

Ensuring the Delivery of Human Services in Disasters: A White Paper for Southeastern Pennsylvania



Prepared for United Way of Greater Philadelphia and Southern New Jersey
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PREFACE AND ACKNOWLEDGEMENTS

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The groundwork for this white paper was the 2007 “Ready or Not” paper published by the United Way of the Bay Area, which outlined many of the key issues for non-profit human and social service agencies in major disasters. We hope this paper extends that important work by offering practical recommendations to prepare human service and government agencies for disasters that test their capacity to serve our most vulnerable communities.

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Representatives from government and non-profit agencies participated in interviews and meetings, in many cases several times during the data collection for this project. A complete list of those individuals is included at the end of this paper. We are grateful for their insights and the time they provided to this study.

INTRODUCTION

Human service agencies provide critical services in disasters. Disaster relief organizations help set up shelters, assist with clean-up and debris removal, provide mental health services, and help people locate loved ones and access emergency assistance. Human service agencies, without traditional missions in disaster relief, provide services on a daily basis to individuals with functional needs, including access and mobility challenges, intellectual and developmental disabilities, or special medical needs. These services are even more necessary in the wake of disasters.

Increasingly, preparedness efforts for large scale emergencies and disasters focus on improving the outcomes for populations most vulnerable to experiencing severe consequences from those incidents. In many communities, non-profit human service agencies are relied upon to meet the needs of at-risk communities in crisis situations – persons at greater risk for severe outcomes following disasters. Engaging non-profit human service agencies (HSAs) in preparedness, response, and recovery activities has thus become a priority for mitigating the human consequences of disasters and public health emergencies.

This approach reflects a general shift toward a community resilience-oriented paradigm of preparedness, one which emphasizes the importance of cultivating informed and empowered individuals, partnering with community and faith-based organizations, and promoting social connectedness and community well-being prior to the occurrence of a disaster.

Despite this recognition of HSAs as key partners in mitigating the human consequences of disasters, little is known about the readiness of these organizations to deliver human services during a major, community-wide emergency, particularly one that requires integrating efforts with public safety and government partners. United Way of Greater Philadelphia and



Southern New Jersey (UWGPSNJ) asked the Center for Public Health Readiness & Communication (CPHRC) at Drexel University School of Public Health to explore these issues and produce a white paper that outlines existing capacity and challenges for HSAs in Southeastern Pennsylvania, and proposes recommendations for future planning.

OBJECTIVES

The specific objectives of this white paper were to: (1) assess the current capacity of human service agencies in Southeastern Pennsylvania to provide services in a major disaster; (2) identify challenges and successful strategies for providing those services; (3) formulate specific recommendations for government planners and the non-profit sector to promote the integration of HSAs into emergency preparedness and response activities in the region; and (4) facilitate the beginning of coordinated, collaborative planning. The overarching goal was to take a systems-based approach to thinking about the work of non-profit human service agencies in the context of a community-wide response to a major disaster. A mixed-methods approach was used for data

collection, which included a review of the literature regarding human services and disasters, a survey of human service agencies in the Southeastern Pennsylvania (SEPA) region, and semi-structured interviews and meetings with key leaders from government agencies and the non-profit human service sector. The survey is the largest survey of human service agencies that has been conducted on the topic of emergency preparedness.

In October 2012 prior to the completion of this paper, Hurricane Sandy had devastating consequences in Mid-Atlantic States and was viewed by many as the most significant disaster to affect this region in many decades. The storm resulted in severe flooding, widespread power outages (in New Jersey alone, more than 2.5 million people were without power for several weeks), fuel shortages, failure of communication systems, and destruction of property in New York, New Jersey, and Pennsylvania. Total estimated losses were estimated to be roughly \$50 billion, which would make it the second costliest storm in US history, behind only Hurricane Katrina (National Hurricane Center, 2013). Over 125 deaths have been attributed to the hurricane, 40 in New York City alone (Keller 2012, Robert Wood Johnson 2012). The elderly and individuals with functional needs were most vulnerable to the storm's impact. The disaster provided an opportunity to collect additional information on the delivery of human services in the aftermath of an incident with extraordinary human impact in this region.

METHODS

LITERATURE REVIEW

A systematic literature search was conducted to identify and review published articles, presentations, books, and web-based resources that address the work of human service agencies in disasters. This review also included resources related to the experience of at-risk populations in disasters and efforts to improve their outcomes. The findings from the literature review helped to identify key themes which were used to design the study's survey and the semi-structured interview protocol.

