cope using its own resources.

Vulnerability: The diminished capacity of a community to anticipate, cope with, resist, and recover from the impact of a natural or man-made hazard.

Hazard: A natural or technological/man-made event that occurs close to human settlements. Hazards can include environmental degradation, pollution, and accidents and result in increased frequency, complexity, and severity of disasters.

Source: International Federation of Red Cross and Red Crescent Societies. 2016. *What is a disaster?* http://www.ifrc.org/en/what-we-do/disaster-management/about-disasters/what-is-a-disaster (accessed November 14, 2016).

Phases of the Disaster Management Cycle

Disaster management encompasses all of the activities carried out by federal, state, and local emergency agencies, as well as other entities within the private and public sectors, to deal with hazards, risks, and disasters of all types. The figure below portrays an ongoing cycle in which individuals, communities, businesses, and systems can plan for and reduce the likelihood of a disaster, becoming a more resilient.
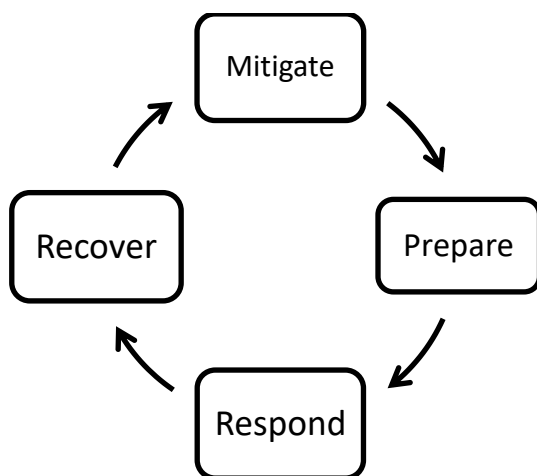
Mitigation: Includes any activities that prevent a disaster, reduce the chance of a disaster happening, or reduce the damaging effects of unavoidable disasters. These activities take place both *before and after* a disaster.

Preparedness: Includes plans or preparations made to save lives and support response and rescue operations. These activities take place *before* a disaster occurs.

Response: Includes actions taken to save lives and prevent further damage when a disaster occurs. These activities take place *during* a disaster.

Recovery: Includes actions taken to return to a normal or even safer state. These activities take place *after* a disaster.

Disaster Recovery Planning

Today's emergency management efforts tend to focus on the preparedness and response phases. This toolkit focuses on the recovery phase, which should be considered in two parts. *Short-term recovery* entails the immediate tasks of securing the impact area, housing victims, and establishing conditions under which households and businesses can begin the process of returning to normalcy. In contrast, *long-term recovery* encompasses reconstruction of the disaster impact area; management of the disaster's psychological, demographic, economic, and political impacts; and advancement of community resilience (Lindell, 2013). (See the examples below.) Community resilience can be described in many different ways, but overall, it is the effort to create and sustain a community's capacity to define and account for its vulnerabilities, and then develop capabilities to prevent and mitigate negative outcomes after experiencing an adverse event.

Short-term Recovery (return to normal)	Long-term Recovery (increase resilience)
Ensure that all individuals unable to return immediately to their homes have temporary shelter after a hurricane.	Improve affordable housing stock to meet community needs.
Monitor and treat water sources after contamination due to a chemical spill.	Advocate for improved enforcement of industrial regulations to prevent future spills.
Organize a volunteer network to conduct home visits for isolated older adults during a heat wave.	Design multigenerational communities with supportive housing that enables older adults to age in place with improved social connectivity.

Following a disaster, an array of public and private resources are made available and mobilized to aid in a community's recovery by restoring public health, medical, and social service systems; supporting safety, psychosocial well-being, and social connections among community members; and rebuilding physical infrastructure, such as housing, transportation facilities, and public works systems—all elements that influence the health of the community and its members. In these circumstances, communities face a choice: they can work to restore services and systems to their pre-disaster state; or through careful advance planning and coordination, they can invest the resources made available for recovery to rebuild in a way that supports health throughout the community. Given the potential to realize these benefits, communities that make returning to the pre-disaster state the goal for recovery are missing important opportunities that can:

- **Improve the quality of life**—Many steps that improve the physical and social environments of a community also improve quality of life for individuals (such as their health, housing, availability of work and education) by making communities more livable and reducing the chronic stresses associated with inadequate access to basic needs.
- **Reduce health-related costs**—Changes to the physical and social environments that promote health will reduce the unsustainable costs associated with the treatment of disease.
- **Stimulate economic vitality**—Failure to attend to the social determinants of health (employment, education, food access) can lead to high human service costs and a vicious cycle of disinvestment and depopulation. Healthy, livable communities attract community members and businesses, spurring improvement in economic vitality.
- **Reduce vulnerability to hazardous events**—Social vulnerability and deficiencies in physical health increase the susceptibility of individuals and communities to the negative effects of a hazardous event. Disasters result in a variety of significant societal and financial costs that can be reduced through health improvement and resilience initiatives that bolster the ability of individuals and communities to cope with adversity.

Rebuilding for a Healthier Community

Many communities across the United States today are characterized by poor health status that comes with substantial personal, financial, and societal costs. This poor health status results not just from the choices of individuals and the quality of the public health and medical care systems they access, but also from the "social determinants of health"—the contexts that shape the choices people make and the power dynamics that shape the systems they access (e.g., the overwhelming impacts of poverty and racism). These contexts include:

- the neighborhood (for example, design that accommodates walking and biking, the presence of grocery stores that sell fresh fruits and vegetables, the availability of affordable quality housing);
- the environment (for example, pollutants or toxins in the air and water);
- the availability of services (for example, the presence of transportation and social services); and
- social factors (for example, the presence of violence and racism; opportunities for participation, leadership, and political influence).

Given the importance and the broad range of these social determinants of health, it is clear that rebuilding after a disaster in a way that produces a healthier community requires the efforts of and coordination among a wide array of sectors and community stakeholders. A healthy community cannot be created through the efforts of any single sector or stakeholder group without consideration for how these efforts affect and are affected by those of others. For example, a town might decide to rebuild in a more environmentally conscious or "greener" manner to improve environmental quality and save energy costs. While these are worthy goals, this action could reduce the availability of affordable housing stock. This unintended consequence might in turn make recruiting new staff for the rebuilt greener hospital more difficult because of the town's higher cost of living. In short, all communities are complex systems in which what happens to any one component has ripple effects on all the other components.

Accordingly, rebuilding after a disaster to achieve a healthier community requires buy-in and coordination among all sectors and stakeholders, and this level of collective effort requires careful, focused planning. This toolkit is intended to help initiate and foster support for that planning process.

The Importance of Public Engagement

Collaborative planning is a method through which citizens can determine a collective vision for the recovered community, identify obstacles and opportunities they may encounter in attaining that future, and measure their progress toward achieving recovery (Schwab, 2014). True public engagement depends on the community's access to a range of assets, including political capital, or the ability of an individual, community, sector, or faction to advocate for itself. More broadly, political capital connotes access to and the ability to influence those individuals and institutions with the power to distribute resources.

In part because of the amplified perception of and emphasis on risk, the recovery phase following a disaster can be a time to exercise political capital to take advantage of new resources, make information available to decision makers, and create options for policy change. Thus it is important to consider how to build political capital at all levels before undertaking community planning initiatives or making decisions to approve or disapprove projects. Questions asked might include: "Do I have a way to communicate our needs to decision makers?" "Do we have the support of the community?" "Are all community members represented, especially key constituents?" and "Are there other issues in the community that should have priority over my issue?"

Imbalances in political capital can make the recovery phase of a disaster take much longer or result in the perpetuation of inequities. In New Orleans after Hurricane Katrina in 2005, for example, the recovery process was significantly impeded by disputes over processes and goals for reconstruction, with tensions arising from conflicting desires to rebuild the familiar environment quickly or create a safer and more equitable city. Thus, for instance, some saw ideas for increasing green space as efforts to eliminate low-income neighborhoods, leaving the city struggling to determine how to address the needs of all community members. Although the recovery process was initiated shortly after the hurricane, with funding provided for executing the process, it took nearly two years and multiple rounds of planning to develop an officially accepted plan. The town of Galveston, Texas, experienced similar challenges following Hurricane Ike in 2008. Public housing was torn down before former residents were allowed to retrieve any remaining belongings. And because the rebuilding process that followed was limited to current residents, many former public housing occupants who were unable to return to the island had no voice in the recovery planning process. Five years after the storm, affordable public housing still was not available.

Conversely, when public engagement is pursued proactively and comprehensively, cities can rebuild to be even stronger following a disaster. Examples of the use of public engagement strategies in the aftermath of disasters are described below. The Cedar Rapids, Iowa, example in particular is touted as a potential model for other communities because it illustrates the ability to rapidly develop a publicly supported recovery plan to create a better future for all.

Examples of Public Engagement Strategies

- **Kobe, Japan**—After the 1995 earthquake, neighborhood associations organized themselves into councils to provide support to the community and become actively engaged in formulating neighborhood redevelopment plans. These councils were created to balance the top-down planning processes that had been used historically. Community members who participated in the new councils reported higher satisfaction relative to those in communities that used more traditional approaches.
- **New York, New York**—Following Hurricane Sandy in 2012, 59 percent of public housing residents accessed assistance from faith-based organizations or community centers because of perceptions that the government was overwhelmed and slow to respond. While these groups were accessible and willing to help, they lacked the needed expertise or connection to government services, so gaps and redundancies occurred. Since then, the New York City Housing Authority has established partnerships with some of these organizations, and it proposes to use them as place-based hubs for communication and coordination to improve the next disaster response.
- **Cedar Rapids, Iowa**—After widespread flooding in Cedar Rapids, Iowa, displaced more than 10,000 residents in 2008, city government quickly put into action a recovery plan that incorporated input from thousands of community members, largely as the result of an engagement process that was initiated months before the flood to develop a shared vision for the community's future. Educating the community on the plan's benefits made it possible to avoid the "not in my backyard" attitude that can impede equitable development initiatives. At the state level, the Iowa governor established a 15-member independent Rebuild Iowa Advisory Commission. To develop recommendations for recovery, the commission held town meetings across the state and talked to community members about their short- and long-term needs. This process helped focus recovery efforts on the true needs of community members, as well as provide a channel for feedback on the process.

