

Week 7: Disaster recovery plan

Determinants of health and barriers that affect recovery:

Key determinants:

- Economic- Poverty rates increase, limitations of insurance, and income decreases after any kind of disaster.
- Environmental- Houses are damaged, transportations are limited, and roads are blocked due to debris after a disaster (Porter et al., 2023).
- Social: Some of the key social determinants after a disaster are the homeless population, the elderly living alone, barriers of language, and migrant workers.
- Health- Probability of chronic diseases like hypertension, diabetes increases, and access to primary care can be limited.

Significant barriers:

- Communication- Internet issues, English proficiency gets limited, and cases of hearing impairment can be increased.
- Cultural- People have a lack of trust in authorities, and workers who do not have proper documentation often are fearful of the increased risk of deportation (Houser, 2022).
- Financial- Due to financial issues, people are unable to relocate, replace medication, or even face issues paying for transportation.

Recovery plan for reducing disparities:

Major objectives:

The major objectives that help to reduce disparities after a disaster, associated with Healthy People 2030, are provided below-

- Preparedness (EM-01)- This actually ensures equal access to emergency requirement services (Khorram-Manesh et al., 2025).
- Social determinants (SDOH-04)- After a disaster, this helps the community to access resources (Porter et al., 2023).
- Health communication (HC/HIT-01)- This section helps to improve access within a proper time, along with correct information.

Role of the plan to improve equity:

- Transportation vouchers are available to visit health care providers and pick up medication.
- Access to mobile medical teams for shelters, along with areas of high risk.
- Presence of multilingual interpreters at all of the emergency centers (Walker, 2023).
- Presence of contact tracing mapping for the people who are displaced in order to follow the care plan.
- Required care is available for the migrant workers as well as people who are homeless.

Influences of policy on the process of recovery:

Relevant legislation-

- Americans with Disabilities Act or ADA- It needs shelters, ASL interpreters, and equal communications that are easily accessible.
- Disaster Recovery Reform Act or DRRRA- This act helps in the process of mitigation, supports collaboration of FEMA, ensuring rebuilding of schools or clinics.

- Robert T. Stafford Act- This act represents federal funding for emergency removal of debris, housing, and medical services.

Crisis communication associated with CERC:

i. Gathering of information:

- Monitoring of media and social media.
- Community surveys, along with GIS trace mapping.
- Coordinating with PIOs like hospitals, EMS, and schools.

ii. Dissemination of information:

- Using SMA alerts, printed flyers, and the radio.
- Regular updates to officials.
- Multilingual hotlines and briefing.

iii. Operational support:

- Presence of translators and ASLs on the affected site.
- Presence of telehealth for the follow-up of chronic diseases.
- Availability of generator communication hubs.

iv. Liaisons:

- Groups that are faith-dependent, schools, various NGOs, and the health workers of the community.

Roles and associated personnel:

- Social workers- They are responsible for taking care of housing and their benefits.

- Incident commander- They help to oversee the recovery process.
- CHWs- They have roles for outreach, support for language, and trace-mapping.
- Public information officer- The role of these officers is to manage the overall communication process (Walker, 2023).
- Nurses and mobile team- Helps to manage chronic care, triage, and vaccination.

Timeline of recovery period:

0-72 hours

- Rescue and continuous searching process.
- Mobile clinics and medical triage.
- Starting a briefing for the press.
- Providing shelters and performing trace mapping.

Week 1-4

- Searching and reconnecting with families.
- Organize programs for mental health and first-aid programs.
- Removal of debris along with availability of temporary housing (Porter et al., 2023).
- Reintroduce to pharmacies along with clinics.

Month 1-6

- Reconstruction of schools, houses, and different community centers.
- Medical follow-up for a longer time.
- Updated training for future community disasters.
- Evaluation of clear communication and articulation.

Evidence-based communication process and strategies of collaboration:

Strategies

- Using the teach-back method to provide instruction for ESL as well as older individuals.
- Unified command structure, in short, NIMS helps to further coordination.
- Communication associated with SBAR through inter-professional teams.
- Use of bilingual community minister.
- CERC principles imply being first, being credible, expressing empathy, and also promoting action.

Support for evidence:

- Several studies show that multilingual communications help to lower morbidity at the time of disaster.
- Community health workers assist in improving further, following up, and decreasing inconsistency in the areas of disaster.
- CDC data thoroughly confirms that culturally personalized messaging improves safety measures and associated compliance.

References

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