SURVEY OF HUMAN SERVICE AGENCIES IN SOUTHEASTERN PENNSYLVANIA

A web-based survey was developed specifically for this project and administered to SEPA HSAs to assess their existing capacity, needs, and perceptions of their ability to provide human services during and after major disasters that disrupt their own operations, or require service provision that may be outside their original mission. Key leaders in the region's emergency preparedness agencies and human service sector provided input into the survey design. The agencies included in the study sample were located within three databases, including United Way funding lists from UWGPSNJ (199 agencies) and United Way Chester County (UWCC) (47 agencies), and an ad-hoc list of agencies compiled by the Philadelphia Department of Public Health (PDPH) (451 agencies) as part of their community listserv. After combining and removing duplicate agencies, the survey was distributed electronically to 664 unique agencies in Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties. The survey was also piloted with a group of six agencies similar to the intended sample population, but located outside the SEPA region. A link to the survey was sent to agencies via email in February 2012. The survey was live for four weeks and two reminder emails were sent



to each agency in the sample. Survey results were analyzed using SAS and SPSS data analysis software.

INTERVIEWS AND MEETINGS WITH STAKEHOLDERS

After the survey was completed, a series of semi-structured interviews were conducted with SEPA HSA and public sector leadership between February 2012 and February 2013. The interview protocol was designed to supplement the findings from the current literature and the survey results, and aimed to determine the following: **(1)** how current emergency response and HSA leadership view the roles of HSAs in the emergency management cycle; **(2)** current barriers to effective collaboration between HSAs and the public sector; and **(3)** recommendations for increasing effective collaboration between HSAs and government agencies. Key informants were systematically selected from different regions in SEPA, from both the public and human service sectors. Government agency representatives included emergency management and public health agency planners, preparedness program managers, human service agency coordinators, volunteer management coordinators, and mental health agency program managers. Human service agency leaders from across the region included representatives from disaster-focused agencies as well as agencies without a traditional disaster focus who serve at-risk populations in the community. Interviews were also conducted with similar individuals from other areas of the country that had experienced major disasters, including Virginia, Georgia, and New Jersey. In addition to one-on-one and group interviews, a collaborative planning meeting was held in October 2012 to convene representatives from the government and non-profit sector. The purpose of this meeting was to review the research findings with an interdisciplinary group of stakeholders and facilitate discussion on the human service needs in disasters that would eventually inform the recommendations of this report.

After Hurricane Sandy, CPHRC reviewed published accounts of the storm's impact, viewed webinars and

round table discussions with individuals from affected counties in New York and New Jersey, and interviewed stakeholders in government agencies and non-profits in affected areas. CPHRC staff also participated in SEPA VOAD conference calls and meetings as well as conference calls and after-action meetings.

BACKGROUND – LITERATURE REVIEW

SOUTHEASTERN PENNSYLVANIA AT RISK FOR DISASTERS

The greater Philadelphia region faces a number of significant preparedness challenges from incidents that have the potential to disrupt infrastructure and business continuity and threaten human health. In recent years, the metropolitan area has experienced weather events with short-term and long-term impacts. Blizzards in 1996 and in 2010 resulted in significant snowfall, leading to power outages and transportation disruptions. In September of 2011, Hurricane Irene and Tropical Storm Lee struck much of the Atlantic Coast, including the SEPA region. Pennsylvania experienced massive flooding, widespread utility disruption, significant structural damage, and five casualties. In the city of Philadelphia alone, seven buildings collapsed, over 420,000 people



lost power, and nearly 12,000 residents registered for federal assistance following the storms. Most recently, Hurricane Sandy struck the region, causing devastating flooding in New York and New Jersey and leaving over 750,000 households in the SEPA region without power for up to two weeks. Had that storm made landfall closer to the Delaware River basin, the impact on this area, particularly from flooding, would likely have been significantly greater.

In addition to weather events, other naturally occurring or accidental hazards pose a threat to the metropolitan area. There are several nuclear power plants within this area and more in adjacent states, placing the region at risk for radiation accidents. The region's many refineries and industrial activities create the potential for accidents with hazardous materials that could result in injuries or require long-term evacuations. Large scale population displacement following a disaster in nearby Washington DC or New York City could result in a population surge of over 250,000 individuals into the region who might require urgent shelter or healthcare. Additionally, as a densely populated urban area, the region is likely to experience significant impact from disease pandemics such as influenza or other infections that are easily transmitted.

The region's historical, economic, and demographic importance also makes the Philadelphia metropolitan area a target for terrorism. In 2011, the Department of Homeland Security ranked Philadelphia as a top-10 highest risk urban area in the country as part of the Urban Area Security Initiative (UASI). Since its inception in 2003, the UASI program has provided funding to high-threat urban areas to assist them in building an enhanced and sustainable capacity to prepare for, respond to, and recover from acts of terrorism. Philadelphia's designation as a Tier-1 city means that it was deemed one of the country's top-10 high-risk cities based on the likelihood of an attack occurring, its relative exposure to a possible attack, and the expected impact of the attack. Indeed, the complexity of the region's population contributes to this designation and estimation of risk. The five

southeastern Pennsylvania counties alone comprise over 4.0 million people, and the nearby counties in southern New Jersey, Delaware, and Maryland that comprise the metropolitan area contribute an additional population of over 1.9 million people. In these population centers, there are hundreds of thousands of individuals living in poverty, and others who are at risk for poor outcomes following disasters because of chronic medical conditions, functional needs, and/or limited access to necessary services.