Ideally, both disaster recovery and community planning occur in an inclusive, supportive social environment. A whole-community approach is taken to strategic planning and problem solving, involving robust civic participation by empowered community members and leadership from community organizations and public officials. Engagement of a comprehensive group of stakeholders results in a shared vision for a healthy, resilient, sustainable community. The visioning process serves as an opportunity for communities to begin to rectify a legacy of exclusion that has contributed to the inequities apparent across U.S. communities today. Community engagement does not end with the visioning process, but extends to strategic planning, implementation, monitoring, and evaluation. Leaders enable bidirectional communication between the community and decision makers to ensure the strongest outcomes.

Health directors and emergency managers often find themselves caught between these two groups, and figuring out how to communicate the needs of the community to government leaders and vice versa is difficult. Having a process for engaging stakeholders all along the way can help build an evidence base showing decision makers and leaders the direction planning should take to ensure healthy and equitable outcomes.

This engagement of different sectors with different perspectives can present its own challenges, but can be achieved in several different ways. Each community is unique, and the optimum approach for each will vary accordingly. Both top-down and bottom-up approaches should be considered by those charged with strategizing planning and engagement efforts.

References

Lindell, M. K. 2013. Recovery and reconstruction after disaster. In *Encyclopedia of natural hazards*, edited by P. T. Bobrowsky. Dordrecht, NL: Springer. Pp. 812-824.

Schwab, J. C. (Editor). 2014. *Planning for post-disaster recovery: Next generation.* PAS report 576. Chicago, IL: American Planning Association. https://www.fema.gov/media-library-data/1425503479190-22edb246b925ba41104b7d38eddc207f/APA_PAS_576.pdf (accessed November 14, 2016).

Module 1: Planning the Meeting

A disaster-resilient community not only learns from and improves on preparedness and response from its experience during a disaster but is able to think more broadly about how it can design its recovery process to lessen its vulnerabilities to such events. The previous section of this toolkit describes the growing body of evidence suggesting that collaborative long-term recovery planning after a disaster can aid in carrying out such a process. This section is intended to guide community leaders in taking the specific steps necessary to plan a community engagement process that can incorporate these concepts into disaster recovery plans.

Form a Planning Committee

The first step is to identify a number of stakeholders to serve as a planning committee for the community's disaster recovery planning meeting. The exact number does not matter; what is important is ensuring that they are representative of the community and invested in the meeting's outcome. The planning committee is responsible for identifying and inviting guests and informing them of the meeting's purpose, as well as preparing meeting activities and materials and handling logistics. A successful meeting requires that a number of roles be filled, including those listed below:

- The community lead or **host** is responsible for coordinating meeting logistics, including inviting participants, identifying a meeting space, securing supplies, and communicating about the meeting. This person should understand the concept and value of incorporating health into disaster recovery planning.
- The **facilitator** is responsible for guiding the meeting participants through the agenda. This individual shapes how the group relates and works together, identifies and solves problems, makes decisions, and resolves conflict. The facilitator should be comfortable taking an objective stance yet serving as a commanding presence in the room. General facilitation tips are provided in this toolkit.
- **Presenters** are responsible for providing information about two topics during the meeting. The first is disaster recovery, while the second is local context. For the latter topic, the presenter provides guidance prior to the meeting on collecting information about the community's assessment and planning efforts and about the environment in which these efforts are occurring (Worksheet 1 for use in collecting this information is provided in Appendix A). This information should be compiled into a summary slide deck and report for use during the meeting. Template slides are provided at http://www.nationalacademies.org/hmd/Reports/2015/Post-Disaster/PDRtoolkit.aspx. Each of these presentations should be about 15–20 minutes long. The presenters should be knowledgeable about their topics and viewed as authorities by participants.
- The **note taker** is responsible for documenting the major discussions, decisions, and outputs of the meeting. A "Notes Template" is provided in Appendix A.

Arrange Meeting Logistics

The community meeting that is the subject of this toolkit is designed to be held in one day, with an estimated preparation time of 3–4 months. However, its duration can be modified to be shorter or longer. Once the duration of the meeting has been determined, the planning committee will need to finalize the meeting agenda and activities. A "Model Agenda" with suggested timing is provided in Appendix A. This information is intended only to be suggestive, and can be tailored to the specific circumstances and needs of the community.

The meeting space should be large enough to accommodate the invited stakeholders comfortably, comply with requirements of the Americans with Disabilities Act so as to accommodate any special needs of participants, and allow participants to move about the space. Round tables that seat six to eight people are ideal. Flipchart pads, easels, a projector, a screen, and appropriate audio-visual equipment should be provided (see the "Supplies and Set-up Checklist" in Appendix A).

Arrangements should be made for delivery of meals, snacks, and beverages as appropriate or for breaks that are long enough for participants to obtain food. It is important to ensure that the meeting environment is pleasant and welcoming for the participants.

Identify Organizations and Individuals to Invite

Stakeholder groups comprise individuals and organizations with common social, political, economic, and cultural values and interests. The meeting should include representatives from all sectors with a vested interest in disaster recovery or in community development and improvement.

One way to identify potential stakeholders is to focus on the social determinants of health (the conditions in which people are born, grow, live, work, and age; see the earlier section on "Rebuilding for a Healthier Community"). These circumstances are shaped by the distribution of money, power, and resources at the global, national, and local levels, including education, income, poverty, employment, housing, power, prestige, social support, and access to health care. In determining which stakeholders to invite, it is useful to consider what agencies and organizations in the community are working to address these topics. For example, a business improvement council might be working on an economic development plan; a public health department might be developing a community health assessment; a hospital system might be compiling a disaster contingency plan; a law enforcement agency might be working on a violence prevention plan; and a city's transportation department might be developing a pedestrian safety plan. All of these stakeholders represent opportunities to integrate health and disaster recovery into those existing planning efforts.

When inviting representatives from these organizations and sectors, it is important to consider the level of influence and authority they bring to the table. The individuals engaged in the meeting should have the ability to disseminate the concept of integrating health and disaster recovery within their spheres of influence and to sustain the momentum generated during the meeting. The following questions can serve as a guide when considering whom to invite:

> ## Sectors to Consider Inviting
>
> - Agriculture and food
> - Business
> - City planning/zoning*
> - Community and economic development*
> - Disaster recovery
> - Education
> - Emergency management*
> - Health care
> - Housing*
> - Law enforcement and criminal justice
> - Philanthropy
> - Public health*
> - Public works
> - Social/human services*
> - Transportation
> - Youth development
>
> ∗ Denotes key sectors for inclusion.

- Who provides a big-picture perspective for the organizations that need to be represented at the table?
- Who are community champions for innovation?
- Who has authority to make decisions?
- Who is responsible for day-to-day implementation of the plans for the organizations to be represented?

Appendix B provides guidance on making the case for integrating health into disaster recovery planning for five key sectors. This guidance can be used to frame messaging and communication with representative from these

sectors. More information, including a table of the key stakeholders recommended in the report *Healthy, Resilient, and Sustainable Communities after Disasters: Strategies, Opportunities, and Planning for Recovery* can be found in the report brief at http://nap.edu/18996.

Communicate with Attendees

An invitation or save-the-date notification should be sent to invitees at least six weeks before the meeting. If face-to-face or phone invitations are the norm in the community, that method should be used instead. The "Invitation Template" in Appendix A and the value statements in Appendix B, "Making the Case" can be used to prepare this messaging. Invitees should understand the importance of their attendance and the goals of the meeting. An agenda (see the "Model Agenda" in Appendix B), logistical information, background reading (such as the section on "Understanding Disaster Recovery Planning" in this toolkit), and other instructions (e.g., to bring a copy of the plan of one's organization) should be sent to all confirmed attendees at least one week prior to the meeting.

Prepare Meeting Materials

Prior to the meeting or upon arrival, each participant should receive a packet of information and materials that may be useful to them during the meeting. This packet should include an agenda, a name tag/table tent, a list of participants, background reading, handouts and worksheets, slide decks, relevant reports, an evaluation form, and other information as appropriate. Templates for many of these materials are provided in Appendix A. The materials can be tailored to meet local needs.

As previously mentioned, two presentations should be included in the meeting agenda. The first, on disaster recovery, occurs during the "Welcome and Overview" portion of the meeting. Template slides for this presentation with notes are provided at http://www.nationalacademies.org/hmd/Reports/2015/Post-Disaster/PDRtoolkit.aspx. Additional information can be taken from the "Understanding Disaster Recovery Planning" section of this toolkit and the participant material found in Appendix B, "Making the Case."

To support the second presentation, on the local context, it is important before hosting the community meeting to document existing local public and organizational plans and planning processes related to disaster recovery and community improvement or development. As noted earlier, it can be helpful to engage meeting participants in the plan identification process to ensure that this inventory is comprehensive. A simple questionnaire (Worksheet 1 in Appendix A) can be distributed to partners and community organizations prior to the meeting to screen for relevant plans. Following up with brief interviews can help address any questions and elicit more detailed responses.

In preparation for the meeting, members of the planning committee should review the inventory of plans and planning processes and work with the sponsoring organizations to answer the following questions:

- What was the process for creating this plan? Who was involved?
- Where is the plan in the development process (e.g., development, implementation, evaluation)?
- What community priorities is the plan designed to address?
- What opportunities are there to influence the plan during its development?
- Who is responsible for implementing, enforcing, monitoring, and evaluating the plan?
- How are stakeholders and community members learning about the plan and its implementation?
- How far-reaching is the plan? Whom does it affect?

- To what extent does the plan meet the expectations and needs of stakeholders?
- What challenges arose during the development, implementation, and evaluation of the plan, and how were they addressed?
- To what extent does the plan address health, resilience, and sustainability? Does it include specific reference to health or the social determinants of health?

Many of the plans in the inventory were likely informed by assessments designed to identify gaps between the current and desired states and aid in formulating goals, priorities, and strategies. To assist the meeting participants in understanding the common gaps and needs in the community, it may be helpful to provide an overview of the major findings from these assessments, perhaps organized according to the determinants of health and health indicators. Particularly useful are assessments related to community- or sector-specific indicators (e.g., demographics, health status, social determinants, asset maps), vulnerability or risk assessment data, and partnership or network analysis data.

All of this information should be aggregated and included in the presentation on local context to paint a picture of the community that answers the following broad questions:

- What do we know about the community's demographics, health status, social determinants, assets, and needs?
- What do we know about the community's vulnerability or level of risk for a disaster or adverse outcomes?
- What do we know about the existing partnerships or networks relevant to disaster recovery? What are the successes and challenges of their working together?
- What current investments in or plans related to disaster recovery and community development and improvement exist?
- How do different sectors conduct planning processes? Who is engaged/involved?

Prepare to Host and Facilitate the Meeting

Once the planning committee has customized and finalized the agenda, the host and facilitator should prepare for the meeting by reviewing the agenda and rehearsing their talking points and activity set-ups. Facilitation tips are included in the following sections, and additional guidance can be found at http://ctb.ku.edu/en/table-of-contents/leadership/group-facilitation/facilitation-skills/main.

The discussion and reflection prompts provided in this toolkit were designed using the focused conversation method, which was created by the Institute for Cultural Affairs as a means of improving conversations to lead to well-informed decisions. During a focused conversation, a facilitator leads participants through a series of questions designed to elicit four types of thinking: objective, reflective, interpretive, and decisional. This method generates shared understanding. For more information about this method, visit https://www.ohrd.wisc.edu/home/Portals/0/Week4Ch2TheFocusedConversationMethodAnOverview.pdf.

Module 2: Conducting the Meeting

Pre-Meeting Set-Up
(Estimate 30 minutes to complete)

Goals

HOST: To prepare for the meeting; gain familiarity with the meeting space, technology, and resource materials; and confirm that all preparations for hosting the meeting have been completed.

FACILITATOR: To prepare for the meeting; gain familiarity with the meeting space, technology, and resource materials; and confirm that all preparations for facilitating the meeting have been completed.

Tasks

- Set up and test all audio and visual equipment (e.g., computer, projector, screen).
- Load and test all presentations on the computer (slide deck).
- Prepare tables (e.g., distribute paper, pens, markers).
- Set up registration table (sign-in sheet [see Appendix A], participant packets, name tags/table tents).
- Check facilitation supplies (markers, sticky notes, flipchart paper).
- Make warm-up activity card decks (see Appendix A).
- Set up breakfast and beverages, if applicable.

Suggested Materials

- ☐ 8.5 x 11 blank office paper
- ☐ Pens
- ☐ Markers
- ☐ 2-3 sticky notepads in different shapes or colors
- ☐ Flipchart pads with sticky backs and easels
- ☐ Participant sign-in sheet
- ☐ Participant packets (agenda, slide deck, worksheets, name tags/table tents)
- ☐ Computer
- ☐ Projector
- ☐ Screen

Instructions

1. Use the "Supplies and Set-Up Checklist" (Appendix A) to confirm that all necessary components are in the meeting room and in working order.
2. Move flipchart pads, markers, and easel to the front of the room in view of all participants.
3. Place paper, markers, and pens at each participant's place at the table.
4. Station the sign-in sheet (Appendix A) and participant packets so they are easily accessible at a table near the entrance to the room. If participants are assigned seats, make sure name tents are easily visible.
5. Place facilitation supplies (e.g., timepiece, extra markers, tape, paper, sticky notes, guidebook, warm-up activity card decks) in an area accessible to the facilitator.

Facilitation Tips
- ❖ The host, facilitator, and any support staff (e.g., note taker) should arrive at least an hour prior to the meeting to set up. Alternatively, set-up can be completed the day before the meeting.
- ❖ If you are serving breakfast, confirm with the caterer that the food will arrive on time.
- ❖ Presenters often make last-minute changes to their slides. Ask for final slides ahead of time, and be prepared for last-minute changes.

Pre-Meeting Welcome
(Estimate 30 minutes to complete)

Goals

HOST: To welcome participants, introduce yourself to attendees, and thank them for attending.

FACILITATOR: To welcome participants, introduce yourself to attendees, and thank them for attending.

PARTICIPANT: To meet the host and other meeting attendees.

Suggested Materials
- ☐ Sign-in sheet
- ☐ Participant packets
- ☐ Projection: Welcome slide from slide deck

Tasks

- Greet participants and thank them for attending.
- Introduce participants to each other and encourage mingling.
- Sign participants in and distribute packets.
- Help participants find their seats.

Instructions

1. As participants arrive, greet each, ask them to sign in, provide them with a meeting packet, and encourage them to find a seat at a table with other participants they do not know.

Facilitation Tips
- ❖ Participants tend to arrive about 30 minutes early, especially if breakfast is served. Be prepared!
- ❖ To foster networking and collaboration, make sure people avoid sitting with individuals from their own agencies or have assigned seating. Use the introductions as an opportunity to shuffle seats.

Activity 1: Welcome and Overview
(Estimate 58–85 minutes to complete)

Goals

HOST: To frame the meeting, introduce the facilitator, provide an overview of the day, and encourage networking and participation throughout the meeting.

FACILITATOR: To present general housekeeping information, lead the warm-up activity, introduce the first presenter, and lead the discussion following the presentation.

PRESENTER: To provide an overview of disaster recovery and its connection to community health, resilience, and sustainability.

Suggested Materials
- Warm-up activity card deck
- Projections: warm-up activity slide, housekeeping and presenter's overview slides
- Handout: study summary
- Markers

PARTICIPANT: To get to know the other attendees; understand the meeting's objectives and agenda; and learn about disaster recovery and its connection to community health, resilience, and sustainability.

Tasks

- HOST welcomes participants and introduces the meeting facilitator.
- FACILITATOR reviews housekeeping items.
- FACILITATOR leads warm-up activity.
- FACILITATOR introduces the first presenter.
- PRESENTER provides an overview of disaster recovery, health, resilience, and sustainability.
- FACILITATOR leads discussion and answers participants' questions.

Suggested Video
(11 minutes, 29 seconds)

This Federal Emergency Management Agency (FEMA) video describes how St. John the Baptist Parish in Louisiana implemented the National Disaster Recovery Framework to plan for its long-term recovery following Hurricane Isaac. Use this video to stimulate discussion if there is no local expert to speak about post-disaster recovery planning.

Link: http://www.fema.gov/media-library/assets/videos/83137

Instructions

1. HOST welcomes the participants and shares the objectives for the day (can be taken from the section "The Importance of Public Engagement" under "Understanding Disaster Recovery Planning").

2. HOST introduces the FACILTATOR, who leads a round of introductions in which each person in the room shares his or her name, organization, and sector.

3. FACILITATOR provides housekeeping updates to the participants.

   Talking Points:
   - Overview of agenda
   - Content of participant packets
   - Availability of food and beverages
   - Timing of breaks
   - Use of technology
   - Locations of bathrooms
   - Emergency evacuation procedures
   - Basic ground rules

4. FACILITATOR leads the warm-up activity (see "Warm-up Activity: Card Deck" in Appendix A). Pass around two decks of cards, and instruct each participant to take one of each color. One deck contains "Sectors"; the other contains "Characteristics Associated with Vulnerability." Participants will consider their cards, and each will share with the group one way the sector could intervene to reduce or mitigate the vulnerability characteristic. Since these cards will be picked at random, participants will be asked to make suggestions for unfamiliar sectors in order to encourage discussion at each table.

   Examples:
   - Service or fraternal sector + those who are older adults = develop neighborhood programs to check on older adults after a disaster.
   - Media and communication sector + those who are not native English speakers = ensure that messaging about recovery support is provided in multiple languages.
   - Law enforcement sector + those who did not obtain a high school diploma = work with the education sector to review and update truancy regulations.

Facilitation Tips
- Check in with participants to make sure they can hear the host, faciltiator, and presenter and can see the projection screen and flipchart paper.
- Basic ground rules include "share the airtime," use "I" statements, one speaker at a time, all ideas are valid, ask questions before you try to persuade, choose to be present, and be brief. Ask participants whether there are other ground rules they would like to establish.
- Throughout the meeting, you can elect to use individual reflection, peer sharing, small-group or table discussions, or large-group or room discussions. Each method allows participants to process information in different ways, and mixing up the interactions encourages contributions from many rather than few. Use your judgment about what kind of thinking and processing method is needed based on the room's energy level.

5. FACILITATOR introduces the first PRESENTER, who provides an overview of disaster recovery planning and its potential to contribute to improvements in health, resilience, and sustainability. If no one is available to make this presentation, consider screening the "suggested video" provided earlier.

6. FACILITATOR leads a discussion with participants following the overview. If necessary, the facilitator can use these questions to initiate discussion among participants:

   - What stood out for you?
   - What seems new to you or difficult?
   - What seems normal and routine?
   - How would you define a healthy community? A resilient community? A sustainable community?
   - How would you define long-term disaster recovery?

Facilitation Tips
   ❖ When leading a discussion, ask one question at a time, and wait at least 10 seconds for responses. Use open-ended questions rather than "yes" or "no" questions. Ask "who," "what," "when," "where," "why," and "how" questions.