602,485 people in the SEPA region live in poverty

475,215 live with a disability

601,150 live in food insecure environments

HUMAN SERVICE NEEDS IN DISASTERS AND AT-RISK POPULATIONS

At-risk populations have been defined as "individuals or groups whose needs are not fully addressed by traditional service providers or who feel they cannot comfortably or safely use the standard resources offered during preparedness, response, and recovery efforts" (Public Health Workbook, p. 4). These groups include people with physical disabilities (e.g., vision and hearing impairments or mobility limitations), intellectual and developmental disabilities, limited English proficiency, homeless persons, senior citizens, and children; and they are often at a greater risk for adverse health



outcomes during and following disasters (Aldrich & Benson, 2008; Campbell, Gilyard, Sinclair, Stenberg, & Kailes, 2009; Klaiman et al., 2010).

This is of particular concern in the City of Philadelphia, where census data indicate that more than 18% of Philadelphians aged 5 years and older have some type of disability status (Klaiman et al), and is also an important planning factor throughout the entire region.

Human service agencies traditionally provide critical services in the wake of disasters. Thousands of HSAs provided key services throughout the Gulf region of the United States following Hurricanes Katrina and Rita in 2005. In some communities, HSAs, not the government, were the primary or sole provider of services for days or weeks (Hull, 2006). HSAs provided immediate relief services such as food, water, shelter, clothing, medical services, personal hygiene services, and transportation, as well as long-term recovery services such as housing rehabilitation and construction, mental health and spiritual support, job training, and case management (Chandra, 2009; De Vita, 2008; Hull). What made HSAs so effective during the response and recovery phase was their integration into the communities they were serving, exceptionally strong motivation, speed of response, and the fact that they were already providing day-to-day care for many of those in need prior to the disaster (Hull).

Most human service agencies work with vulnerable communities that are at high risk during disasters. These organizations are most familiar with the unique needs of the populations with whom they work, have earned their trust, are likely to be the first source of information and assistance during a disaster, and have played an important role assessing post-disaster needs and mobilizing community and local resources to help facilitate recovery (Andrulis, Siddiqui, & Purtle, 2011; De Vita & Kramer, 2008; Hull, 2006; Klaiman, et al., 2010; Nick et al., 2009). Following Hurricanes Katrina and Rita, HSAs provided immediate relief services such as food, water, shelter, clothing, medical services,

personal hygiene services, and transportation, and were instrumental contributors to human recovery, particularly for at-risk populations (Chandra, 2009; De Vita & Kramer).

INTEGRATING HUMAN SERVICE AGENCIES INTO COMMUNITY-WIDE DISASTER PREPAREDNESS

Because of these experiences and the recognition of their unique skill set and knowledge of extremely vulnerable communities, human service agencies have been identified as key partners in the work of emergency preparedness, response, and recovery. Yet despite this recognition, HSAs are rarely included in the process of planning for disasters (Andrulis, Siddiqui, & Gantner, 2007; Eisenmann, Cordasco, Asch, Golden, & Glik, 2007; Klaiman et al., 2010). Significant evidence suggests that the effectiveness of HSAs could be enhanced, provided they were more fully integrated into the planning process at the local and state level (Chandra & Acosta, 2009; Cutter et al., 2006; Waugh, 2006, GAO, 2008). It is also clear that, to date, there has been a lack of coordination between HSAs and the public sector. One study that examined recent response efforts for major hurricanes found that HSAs were fairly isolated from the larger disaster response system, with only 15 percent of the agencies reporting that they worked with state and local governments, and only 10 percent reporting that they worked with federal government agencies (De Vita & Kramer, 2008). Although HSAs have demonstrated the ability to deliver services that support human recovery after a disaster has occurred, there is currently little guidance for how



non-governmental organizations should work with government through the recovery phase (Chandra & Acosta). Similar need exists for coordination between non-profit agencies themselves. Not surprisingly, following Hurricane Katrina, agencies who had previously established collaborative agreements with other agencies were significantly more nimble in responding to the needs of the affected communities (Simo, 2007).

Two major needs must be addressed to improve the integration of human service agencies into disaster response. The first is the need to define clear roles and responsibilities for agencies in disasters. A number of studies have noted that state and federal governments currently lack a clear understanding of the roles of HSAs in long-term recovery following disasters, and have called for more clearly defined roles and better collaboration between HSAs and government (Chandra & Acosta, 2009; GAO, 2008). Some authors have proposed that larger umbrella organizations like United Way and American Red Cross play an active role in disasters, so that these larger organizations can provide guidance to smaller agencies based on the needs of their communities (Klaiman et al., 2010). Others have observed that the lack of understanding of the roles of many HSAs during relief and recovery efforts makes it difficult to determine how the services and resources they provide should fit into the larger plan for disaster response (De Vita & Kramer, 2008).