Activity 2: Community Vision
(Estimate 45 minutes to complete)

Goals

HOST: To develop a shared understanding of the commonalities among sector and organizational visions; to demonstrate to the participants how their individual visions for the community overlap and how what they do is connected to community health, resilience, and sustainability.

FACILITATOR: To lead participants through two discussions while taking notes on flipchart paper.

PARTICIPANT: To understand the collective goals of all the sectors and organizations represented at the meeting and to recognize that working together would benefit the entire community.

> ### Suggested Materials
> ☐ Flipchart pads and easel
> ☐ Markers
> ☐ Sticky notes

Tasks

- FACILITATOR prepares for this activity by labeling one flipchart page "Community Visions" and one "Next Steps: Vision."
- FACILITATOR guides participants through two discussions while taking notes on flipchart paper.

Instructions (Part 1)

1. FACILITATOR asks each participant to share his or her sector's or organization's vision for the community and records the visions on the flipchart page labeled "Community Visions." Use as many sheets of flipchart paper as needed. This activity can be done as a large group or as table groups whose input is then shared with the larger group.

2. After each participant has had the opportunity to share, FACILITATOR asks the participants to review the information on the flipchart paper and identify common themes among the visions.

3. FACILITATOR highlights the common vision themes on the flipchart paper using markers or sticky notes. After the common themes, or vision elements, have been identified, it may be helpful to write them on a fresh sheet of flipchart paper titled "Common Vision Elements."

   Talking Points:
   - Establishing a shared vision and aligning plans to support that vision before a disaster occurs may enhance the community's recovery.
   - Recovery from disasters is an opportunity to advance this vision and create a healthier, more resilient, sustainable community.

Instructions (Part 2)

1. FACILITATOR invites participants to reflect on the implications of a having a shared vision for disaster recovery planning using the group discussion prompts below, while taking notes on the flipchart page labeled "Next Steps: Shared Vision."

   Group Discussion Prompts:
   - How have community visions been established in the past in our community?
     - When does/should this happen collaboratively?
     - When does/should this happen individually?
   - How do each of your organizations' visions connect to health, resilience, and sustainability?
   - What opportunities are there to develop a collective vision?
   - What would be different if we had an aligned or collective community vision?

Key Terms

Healthy Community: One in which a diverse group of stakeholders collaborate to use their expertise and local knowledge to create a community that is socially and physically conducive to health. Community members are empowered and civically engaged, ensuring that all local policies consider health. The community has the capacity to identify, address, and evaluate its own health concerns on an ongoing basis, using data to guide and benchmark those efforts. As a result, a healthy community is safe, economically secure, and environmentally sound, as all community members have equal access to high-quality educational and employment opportunities, transportation and housing options, prevention and health care services, and healthy food and physical activity opportunities.

Resilience: The ability to prepare and plan for, absorb, recover from, and adapt more successfully to adverse events.

Sustainability: The ability of communities to thrive consistently over time as they make decisions to improve the community today without sacrificing the future.

Source: IOM (Institute of Medicine). 2015. *Healthy, resilient, and sustainable communities after disasters: Strategies, opportunities, and planning for recovery.* Washington, DC: The National Academies Press.

Facilitation Tips
- ❖ When documenting discussions on flipchart paper, write in large, clear, thick print and alternate marker colors to help participants separate statements.
- ❖ Use markers in other colors or sticky notes to call attention to specific ideas.
- ❖ Avoid using light-colored makers as they are difficult to see from a distance.

Activity 3: Local Context
(Estimate 45–55 minutes to complete)

Goals

HOST: To share information about the current state of assessment and planning in the community, including existing assessment and planning activities, opportunities for alignment among plans, and opportunities to modify those plans.

FACILITATOR: To ensure that participants have the information they need to take strategic action.

PRESENTER: To present the findings from the scan of community plans, planning processes, and other community data.

Suggested Materials
☐ Projection: local context slides
☐ Handout: local context presentation summary

Tasks

- PRESENTER provides a presentation on the local context, including findings from the local planning scan.
- FACILITATOR explains the purpose of this activity to the participants and leads a discussion with participants after the presentation.

Instructions

1. FACILITATOR introduces the local context activity to the participants.

    Talking Points:
    • During this activity, we will learn more about what is going on in our community.
    • First, we will create a big-picture view of what type of planning is currently going on across organizations, within the community, and beyond.
    • Second, we will explore what community factors might shape our planning and recovery actions.
    • We will consider data on the current well-being of the community, the sector and organizational skills and resources that can be leveraged to accomplish our actions, and the efforts that are already under way to improve disaster recovery.

2. PRESENTER presents a summary of the local context findings.

3. FACILITATOR leads a group discussion about the local context presentation and findings.

    Group Discussion Prompts:
    • What facts or figures stood out to you in the presentation?
    • What surprised you? What concerned you?
    • What information is missing, or what would you like to know more about?
    • What plans exist in the community?
    • How are planning processes conducted, and who is involved?

Activity 4: Planning Workshop

(Estimate 65–85 minutes to complete)

Goals

HOST: To examine sector- and organization-specific plans and planning processes for opportunities to incorporate health.

FACILITATOR: To identify three to five concrete ways in which sectors and organizations can integrate health into their existing plans and planning processes.

<div style="background-color:#b9a97f">

Suggested Materials

☐ Flipchart paper labeled "Next Steps: Planning"
☐ Markers

</div>

Tasks

- FACILITATOR explains the purpose of this activity to the participants and helps small groups identify opportunities for modifying their organizational/community plans and planning processes to promote a healthy, resilient, sustainable community.
- PARTICIPANTS discuss their organizational/community plans and planning processes in a small group of peers, obtaining feedback from other group members on how to modify those plans and processes to incorporate strategies for promoting health, resilience, and sustainability.
- PARTICIPANTS share with the entire group one or two potential changes that could be made to their plans and planning processes.

Instructions (Part 1)

1. FACILITATOR explains the planning workshop activity to the participants.

   Talking Points:
   - The purpose of this activity is to review and reflect on existing plans and planning processes and consider how they can be modified to improve health, resilience, and sustainability after a disaster.
   - First, I'll ask you to silently read and reflect on your plans and planning processes. Then, you will work together in small groups (two to three people), and take turns examining your plans and planning processes and brainstorming ways to modify or improve them.

2. FACILITATOR asks participants to *silently* read and reflect on their plans after reading aloud the reflection prompts below.

   Reflection Prompts:
   - How does your plan or planning process support the common vision elements we identified earlier?
   - Where are the concepts of health, resilience, and sustainability reflected in your plan or planning process?
   - Where are the opportunities in your plan or planning process to build in strategies for improving health, resilience, and sustainability?
   - What are three to five meaningful changes that could be made to the plan or planning process? What would it take to make those changes?

3. After no more than 5 minutes of silent reading and reflecting, FACILITATOR prompts the participants to divide into small groups of two to three people. Group members take turns sharing their plans and planning processes and obtaining feedback from the other members of their group about how to modify those plans and processes to incorporate strategies that promote health, resilience, and sustainability. Each person will have 10–15 minutes to share his or her planning ideas with other group members.

4. At the conclusion of the activity, FACILITATOR asks each participant to share with the larger group one or two potential changes to his or her plan or planning process identified in the small-group session.

Instructions (Part 2)

5. FACILITATOR leads the participants in a group discussion and takes notes on flipchart paper with the label "Next Steps: Planning."

   Group Discussion Prompts:
   • What opportunities were identified in the small-group sessions to integrate concepts of health, resilience, and sustainability into your plans and planning processes?
   • When does or should planning happen collaboratively? What are the strengths and challenges of collaborative planning?
   • What opportunities are there to develop collective plans?
   • What could be different if we aligned our plans or developed collective plans for achieving our common visions for the community? (The flipchart paper titled "Common Vision Elements" can be referred to during this discussion.)

Examples of Integration of Health, Resilience, and Sustainability into Community Plans
• Hillsborough County, Florida, has created a Post-Disaster Redevelopment Plan to guide long-term recovery. The plan specifies eight Technical Advisory Committees charged with incorporating and coordinating environmental restoration, housing, and health service recovery issues. Hillsborough County's entire Post-Disaster Redevelopment Plan is available at http://www.hillsboroughcounty.org/index.aspx?nid=1795.
• Pinellas County, Florida, redesigned its health care system to address social welfare and economic stability. These changes and their focus on the most vulnerable populations address many of the elements that improve human recovery after a disaster. Pinellas County's Post-Disaster Redevelopment Plan is available at http://www.tbrpc.org/tampabaydisaster/pinellaspdrp/pdf/doc/PinellasPDRP_June2012.pdf.
• Fairfax County, Virginia, has a Pre-Disaster Recovery Plan that incorporates subcommittees charged with advising on such matters as housing and community services should a disaster occur. Fairfax County's Pre-Disaster Recovery Plan is available at http://www.fairfaxcounty.gov/oem/pdrp/pdrp-complete-doc-march2012.pdf.

Facilitation Tips
❖ During the small-group activity, circulate among the tables to answer questions and keep the participants on track.
❖ Every 10–15 minutes, provide a verbal reminder to each group to move on to the next person in the group if they have not yet done so.
❖ If participants do not have an organizational plan to discuss, they can reflect on a general community plan.

Activity 5: Change Analysis
(Estimate 45 minutes to complete)

Goals

HOST: To consider the political, social, economic, and structural forces that keep us from or move us toward taking collective action.

FACILITATOR: To explore the barriers and opportunities for disaster recovery focused on community health improvement.

Tasks

- FACILITATOR prepares for the activity by placing three flipchart papers in a row on a wall. Label the middle sheet "Include health focus in community planning efforts." Label the top of the left sheet "For" and the top of the right sheet "Against."
- FACILITATOR explains the purpose of this activity, provides "Worksheet 2: Force Field Analysis" (see Appendix A), and leads discussion.
- PARTICIPANTS identify forces that are encouraging and discouraging change in disaster recovery planning, share those ideas with the group, and prioritize them based on how easy they will be to address.

Instructions

1. FACILITATOR explains the activity to participants and passes out "Worksheet 2: Force Field Analysis."

   Talking Points:
   - Force field analysis is a decision-making technique that helps in analyzing the pressures for and against change and in identifying the rationale for decision making.
   - During this activity, we are going to reflect on whether we should modify the way we do our community planning.

2. FACILITATOR encourages the participants to brainstorm *silently* and complete the worksheets after reading aloud the reflection prompts below.

   Reflection Prompts:
   - Think about the advantages of collective action. What difference would it make to be able to leverage resources, facilities, training, activities, staff, funding, capabilities, and access to populations of interest?
   - Think about the disadvantages of collective action. What risks are involved? What costs are involved? What might have to be given up?
   - Think about current or future opportunities to modify plans or engage in collective planning processes. How can you experiment with doing things differently?
   - Think about current or future threats to success. What challenges will you encounter in changing the way things are currently done?

3. After no more than 5 minutes of silent brainstorming, FACILITATOR asks participants to discuss their worksheets in small groups of two or three for about 15 minutes.

4. FACILITATOR brings the small groups together to share their ideas and takes notes on the flipchart paper, noting the positive forces, or those encouraging change, on the "For" paper and the negative forces, or those discouraging change, on the "Against" paper.

5. After all ideas have been shared, FACILITATOR asks participants to share the most important forces moving them toward change and the most important forces holding them back from change. FACILITATOR highlights those items on the flipchart paper with a marker of a different color or with sticky notes.

Facilitation Tips

❖ During this small-group activity, circulate among the tables to answer questions and keep the participants on track.
❖ Invite participants to use the "five whys" method to dig deeper. When someone shares a force, particularly a negative one, ask why multiple times to get at root issues.
❖ Prompt the group to think about factors related to people, power, politics, process, policy, place, and infrastructure. They can also consider forces within and beyond their control/influence.

Activity 6: Alignment and Next Steps

(Estimate 60 minutes to complete)

Goals

FACILITATOR: To establish commitment, engagement, and expectations for next steps.

Tasks

- FACILITATOR prepares for the activity by reorganizing the flipchart papers so that the "Next Steps: Vision," "Next Steps: Planning," Force Field Analysis summary, and any other summary pieces are posted in the same general location. Label three flipchart papers "Commitment," "Action," and "Involvement."
- FACILITATOR asks the participants to reflect on the day, leads participants in discussion, and takes notes on flipchart paper.
- PARTICIPANTS identify what they are committed to doing after this meeting, what actions are needed to make those commitments happen, and what level of involvement they want to have in taking those actions.

Instructions (Part 1)

1. FACILITATOR asks participants to reflect silently on the day after reading aloud the reflection prompts below. FACILITATOR should use the flipchart pages to provide examples as indicated in brackets below.

   Reflection Prompts:
   - We shared our visions for the community and found that we have [example themes from flipchart pages] in common.
   - We learned about efforts to assess our community's needs and assets and about its existing plans and planning processes.
   - We developed ways to incorporate the concepts of health, resilience, and sustainability into our individual sector and organization plans. [Provide a few examples from the earlier discussion.]
   - We identified some of the forces pushing us to change and those holding us back. [Name major forces from flipchart pages.]

2. FACILITATOR leads participants in a group discussion about the day. Start by having each person share one thing that stood out to him or her. After that, invite anyone to ask questions.

   Group Discussion Prompts:
   - What moments of today's meeting were most memorable for you? What "aha" moments did you experience?
   - What aspects of integrating health, resilience, and sustainability into your planning excite you? Which create angst?
   - What major obstacles would you need to overcome to change the way you plan?
   - What will be different if you succeed in changing the way you plan?

Instructions (Part 2)

3. FACILITATOR leads participants in a group discussion to identify what they are committed to doing after this meeting, while taking notes on the flipchart paper labeled "Commitment."

   Group Discussion Prompts:
   - What would you like to see change as a result of our discussions today?
   - What are you committed to doing as a sector/organization?
   - What are you committed to doing as a collective group?

4. After establishing the group's commitment, FACILITATOR leads a group discussion to identify what actions participants need to take in the next 90 days to realize the changes to which they are committed. Capture these actions on the flipchart paper labeled "Action."

   Group Discussion Prompts:
   - To effect change (i.e., make our commitments real), what would need to happen first?
   - What information or resources do we need?
   - How can we overcome resistance and opposing forces?

5. FACILITATOR then distributes Worksheet 3: Actions (see Appendix A) and asks participants to note silently what actions they are committed to taking as individuals, at their organization or in their sector, and as part of a collective group. After participants complete the worksheet, FACILITATOR collects them to include in post-meeting documentation.

   Reflection Prompt:
   - What can we do as individuals, as sectors/organizations, and as a collective group to take action for change in the next 90 days?

6. FACILITATOR distributes Worksheet 4: Circles of Involvement (see Appendix A) and reads aloud the levels of involvement detailed on the worksheet. FACILITATOR then asks participants to identify what level of involvement they want to have moving forward. As participants self-identify, FACILITATOR notes the organizations represented by the participants on the flipchart paper labeled "Involvement."

   Group Discussion Prompts:
   - Who else needs to be involved?
   - Who is missing from the discussion today?

Activity 7: Resolve and Adjourn

(Estimate 10–15 minutes to complete)

Goals

FACILTIATOR: To reflect on the work to be done.

HOST: To thank the participants for coming.

Tasks

- FACILITATOR leads the closing activity.
- HOST provides concluding remarks.

Instructions

1. FACILITATOR asks small groups of participants to answer one of these prompts:
   - Planning is like [dancing/building a house/a ship] because _____.

2. After 5 minutes of discussion, FACILITATOR invites a member of each small group to share that group's answer with the larger group.

3. HOST provides any final remarks, thanks participants for attending, and lets them know what kind of follow-up they should expect and when to expect it. (The Evaluation Template in Appendix A can be passed out at the meeting or emailed at a later date.)

Post-Meeting Documentation
(Estimate 30 minutes to complete)

Goals

HOST: To document what has been accomplished.

FACILITATOR: To assist the host with documenting all meeting products and room clean-up.

Suggested Materials
- ☐ Notes template
- ☐ Camera

Tasks

- HOST thanks participants and answers any final questions as they depart.
- FACILITATOR begins to document all meeting products (e.g., flipchart notes) and clean up.

Instructions

1. HOST and FACILITATOR take photos of all flipcharts and document all meeting products.

2. HOST and FACILITATOR collect remaining supplies and reset the room as it was found.

Module 3: Acting after the Meeting

It is important to build on the momentum generated during the meeting. No later than one week after the meeting has taken place, distribute to participants an evaluation form (see the Evaluation Template in Appendix A), meeting notes, a contact list, and a document listing relevant next steps they can take to accomplish the goals set during the meeting.

The planning committee should also meet to debrief from the meeting, review evaluation results, consider improvements that could be made if they were to convene the group again, and discuss next steps.

A number of resources and tools are available to support a community in understanding its risks and vulnerabilities and incorporating health, resilience, and sustainability into its long-term disaster recovery planning. Several are listed below:

- **Long-term Community Recovery Planning Process:** The purpose of this guide is to provide communities with a framework for long-term community recovery that has been used by FEMA and its technical advisors over the past several years. This process has been successful in bringing communities together to focus on their long-term recovery issues and needs and to develop projects and strategies that address them. Find the guide at https://www.fema.gov/media-library/assets/documents 6337.
- **Community Assessment for Public Health Emergency Response (CASPER):** CASPER is an epidemiologic technique designed by the Centers for Disease Control and Prevention (CDC) to provide household-based information about a community quickly and at low cost. The CASPER toolkit is designed to assist personnel from any local, state, regional, or federal office in conducting a rapid needs assessment of a community's health status; basic needs; or knowledge, attitudes, and practices. Gathering such information using valid statistical methods allows public health and emergency managers to make informed decisions. Find the toolkit at http://www.cdc.gov/nceh/hsb/disaster/casper.
- **Disaster risk reduction:** Disaster risk reduction is the concept and practice of reducing disaster risks through systematic efforts to analyze and reduce the causal factors of disasters. Reducing exposure to hazards, lessening the vulnerability of people and property, managing land and the environment wisely, and improving preparedness and early warning for adverse events are all examples of disaster risk reduction. Learn more at https://www.unisdr.org/who-we-are/what-is-drr.
- **Health in all policies (HiAP):** HiAP is a collaborative approach that integrates health considerations into policy making across sectors to improve the health of all communities and people. HiAP recognizes that health is created by a multitude of factors beyond health care and in many cases, beyond the scope of traditional public health activities. Learn more at http://www.cdc.gov/policy/hiap.
- **Mobilizing Action for Partnerships and Planning (MAPP):** MAPP is a community-driven strategic planning process for improving community health. This framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, the effectiveness, and ultimately the performance of local public health systems. For information and resources, visit www.naccho.org/topics/infrastructure/mapp.

Resources for Collaboration

Coalitions Work! Tools and Resources: This collection of work tools, publications, and external resources helps coalitions and partnership reach their potential to serve as a force for positive change in the health of their communities. For more information, visit coalitionswork.com/resources.

Collective Impact: Compared with isolated impact, collective impact initiatives include large-scale social change that comes from better cross-sector coordination rather than isolated interventions of individual organizations. Such initiatives have the following features: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and backbone support organizations. For more information, visit http://www.ssireview.org/articles/entry/collective_impact.

The Community Tool Box: The Community Tool Box is a free, online resource for those working to build healthier communities and bring about social change. It offers tips and tools for taking action in communities through assessment, planning, intervention, evaluation, advocacy, and other aspects of community practice. For information and resources, visit http://ctb.ku.edu/en/learn-skill.