The second and perhaps more important challenge is the need to improve real-time communication between the human service sector and public safety agencies in government. Several studies have noted the importance of bi-directional communication between agencies, and how feedback from HSAs must be taken into account when creating, practicing, and implementing emergency plans (Klaiman et al., 2010). In 2007, the United Way of the Bay Area (UWBA) commissioned a report on the capacity of HSAs in the San Francisco Bay Area to respond to disasters. The author, an expert in both disaster response and in the workings of non-governmental organizations,

suggested that one of the most significant needs was to improve the capacity for information exchange between agencies and government response partners. The study highlighted the need to develop a systematic process for collecting, sharing, and disseminating real-time information across a broad range of agencies (Bartolini, 2007).

SUMMARY OF SURVEY RESULTS

CHARACTERISTICS OF AGENCIES

A total of 664 unique human service agencies in Southeastern Pennsylvania received an email invitation to complete the survey. Of these, 596 met pre-determined inclusion criteria (e.g., they were located in the 5-county region of metropolitan Philadelphia and provided human or social services as a primary mission; hospitals, museums, institutions for religious worship, and institutions of higher learning were excluded) and 188 responded, yielding a response rate of 31.5%. Additional characteristics of responding agencies are summarized in Tables 1 and 2.

The majority of agencies reported serving communities generally considered to be vulnerable and at high risk for severe outcomes following disasters (See Figure 1): 80.75 % of agencies provide services to either children or senior citizens (>65 years); 79.14% serve low-income or homeless communities; 73.8% serve traditionally underserved populations (e.g., recent immigrants, homebound, racial or ethnic minorities, recently incarcerated); 71.12% of agencies provide services to individuals with chronic medical conditions or functional needs; 65.24% serve communities with either limited English proficiency or low literacy. A total of 135 agencies (71.8%) indicated that they know who their most vulnerable clients are and where they are located.

71.8%

of the agencies surveyed indicated that they know who their most vulnerable clients are and where they are located

Figure 1
Populations Served by SEPA HSAs

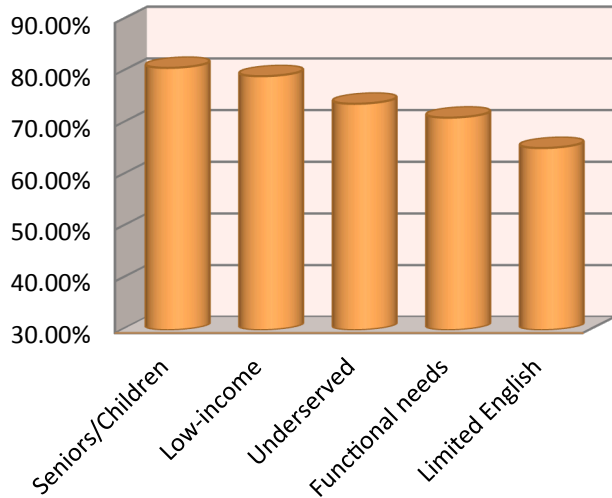


Table 1. Characteristics of human service agencies in Southeastern Pennsylvania who responded to survey, N=188

Characteristics	N (%)
Services	
Human/social services	134 (71.3)
Healthcare related (home health services or community health center)	14 (7.4)
Both human services and healthcare	40 (21.3)
Staff size	
1-25	74 (39.4)
26-100	55 (29.3)
>100	54 (28.7)
Missing response	5 (2.7)
Volunteers	
0-25	80 (53.7)
26-100	56 (18.7)
>100	49 (26.1)
Missing response	3 (1.6)
Average number of clients served per year	
≤1000	78 (41.4)
>1000	106 (56.4)
Missing response	4 (2.1)
Employ licensed healthcare professionals	
Yes	92 (48.9)
No	95 (50.5)
Missing response	1 (0.5)

Table 2. Types of services provided by human service agencies who responded to survey, N=188. (Agencies could select multiple services)

Type of Human Service	Percentage of Agencies
Social work/case management services	53.2
Home visits/community outreach support services	41.0
Education services	38.8
Meals, nutritional support services	34.0
Mental health/behavioral health services	27.7
Housing services	26.1
Childcare services – after school programs	20.7
Childcare services – pre-school programs	19.7
Transportation of clients services	18.6
Financial and benefits counseling	17.6
Medical care (on-site) services	16.5
Language translation and interpretation services	14.9

PLANNING FOR EMERGENCIES

Agencies in the sample demonstrated a range of preparedness capabilities. With respect to emergency planning, 86.2% have a plan in place to communicate with staff during a disaster, 76.9% have a plan in place to keep the agency's records secure during a disaster, 70.5% have a plan in place to maintain operations of critical services during a disaster, and 53.7% have a plan in place to coordinate service delivery information with other HSAs during a disaster. Roughly one-third (34.6%) of agencies have all four planning components in place, and of the entire sample, only 30.9% have used their plan in an actual emergency. It is important to note that these survey questions only measured the existence of a plan, not the quality.