Logic Model Development Guide: This guide was developed by the W. K. Kellogg Foundation to provide assistance in developing a sound logic model that will enhance program planning, implementation, and dissemination activities. For more information, visit http://www.wkkf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx.

PARTNER: Program to Analyze, Record, and Track Networks to Enhance Relationships: This free tool allows people and organizations that work together as a network to measure and monitor collaborative activity over time. Using social network analysis, network measures indicate the progress of collaboration by assessing which partners are involved and the ways in which they exchange resources, and provide a better understanding of the amount of effort required to sustain a collaborative. For more information, visit www.partnertool.net.

Roots of Health Inequity: Roots of Health Inequity is a Web-based course for the public health workforce. The course provides an online learning environment to explore the root causes of inequity in the distribution of disease, illness, injury, and death. For more information, visit rootsofhealthinequity.org.

Appendix A: Meeting Materials

Contents

Worksheet 1: Inventory of Plans

Description: Worksheet 1 is intended to be distributed to potential participating organizations and agencies prior to the meeting to facilitate the identification of local public and organizational plans and planning processes relevant to disaster recovery and community improvement and development. This worksheet can be helpful to engage participants registered for the meeting in identifying relevant plans. The form includes questions about the scope of the identified plans.

Worksheet 1: Inventory of Plans

We are conducting an inventory of planning efforts to determine the extent to which local organizational and community plans support health, resilience, and sustainability in general and in the event of a disaster. The information you provide on this worksheet will be used to inform a community meeting.

Name:
Agency/Organization:
Email:
Phone:

1. Does your agency/organization have an existing disaster recovery plan? (circle one)

   Yes   No   Unsure

   1.a. If yes, in the next year, does your agency/organization intend to update its disaster recovery plan? (circle one)

   Yes   No   Unsure

   1.b. If no, in the next year, does your agency/organization intend to develop a disaster recovery plan? (circle one)

   Yes   No   Unsure

2. Does your agency/organization have a plan aimed at community improvement? (circle one)

   Yes   No   Unsure

   2.a. If yes, in the next year, does your agency/organization intend to update its community improvement plan? (circle one)

   Yes   No   Unsure

   2.b. If no, in the next year, does your agency/organization intend to develop a community improvement plan? (circle one)

   Yes   No   Unsure

3. In the next year, does your agency/organization intend to develop or update any plans related to general improvement?

   Yes   No   Unsure

4. If yes to any of the above:

       4.a. What is the name of your plan?

       4.b. What year was the plan adopted?

5. Where is the plan in the development process? (circle one)

       In development   Proposed   Adopted

6. What are the primary goals of the plan?

7. Was the plan informed by assessment data? (circle one)

       Yes   No   Unsure

       7.a. If yes, what was the focus of the assessment?

8. What is the geographic and/or population reach of the plan?

9. What challenges arose during the development of the plan?

10. Provide a link to the plan or send it to [project contact].

Email Invitation Template

Dear [Name],

We would like to invite you to a meeting on improving community health in the aftermath of a disaster [or alternative event title]. This meeting will bring together stakeholders from across the community to discuss ways we might better include health needs in the post-disaster planning efforts of [community]. By incorporating a vision for a healthy community into disaster recovery planning, [community] can take full advantage of opportunities to improve the health and living standards in our community. Attached is more information on how your sector can contribute to this process [Can attach "Making the Case" in Appendix B for each sector].

The details of this meeting are:

[Location]
[Date]
[Time]

Sincerely,
[Community Contact]

Dear [Name],

Thank you for registering to attend our meeting on improving community health in the aftermath of a disaster [or alternative event title]. This meeting will bring together stakeholders from across the community to discuss ways we might better include health needs in the post-disaster planning efforts of [community]. By incorporating a vision for a healthy community into disaster recovery planning, [community] can take full advantage of opportunities to improve the health and living standards in our community.

The details of this meeting are:

[Location]
[Date]
[Start Time and End Time]

To facilitate our activities and communication at the meeting, we are asking all attendees to bring a copy of their organization's disaster recovery or other long-term plan to the meeting. If your organization does not have a suitable plan or has one you are not able to share, please bring material on any strategy your organization has created for looking to the future (e.g., a strategic map).

We look forward to seeing you at the meeting. If you have any questions, please get in touch with [name], our [title].

Sincerely,
[Community Contact]

Model Agenda

[Title of Meeting]
[Date and Time]
[Location]

Welcome and Overview (58–85 minutes)
- Welcome and Housekeeping (10–20 minutes)
- Warm-Up Activity (20–30 minutes)
- Disaster Recovery Planning Overview Presentation [Name of Presenter] (18–25 minutes)
- Participant Discussion (10 minutes)

Break (15 minutes)

Community Vision (45 minutes)
- Discussion of Participants' Organizational Visions for [Community] (30 minutes)
- Participant Discussion and Next Steps (15 minutes)

Local Context (45–55 minutes)
- Introduction (5 minutes)
- Presentation of Findings from [Host's] Scan of Community Plans by [Name of Presenter] (20–30 minutes)
- Participant Discussion and Reactions (20 minutes)

Lunch (60 minutes)

Planning Workshop (65–85 minutes)
- Introduction (5–10 minutes)
- Small-Group Planning (30–45 minutes)
- Individual Sharing of Potential Changes (15 minutes)
- Participant Discussion and Next Steps (15 minutes)

Break (15 minutes)

Change Analysis (45 minutes)
- Introduction (5 minutes)
- Completion of Force Field Analysis Worksheet (5 minutes)
- Small-Group Discussion of Worksheet (15 minutes)
- Report Back and Discussion (20 minutes)

Alignment and Next Steps (60 minutes)
- Reflection (15 minutes)
- Decision Activity on Participants' Commitments (15 minutes)
- Identification of Actions Needed for Change (10 minutes)
- Completion of Action Worksheet (10 minutes)
- Discussion of Participants' Future Level of Involvement (20 minutes)

Resolve and Adjourn (15 minutes)

Sign-In Sheet

Name	Organization	Email

Supplies and Set-Up Checklist

Room Requirements
- ☐ Tables set for 5–8 participants
- ☐ 2 easels and flipchart pads
- ☐ Projector and screen
- ☐ Audio-visual equipment (speakers and mics), as needed
- ☐ Facilitator table
- ☐ Registration table

Facilitator Table
- ☐ Markers
- ☐ Tape
- ☐ Laptop with slide deck queued
- ☐ Handouts
- ☐ Prepared flipchart pages
- ☐ Camera

Registration Table
- ☐ Sign-in sheet
- ☐ Participant packets
- ☐ Name tags or tents

Participant Tables
- ☐ Paper
- ☐ Pens
- ☐ [Warm-up activity card deck](#)

Warm-Up Activity: Card Deck

Description: There are two sets of cards on the following pages. The first set, all on the first page, is the "Sector" cards. The second set, all on the second page, is the "Vulnerability" cards. These cards will be used during Activity 1 of Module 2, but need to be copied and cut out prior to the start of the meeting.

Instructions:
1. Copy the "Sector" cards on one color of cardstock paper. Copy the "Vulnerability" cards on another color.
2. Cut the cards out.
3. Make enough copies to ensure that every participant will be able to take one "Sector" card and one "Vulnerability" card each.

Warm-Up Activity: Card Deck

Sectors

Health and Human Services Sector	**Service or Fraternal Sector**
Education Sector	**Planning or Development Sector**
Law Enforcement Sector	**Housing Sector**
Business Sector	**Arts and Culture Sector**
Media and Communication Sector	**Transportation Sector**

Characteristics Associated with Vulnerability

Those living in poverty	**Those who have a physical, emotional, or cognitive disability**
Those who are not employed	**Those who are members of a single-parent household**
Those who did not obtain a high school diploma	**Those who identify as a member of a racial or ethnic minority group**
Those who are older adults (>65)	**Those who are not native English speakers**
Those who are youth (<17)	**Those who reside in a multi-unit or crowded structure or mobile home**

Worksheet 2: Force Field Analysis

Description: Worksheet 2 is passed out to the participants and filled in by them during Activity 5 of Module 2.

Instructions:
1. Make enough copies of this worksheet so that every participant has at least one copy. Have extra copies available.
2. Pass the worksheets out during Activity 5.
3. The FACILITATOR will explain the technique of force field analysis to the participants.
4. PARTICIPANTS will identify forces that are encouraging and discouraging specific changes in their disaster recovery plans and write them down on this worksheet.

Forces For	Change	Forces Against
	Including a health focus in community improvement and development plans and disaster recovery efforts	

Worksheet 3: Actions

Description: Worksheet 3 is passed out to the participants and filled in by them during Activity 6 of Module 2.

Instructions:
1. Make enough copies of this worksheet so that every participant has at least one copy. Have extra copies available.
2. Pass the worksheets out during Activity 6.
3. The FACILITATOR will ask participants to fill their worksheets out with the actions each individual, organization, and sector is willing to commit to completing.
4. The FACILITATOR will collect these worksheets after the participants have filled them out.