Overall, agencies that provided healthcare as part of their services were more likely to have an emergency plan (OR 2.26, CI 1.18, 4.34) but this association did not remain statistically significant when controlling for the size of the agency (staff, volunteers and clients).

Agencies that provide services to recent immigrants, culturally diverse populations, and homebound persons (multivariate OR 4.457 (CI 1.711,11.609)), or individuals with special medical or functional needs (multivariate OR 5.246 (CI 1.983, 13.879)) were also more likely to have an emergency response plan.

Agencies were also asked about the extent to which they promote having a plan to their staff and clients. Sixty-two percent indicated that their organization encourages staff members to have personal preparedness plans, and 60.6% reported that they encourage their clients to have plans in place for a disaster.

RESOURCE AND TRAINING NEEDS

Agencies identified a number of barriers that hindered their efforts to prepare for and respond to emergencies, including resource and training needs. Eighty-five (45.2%) reported that they lacked sufficient staff or time to develop plans, and fifty-five (29.3%) reported that they had too many other priorities and preparedness planning was not critical to their mission. The majority of agencies (73.9%) reported that they wanted planning with funders to ensure that resources are provided during disasters. Nearly two-thirds (64.9%) reported that communications equipment (e.g., computers, cellular phones) would be useful for their preparedness efforts.

With regards to training needs, over one half of agencies (56.4%) requested training in specific emergency scenarios (e.g., disease pandemics, flood, or radiation accident) and their likely impacts. Other common training requests included: more training in how to write emergency plans that addressed continuity of operations during a disaster (46.8%); training in first aid and CPR (45.2%); training in how to

explain health information and concepts (43.6%); and training in psychological first aid and other mental health support measures (43.6%).

COMMUNICATION AND COORDINATION

The majority of human service agencies from this sample obtain information about disasters from public sources, and not directly from government or public safety agencies. Internet news sources (71%), radio (70%), and television (61%) were the most frequent sources from which agencies reported receiving information during emergencies. Fewer than half the agencies (43%) subscribe to the region's emergency notification system for disaster-related information, ReadyNotifyPA.

Communication and information exchange was the resource most frequently identified as needed for emergency preparedness and response in addition to coordinated planning with both funders and government agencies. Of the 188 agencies responding to the survey, 78.7% indicated that they wanted real-time communication and information exchange with public safety agencies during disasters, 76.6% reported that they wanted coordinated planning with government and other human service agencies to clarify mutual expectations prior to disaster, and 73.9% indicated they would like access to a forum to share best practices and other resources for human service agencies to improve their disaster preparedness plans and capacity. Responses to this question are summarized in Table 3. Additionally, the most common barrier provided was related to information exchange, as 52.1% reported that they needed more information from government agencies to know what was needed from their organizations.

ROLES FOR HUMAN SERVICE AGENCIES DURING EMERGENCIES

When asked if they would be willing to participate in a community-wide response effort, 112 agencies (59.6%) responded 'yes,' and an additional 40 agencies (21.3%)

indicated ‘maybe,’ suggesting that over 80% of those responding to the survey would be willing to do so. Agencies with comprehensive emergency response plans were no more likely to be willing to participate in a larger response effort than agencies without comprehensive plans in place.

Agencies indicated that they would be willing to perform a variety of roles, including information provision, needs assessment and outreach, supply distribution, psychological support, and sending staff to help public safety agencies. (Responses are summarized in Table 4). Of note, nearly one third of the agencies (58 of 188 or 30.9%) believed that government agencies were not sufficiently aware of their organization and the skills they might provide in an emergency.

Table 3. Resources identified by agencies as useful for emergency planning and response (N=188)

Question: Would these resources or activities be useful to your agency for emergency planning and response activities?	“Yes” responses (%)
Real-time communication and information exchange with government and public safety agencies during disasters and emergencies	148 (78.7)
Coordinated planning with government and other human service agencies to clarify mutual expectations prior to disasters	144 (76.6)
Access to a forum to share best practices and other resources for human service agencies who wish to improve their disaster preparedness plans and capacity	139 (73.9)
Planning with funders to ensure that funding and other resources are provided	139 (73.9)
Communications equipment (e.g., computers, cellular phones)	122 (64.9)

Table 4. Potential HSA response roles during emergencies

Question: In an emergency would your organization be willing to:	%Yes	%Maybe	%No
Tell community where to obtain disaster assistance	68.6	22.6	8.8
Provide education and information about the disaster	59.6	32.9	7.5
Assess the needs of your clients and report them to public safety agencies	56.9	25.0	4.8
Give out supplies to disaster victims	39.4	33.0	13.3
Provide psychological and emotional support to people who are victims of the disaster	37.3	34.2	28.6
Send staff to volunteer with public safety agencies to assist in response efforts (ex. dispensing medications, staffing a call center)	35.0	41.9	23.1
Translate information and/or health education materials from English into another language	34.2	26.7	39.1
Perform outreach to people with physical or cognitive disabilities	31.3	39.4	29.4
Distribute pills or medications to clients (provided by the health department)	26.1	23.9	36.2
Deliver food and other supplies to people who are confined to their homes	25.0	30.3	29.8
Give out vaccines (shots) to clients	24.5	14.9	48.9
Transport clients to a shelter or other location for emergency aid	12.8	28.2	44.1

FINDINGS FROM INTERVIEWS & MEETINGS

A total of 31 individual and group interviews and a larger joint planning meeting with leaders in government and non-profit agencies were conducted between March, 2012 and February, 2013. This section describes the findings from those discussions which centered around the current status of human service agency preparedness, the historical impact of disasters on vulnerable populations and human service systems, and general concepts about coordinating the work of community-based organizations with the activities of local and state governments. In addition, this section also contains the findings from research and interviews regarding the impact of Hurricane Sandy.

Current challenges to human service delivery during disasters as well as best practices gleaned from this qualitative research are presented here. Where appropriate, successful strategies learned from outside the SEPA region are also included.

Five important themes emerged during this research, which are described in detail in the following sections.

- I. Capacity – maintaining the human, financial, and supply resources that agencies require to provide services
- II. Coordination – providing services within an integrated system that matches resources with needs in optimal and efficient ways
- III. Communication – exchanging information between government partners, other non-profits, and the general public
- IV. Training – meeting the educational needs of the human service sector with respect to preparing for and responding to emergencies
- V. Leadership – providing direction and guidance to assure the coordination and availability of human services in disasters

I. CAPACITY

CHALLENGES RELATED TO CAPACITY

Capacity of the human service system as a whole, and of individual human service agencies, remains a substantial challenge for preparing human service organizations for major disasters. Several dimensions of this challenge were identified.

ROLES AND EXPECTATIONS

Many in the human service sector believe that disaster response belongs to the Federal Emergency Management Agency (FEMA) and the American Red Cross, and do not recognize that their services and skill set are often needed in a disaster. FEMA is the lead federal agency for coordinating disaster response efforts that overwhelm the resources of state and local authorities. American Red Cross operates as a disaster relief organization and has an expertise in sheltering affected populations immediately following a disaster. Traditional disaster relief organizations hope and expect that human service agencies will provide disaster-related services for their own clients, and provide services related to their original human service mission in the larger community to augment their capacity.

“We need to overcome the perception that, ‘Red Cross and FEMA do that, that’s not our role.’”

~VOAD Member

Many agencies are reluctant to participate in community-wide disaster planning because of concerns regarding their own limited capacity and because neither emergency managers nor non-profits themselves recognize how they might be needed.

The experiences during Hurricane Sandy highlighted a number of roles for human service agencies in emergency response:

- Human service agencies were needed to provide translation services for individuals with limited English proficiency. Food banks, visiting healthcare agencies, and mental health organizations also provided critical services with government agencies, VOAD (Voluntary Organizations Active in Disaster), and Medical Reserve Corps units in SEPA and across the tri-state area.
- Assisting at-risk populations, specifically those with physical disabilities (access and mobility limitations) and other functional needs, was identified as one of the most significant challenges following the storm. Stakeholders felt that this population was insufficiently prepared for a disaster of this magnitude. Many elderly individuals were stranded in dangerous community settings, including high-rise apartment complexes, without power, food, or medication. Overall, there were few resources to deploy for individuals with physical and other disabilities.
- Human service agencies that normally provide services to clients with physical disabilities were not sufficiently engaged in community-wide emergency preparedness efforts. Moreover, many individuals with functional needs live independently in the community and are not affiliated with human service agencies. There were insufficient resources for these individuals after the storm.
- Individuals with special medical needs posed a major challenge for shelters, which were poorly equipped to address those needs. Lack of medical personnel, expertise, pharmaceuticals, and medical equipment were all factors, exacerbated by the prolonged periods that many shelters remained open because of long-term power outages. In some locations, home health service agencies assisted with shelter operations and with outreach to high-risk individuals who remained in the community, although more staff with this expertise was needed.
- Assessing the service needs of communities and individuals following the storm proved to be a significant challenge for both government agencies and members of VOAD, particularly in those areas without power and communications. Government agencies, including public health departments, resorted to “boots on the ground” health and

“We need to ensure that there are better resources for the disabled at our fingertips during emergencies.”