Worksheet 3: Actions

Name: _____   Organization: _____

What can we do as individuals, as organizations/sectors, and collectively to take action for change in the next 90 days?
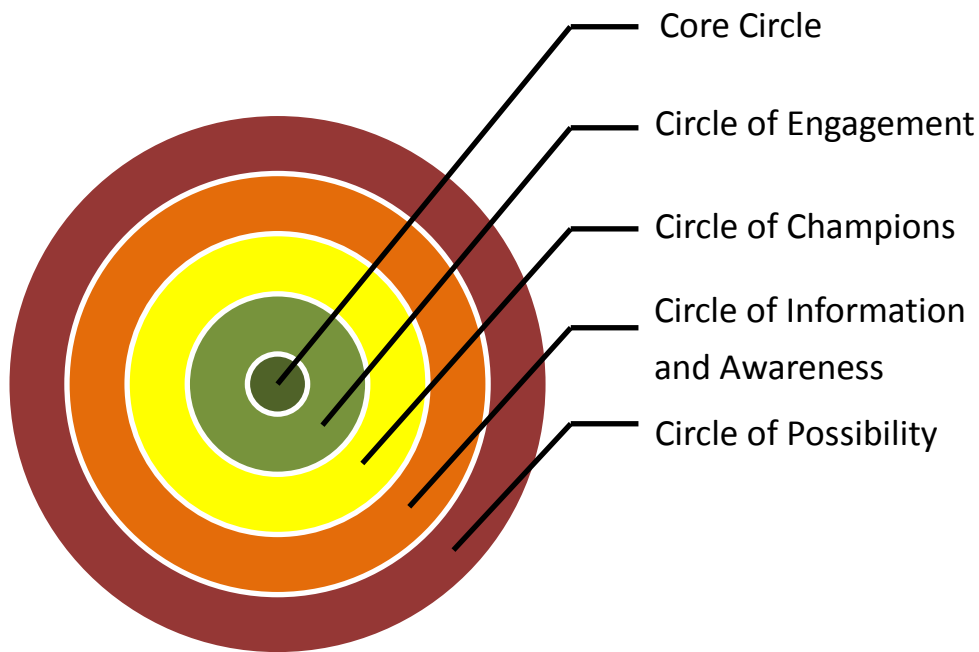
Commitment: _____

Action and Milestones			
Next week	Next 30 days	Next 90 days	Next year
Goal:			
Goal:			
Goal:			
Goal:			

Worksheet 4: Circles of Involvement

Description: Worksheet 4 is a handout. It will be used during Activity 6 of Module 2. Make a copy of this handout for every participant at the meeting.

Instructions: Make enough copies of this handout so that every participant has a copy. Have extra copies available.

Core Circle

Circle of Engagement

Circle of Champions

Circle of Information
and Awareness

Circle of Possibility

Source: The 'Circle of Involvement' is a product of the Institute of Cultural Affairs' Technology of Participation (ToP)® Methodology. Please do not reprint without permission. www.ica-usa.org

Core Circle
- People who have real passion for the activity, who see themselves as responsible for sustaining momentum, and who can pretty much always be counted on to step forward when needed
- Individuals and organizations responsible for carrying out the day-to-day work
- Prepare, plan, facilitate, and orchestrate the authentic participation of people in all the other circles
- Decide who needs to be involved
- Usually around the table when the planning effort begins
- Recruit the support of others
- Organize all the meetings
- Prepare the meeting materials, processes, and reports

Circle of Engagement
- Committed to the activity
- Don't see themselves as the prime movers of the process but are willing to assume their fair share of responsibility for aspects of it
- Includes people who may or may not have been involved in the initial planning process
- Partners may become increasingly engaged in the activity's rollout and leadership and may gradually move into the Core Circle
- Can be called on to help with specific tasks at particular times
- May need to be reminded of decisions they have made
- Responsive to requests from the Core Circle members to work with them on certain tasks

Circle of Champions
- Typically hold positions of leadership in the community and are, or need to be, committed to the activity's success
- Authorizers and advocates of the effort
- May or may not be very involved in the daily activities of its implementation
- Appreciate making their contribution where it will do the most good and then stepping back until the next time
- Need to be kept informed of what is happening (big picture) and where to plug in strategically without having to be involved in the minute details
- Cheerleaders who can strategically appear to affirm the work that has been done, recognize the people who have made it happen, and ensure that the whole community knows that the endeavor has top-level support
- Open doors, make connections, and say a word in the right places

Circle of Information and Awareness
- Usually are not very close to the activity, but need to be kept in the loop as things unfold
- Not involved in developing the activity, but are affected in some way by it
- Need to receive occasional visits and reports that allow them to see the value in what is happening and to have their questions about it answered honestly
- Lend support to the effort or raise questions about it and slow it down
- Hear things about the activity and its work from other sources and will draw conclusions based on what they hear
- Sometimes have responsibility for or access to communication media that reach a wide audience
- Potential to move into the Circle of Engagement—or even the Circle of Champions

Circle of Possibility
- Long shots and wild cards who also have a role to play
- People one would not immediately think of as being related to the activity, but who just might find areas of common cause with it
- People and groups that need to be explored, without assuming that they will necessarily turn out to be supportive

The 'Circle of Involvement' is a product of the Institute of Cultural Affairs' Technology of Participation (ToP)® Methodology. Please do not reprint without permission. www.ica-usa.org

Notes Template

[Meeting Title]
[Meeting Date]
[Meeting Location]

Participants

Name	Title	Organization	Contact

Community Vision

Common Elements
- *[List]*

Next Steps: Vision
- *[List]*

Local Context
[notes from reflection discussion]

Planning Workshop

Next Steps: Planning
- *[List]*

Change Analysis

Forces For	Change	Forces Against
	Including a health focus in community improvement and development plans and disaster recovery efforts	

Alignment and Next Steps

Commitment	Action	Involvement

Meeting Evaluation Template

Thank you for attending the [Meeting Title] meeting conducted on [Meeting Date] and taking time to complete this evaluation form. Your anonymous feedback will be used to improve future planning sessions.

1. Please indicate the extent to which you agree with the following statements:

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
The instructions for attending the meeting were clear and accurate.	❍	❍	❍	❍	❍
I felt prepared for the meeting.	❍	❍	❍	❍	❍
This meeting was well organized and facilitated.	❍	❍	❍	❍	❍
Time was managed well during the meeting.	❍	❍	❍	❍	❍
The environment was conducive to peer exchange.	❍	❍	❍	❍	❍
The agenda was conducive to peer exchange.	❍	❍	❍	❍	❍
I had enough time to review materials before and during the meeting.	❍	❍	❍	❍	❍
The activities were clear, understandable, and useful.	❍	❍	❍	❍	❍
I understand why I was invited to attend.	❍	❍	❍	❍	❍
Participating in the meeting increased my awareness of disaster recovery planning.	❍	❍	❍	❍	❍
I felt comfortable speaking up and providing input.	❍	❍	❍	❍	❍
The meeting was relevant to my work.	❍	❍	❍	❍	❍
Participating in the meeting was an effective use of my time.	❍	❍	❍	❍	❍

2. **Please indicate the extent to which you agree with the following statements concerning the extent to which the meeting objectives were met.**

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Developed a shared understanding of the community's desired future state.	❍	❍	❍	❍	❍
Identified all the information the group needs to take strategic action to improve planning processes.	❍	❍	❍	❍	❍
Identified 3-5 ways to improve organizational or sector plans.	❍	❍	❍	❍	❍
[Add any additional objectives.]	❍	❍	❍	❍	❍

3. What stood out for you during the meeting?

4. At what times during the meeting did you feel bored or confused?

5. At what times during the meeting did you feel excited or engaged?

6. How will you share what you learned?

7. Are there specific ways we can provide further assistance to you?

8. How can we better meet your expectations at the next meeting?

Appendix B: Making the Case

Contents

During disasters, health care systems often must adjust the ways in which services are delivered by moving care out of hospitals and into communities and by using team-based strategies to meet the multifaceted needs of survivors. Recovery offers an opportunity to leverage these disaster experiences, relationships, and resources to shift to new models of care. This restructuring, along with long-term recovery plans, can address chronic community health concerns such as access to and continuity of services.

Advantages of Well-Designed Planning for Disasters in the Health Care Sector

Pre-disaster recovery plans developed in a collaborative and comprehensive way can help to:

- Stabilize, strengthen, and integrate existing resources;
- Identify resources that should be replaced or rebuilt;
- Develop new preventive and health care delivery approaches that are sustainable and affordable;
- Predetermine which vulnerable populations' demands for health care services are likely to surge during emergencies;
- Create a useful and aligned strategic model to focus the efforts of multiple stakeholders; and
- Open pathways to new resources that are available to reorganize health care infrastructures and modernize care.

Possible Challenges in Disaster Recovery for the Health Care Sector

After a disaster occurs, the greatest challenge in the health care sector is addressing the increase in urgent need for medical care while managing diminished capacity for that care due to disruptions in the delivery infrastructure. The effects are especially pronounced among already vulnerable populations and in communities with previously overburdened care delivery systems. For medically vulnerable individuals, disaster-related disruption in primary care can result in a secondary surge of increased demand for medical services due to exacerbated health issues.

Benefits of Possible Recovery Strategies for the Health Care Sector

In the short term, a thorough assessment of the capacity and vulnerability of the health care system, the establishment of health care coalitions and other coordinating groups, the development of continuity and recovery plans, and the establishment of a resilient health information technology system will provide opportunities for improving access to the health care system and the quality of care in the long term and for making the community healthier.

For more information, see Chapter 6 of IOM (Institute of Medicine). 2015. *Healthy, resilient, and sustainable communities after disasters: Strategies, opportunities, and planning for recovery*. Washington, DC: The National Academies Press.

Public health has a central role to play in the realization of a healthy community. Healthy communities are contingent upon the optimal functioning and integration of services, all of which can be disrupted during a disaster. In the short term, health will suffer directly after a disaster disrupts critical infrastructure, programs, and services, such as utilities, assistance programs, transportation, housing, and social services. The health consequences of long-term effects, such as the exodus of businesses and professionals, community disinvestment, and physical blight, will also need to be addressed. Successful recovery will depend on the knowledge and coordination of all organizations involved in population health outcomes. Public health agencies can play a focal role given that they traditionally serve as neutral conveners and have relationships with a range of sectors.

Advantages of Well-Designed Planning for Disasters in the Public Health Sector

Pre-disaster recovery plans developed in a collaborative and comprehensive way can help to:
- Provide a useful and aligned strategic model to focus the efforts of multiple stakeholders;
- Develop comprehensive assessments of the community's health;
- Engage community stakeholders in pre-disaster community health improvement and recovery planning;
- Ensure that public health community programs and services are integrated into healthy community and disaster recovery planning processes;
- Promote more resilient design of new construction;
- Promote consideration of quality of life in planning for community redesign (e.g., bicycle lanes, walking and jogging trails, parks and other green spaces, community gardens);
- Identify priority areas for redevelopment that are informed by health disparities;
- Develop strategies designed to retain the health services workforce; and
- Promote access to care as part of action plans.