~Executive Director, Information & Referral System



needs assessments, dispatching staff and, where available, public health visiting nurse services, to go door to door and assess the health of homebound residents who were stranded by the storm. Some counties with smaller municipalities relied on township managers to perform needs assessments and convey findings to county and other officials, although communities hardest hit had little capacity to do this. One VOAD member reflected, “After the storm, it was ‘hurry up and wait.’”

- Similar efforts were used to convey urgent public information and warnings (e.g., boil water advisories) when power outages undermined communications systems.

CONTINUITY OF OPERATIONS AND RESPONDING TO SERVICE DEMANDS

Continuity planning is essential for all agencies, especially those that serve high-risk communities. While the survey findings suggest that the majority of agencies in greater Philadelphia have at least a basic plan to sustain operations, many agencies have additional work to do with respect to defining communications protocols and encouraging employee and client preparedness. In particular, smaller non-profits lack business continuity plans and have little capacity to “surge” or expand services. Resource limitations also present some of the greatest challenges to business continuity. Most agencies do not have access to additional staff or stockpiled materials that will allow them to function during an event that overwhelms demand for their services or disrupts transportation or utilities.

RESOURCES

Human resources remain one of the major challenges to providing critical human services during disasters. The SEPA VOAD has functioned extremely well in the disasters that have affected this region thus far, but large, catastrophic incidents that involve multiple

jurisdictions and create significant service needs simultaneously are likely to overwhelm existing volunteer resources. There is a need for additional agencies at the regional SEPA VOAD table, and for additional agencies involved at the township or county level. Agencies that rely on volunteers need access to additional individuals (ideally affiliated prior to an incident) who can expand their capacity to provide services. In addition to human resources, ensuring access to sufficient supplies and monetary resources is critical to maintaining operations throughout disasters.

“Every day is an emergency for us.”

~Director, human service agency

Hurricane Sandy had a significant impact on the resources available to human service agencies in the region:

- Small food banks and food pantries in many areas were depleted of resources early on and had little capacity to replenish supplies. Many agencies suspended or curtailed operations when staff members were unable to report to work.
- During the hurricane, SEPA VOAD was described as, “still largely invisible, no brochure, no website, etc., in large part because we are all very busy doing the other things we are supposed to be doing in response.” This invisibility makes recruiting potential agencies and volunteers a challenge for large disasters.

LONG-TERM RECOVERY

Long-term recovery involves obtaining and coordinating resources for re-building homes and businesses, and restoring the health, safety, and wellness of a community following a major disaster. Long-term recovery has been a challenge following a number of disasters in this region, posing capacity challenges as well as organizational, leadership, and resource difficulties. The region's efforts to create long-term recovery committees after disasters with even less impact than Hurricane Sandy have been difficult to sustain. There are still households with flood damage from Hurricane Irene in 2011, and resources have been difficult to locate.

Southeastern Pennsylvania lacks a comprehensive, regional plan for long-term recovery, likely because the region has not yet needed such a plan and because recovery planning may vary depending on the nature of the disaster and geographic area affected. This area is potentially a key phase for the contribution of human service agencies, particularly those with expertise in housing, case management, financial and benefits counseling, jobs referral, and mental health services.

Long-term recovery remains a significant need following Hurricane Sandy's impact in the hardest hit areas of New Jersey and New York. The proverbial "second disaster," long-term recovery requires money and work, over prolonged periods of time when many of the original disaster response agencies may no longer be actively providing services. Following the storm, one New Jersey health official noted that although their significant planning for the response phase served them well during Hurricane Sandy, much less planning occurred with respect to the recovery phase. Planning for re-building and re-developing communities for disaster-affected communities is a significant challenge and requires leadership and coordination. It is also an area for which most communities affected by Hurricane Sandy were candidly unprepared.

BEST PRACTICES FOR BUILDING CAPACITY

A number of successful practices and strategies were identified that represent progress made either before or during Hurricane Sandy in both Southeastern Pennsylvania and other regions of the country.

COUNTY-BASED OUTREACH

Government planners in the Southeastern Pennsylvania region have made considerable progress creating networks of human service agencies for the purposes of expanding their capacity to reach vulnerable populations and provide services during disasters. In particular, local health departments, working with emergency management agencies, have created both formal (in New Jersey) and informal (in Pennsylvania) "COAD – County Organizations Active in Disaster" networks. These networks are intended to integrate agencies into the work of disaster preparedness at the township and county level, even if they are not formally engaged in a regional VOAD structure. In New Jersey, the COAD networks are integrated into county emergency response plans, providing mental health services and leadership for mental health issues.