Possible Challenges in Disaster Recovery for the Public Health Sector

The public health sector must address a multisector recovery effort after a disaster while carrying out day-to-day functions of fostering good health, offering protection from unsafe or hazardous conditions, preventing disease, and disseminating credible health information. The trajectory of such recovery will depend not only on the characteristics of the disaster, but also on the pre-event physical and behavioral health and social well-being of the affected population and the extent of pre-disaster preparation for response and recovery.

Benefits of Possible Recovery Strategies for the Public Health Sector

Within the tragedy of a disaster lies a unique opportunity for a community to re-envision itself through the lens of a healthy community. By leveraging new funding sources, partnerships, and technologies and redirecting existing funding streams, the process of recovery can be leveraged to address previously identified gaps in a community, strengthen and expand existing programs and partnerships, and engage the community in a process of envisioning and building a better post-disaster future.

For more information, see Chapter 5 of IOM (Institute of Medicine). 2015. *Healthy, resilient, and sustainable communities after disasters: Strategies, opportunities, and planning for recovery*. Washington, DC: The National Academies Press.

Behavioral health disruptions are among the most frequent adverse health effects after exposure to a disaster. Almost everyone in a community that is struck by a disaster will feel some type of emotional effect. For most, functional recovery will occur without intervention, but for some individuals, the impacts of a disaster on behavioral health will be severe and long-lasting and can impede their recovery. Therefore, it is critically important to identify those individuals at risk and connect them with appropriate preventive and/or rehabilitative services. Doing so will require pre-disaster planning to establish clear roles and responsibilities for the stakeholders at all levels, an agile and resilient system for delivery of behavioral health services, and a process for evaluating the needs for those services so that those in need receive timely and efficient treatment.

Advantages of Well-Designed Planning for Disasters in the Behavioral Health Sector

Pre-disaster recovery plans developed in a collaborative and comprehensive way can help to:
- Identify activities that mitigate adverse behavioral health effects in survivors;
- Ascertain the gaps in the current system for addressing behavioral health needs;
- Recognize opportunities to strengthen the behavioral health sector by leveraging disaster-related resources and experiences;
- Integrate behavioral health activities and programming into other sectors;
- Maximize the participation of local available resources in behavioral health; and
- Identify and build upon local capacities and networks.

Possible Challenges in Disaster Recovery for the Behavioral Health Sector

When a disaster occurs, the distress of the event and the recovery process can generate a wide range of responses in community members' lives. The multiplicity of individuals and organizations with key roles in supporting behavioral health necessitates effective leadership and coordination at all levels. Behavioral health services may not meet a community's behavioral health needs, especially for underserved populations, and these capacity issues are likely to be exacerbated by a disaster. Finally, current disaster behavioral health programs and funding focus primarily on the immediate response and not on the long-term behavioral health and emotional well-being of survivors and responders.

Benefits of Possible Recovery Strategies for the Behavioral Health Sector

Disasters often, of necessity, result in an expansion of community-based services and cross-sector collaboration. Planning activities can strengthen the existing system and its physical infrastructure by ensuring that behavioral health providers are prepared to function as part of a coordinated system. In the aftermath of a disaster, increased attention to mental health issues and the emergence of creative approaches to meeting disaster-related needs can be leveraged to transform long-term behavioral health care and reduce barriers to care.

For more information, see Chapter 7 of IOM (Institute of Medicine). 2015. *Healthy, resilient, and sustainable communities after disasters: Strategies, opportunities, and planning for recovery*. Washington, DC: The National Academies Press.

During disasters, social service providers play a crucial role in meeting basic human needs and providing psychosocial and behavioral health support for survivors. A wide range of providers act to directly assist individuals and families who have insufficient resources to meet their needs. Recovery offers an opportunity to build a stronger social service system by leveraging new resources, lessons learned from the response, and new partnerships to increase capacity and coordination among providers. A stronger system can improve the community's health and better address the causes of social vulnerability.

Advantages of Well-Designed Planning for Disasters in the Social Services Sector

Pre-disaster recovery plans developed in a collaborative and comprehensive way can help to:
- Define roles and responsibilities for different social service providers;
- Enable better sharing of records and information on clients during disasters;
- Improve access to recovery resources, information, and programs;
- Reduce redundant efforts and free up time and resources previously dedicated to those efforts;
- Anticipate and meet workforce needs for social service agencies during recovery;
- Strengthen social support networks by facilitating efforts to reunite families and promote community resilience;
- Enhance efforts to increase accessibility and reach the most vulnerable populations to better provide needed social services; and
- Create compatible structures, policies, and procedures that improve coordination across federal, state, and local social service systems.

Possible Challenges in Disaster Recovery for the Social Services Sector

Disasters can generate increased demand for social services because of their impacts on existing vulnerable populations and the creation of newly vulnerable populations. At the same time, capacity to provide social services is decreased during a disaster as a result of interruptions in service delivery and displacement of both providers and clients. Disruptions in social services can have negative consequences for the health and well-being of a community and in the long term, magnify pre-existing inequalities for vulnerable populations.

Benefits of Possible Recovery Strategies for the Social Services Sector

Establishing forums for collaboration, establishing mechanisms for information sharing, and planning for fluctuations in social service workforces can help create a more resilient and sustainable social service system. Such a system can make a community healthier and more self-sufficient and better support the social and economic well-being of its members.

For more information, see Chapter 8 of IOM (Institute of Medicine). 2015. *Healthy, resilient, and sustainable communities after disasters: Strategies, opportunities, and planning for recovery*. Washington, DC: The National Academies Press.

Making the Case to the Housing Sector

In most communities in the United States, some individuals and families live in housing environments that are not supportive of health. Disasters can exacerbate these conditions by causing significant damage to structures, resulting in increased exposure to new threats. Following a disaster, health hazards within homes must be mitigated, and those displaced or made homeless require immediate access to safe temporary housing. Incorporating a housing perspective into disaster recovery can enable communities to improve their health by addressing these concerns and creating healthier housing.

Advantages of Well-Designed Planning for Disasters in the Housing Sector

Pre-disaster recovery plans developed in a collaborative and comprehensive way can help to:
- Conduct housing vulnerability and capacity assessments;
- Assess housing needs;
- Prevent unnecessary displacement;
- Protect homeowners and recovery workers against health risks;
- Provide short- and long-term temporary housing that meets health and human service needs; and
- Develop programs and procedures to enable rapid rebuilding of healthy housing.

Possible Challenges in Disaster Recovery for the Housing Sector

Housing is a well-documented determinant of health, and the burden of disease associated with inadequate housing is great. In addition, low-cost housing, including rental properties, tends to be concentrated in more vulnerable locations and is often affected disproportionately by disasters. Finally, post-disaster use of temporary housing that contains chemical contaminants such as high levels of formaldehyde has been associated with respiratory problems, sensitization, and other adverse health outcomes.

Benefits of Possible Recovery Strategies for the Housing Sector

Disaster recovery planning encourages a number of beneficial outcomes through short- and long-term housing designs that are efficient, durable, and equitable; that contribute to the health of residents through the use of safe, responsible materials in construction; and that encourage walkability and safety. Disaster recovery plans also help to engage community members and preserve and promote social connectedness to ensure that the needs of all community members are met while survivors and recovery workers are protected from the health hazards associated with unhealthy or unsafe housing.

For more information, see Chapter 10 of IOM (Institute of Medicine). 2015. *Healthy, resilient, and sustainable communities after disasters: Strategies, opportunities, and planning for recovery*. Washington, DC: The National Academies Press.

Most communities have some kind of plan or policy for how to deal with an emergency situation. In these plans, communities identify an individual or team of individuals that will execute their emergency or disaster recovery plan; while those individuals may have a variety of titles, they are referred to here as emergency managers. These individuals probably do not need to be convinced that emergency planning is beneficial to them or their community. However, they may need some help in understanding that disaster response does not end once a disaster is over and short-term recovery has occurred. Given that these individuals are perhaps the most knowledgeable about a community's disaster recovery plan, it is essential to have them attend this meeting and support the goal of long-term disaster planning and recovery.

Advantages of Well-Designed Planning for Disasters for Emergency Managers

Emergency managers know the advantages of having a well-designed plan that supports coordination among community stakeholders in organizing and agreeing upon everyone's role in the event of a disaster. This meeting represents an opportunity for them to accomplish many of the goals already highlighted for other sectors, such as:
- Enable better sharing of records and information during disasters;
- Improve access to recovery resources, information, and programs;
- Reduce redundant efforts and free up time and resources previously dedicated to those efforts;
- Create compatible structures, policies, and procedures that improve coordination across federal, state, and local social service systems;
- Provide a useful and aligned strategic model to focus the efforts of multiple stakeholders;
- Develop comprehensive assessments of the community's health;
- Engage community stakeholders in pre-disaster community health improvement and recovery planning;
- Promote more resilient design of new construction; and
- Identify and build upon local capacities and networks.

Possible Challenges in Disaster Recovery for Emergency Managers

Emergency managers may find it challenging to broaden their conception of disaster recovery to include long-term rebuilding efforts and to understand that if a community is rebuilt to be more resilient, the effects of future disasters will be diminished. These individuals may also worry that these rebuilding plans will stretch disaster recovery resources too thin.

Benefits of Possible Recovery Strategies for Emergency Managers

Besides giving emergency managers an opportunity to share their knowledge of the community's current disaster recovery plan, this meeting will allow them to have a hand in long-term planning. Their specialized understanding of immediate post-disaster needs and response should enable other organizations and sectors to better understand how they can contribute to a successful long-term recovery.