During Hurricane Sandy, county-based agencies throughout the region provided important human services within local jurisdictions, including food distribution. Agencies serving high-risk individuals such as seniors and those with special medical conditions reached out to their constituents to assess their needs. When communications systems were working, some agencies maintained hot-lines to receive phone calls from clients. Home health agencies were used to augment community outreach to high-risk individuals who were able to remain at home, but needed services to remain there.

DEFINITION OF ROLES AND EXPECTATIONS

There is consensus on optimal roles for human service agencies, and recognition that both disaster-relief

agencies as well as agencies without a disaster relief mission have important roles to play during disasters:

- Agencies are recognized as experts in the needs of at-risk communities; they know the clients they serve.
- Agencies can serve as trusted intermediaries and can relay important information to their clients and provide feedback to government decision-makers regarding critical human service needs in the community.
- Agencies can provide key services that are appropriate to the skill set of agency staff (e.g. psychological first aid, housing and food assistance, referral to disaster services, case management, etc.). Even if an agency cannot take on new roles in a disaster, the ability to provide core functions is extremely valuable.
- Non-disaster agencies can work to ensure that their most vulnerable clients continue to receive services during a disaster, and also have access to disaster-related resources for response and recovery should they be needed. One agency director commented, “In an emergency, we don’t see ourselves as expanding, rather providing for our core group.”

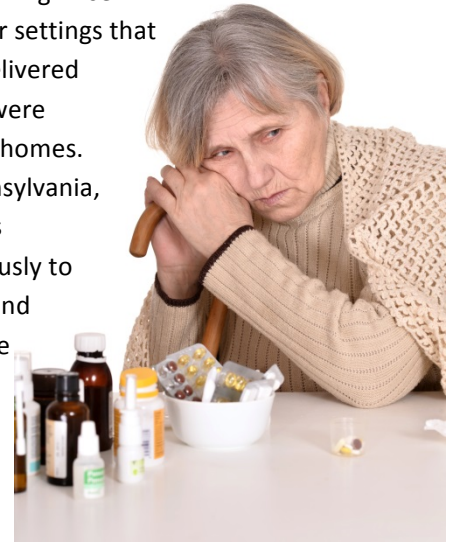
EMERGENCE OF NEW AGENCIES AND NEW VOLUNTEERS

During Hurricane Sandy, new organizations joined SEPA VOAD, providing additional services that met disaster-specific needs and added capacity in critical areas. Team Rubicon, the disaster response veterans’ organization, provided assistance with tree removal and post-storm clean up. Several food banks distributed food to households and became part of the SEPA VOAD organization.

In the aftermath of Hurricane Sandy, as in other disasters, many individuals volunteered spontaneously,

and took on unofficial “human service” roles.

Volunteers and other community members checked in on elderly residents in high rise apartments and other settings that lacked power, and delivered food to people who were unable to leave their homes. In Southeastern Pennsylvania, a group of individuals organized spontaneously to assist with clean-up and tree removal after the storm. These agencies added response capacity, and in some cases, were integrated into the VOAD structure. The unaffiliated volunteers represent an important source of additional capacity throughout the system, making efforts to coordinate their efforts extremely important.



II. COORDINATION

CHALLENGES FOR COORDINATION OF HUMAN SERVICE DELIVERY

Human service agencies and their government partners in Southeastern Pennsylvania face several challenges to coordinating human resources during a disaster.

NEED FOR DATABASE

Many government agency representatives and VOAD leaders expressed interest in having access to a comprehensive database or library of the entire network of human and social service agencies working in the region, with information available by catchment area, service profile, and types of clients served. Many counties have employed Volunteer Management Coordinators (VMCs) or other community outreach staff, who have begun to reach out to human service and community-based organizations in their

jurisdictions, creating local databases for future contact and providing basic training on emergency preparedness. This work has proven to be quite difficult for many coordinators because of the absence of a larger description or roster of agencies that work in a given service area.

COORDINATED PLANNING

Opportunities for in-depth, collaborative planning with human service agencies outside of VOAD (e.g., non-disaster focused agencies) and government public safety officials are rare. In addition, engaging the private (business) sector and its resources is a critical component of coordination, and vitally needed during, catastrophic incidents. Hurricane Sandy also highlighted how the contributions of private sector businesses are important to meet the demands of response and recovery. Businesses with expertise in housing, construction trades, financial support, tree removal, food donations, and healthcare have important roles to play. Engaging and coordinating these resources was identified as a significant need by many communities.

VOLUNTEER RECEPTION CENTERS

Volunteer reception centers are an important way to harness the resources of spontaneous, unaffiliated volunteers who emerge during disasters and wish to help. Although their operations remain a challenge in areas that have not yet had to rely on them, they

“If we’re not asked, we cannot help, even though we have the capacity.”

~Representative from human service agency

provide an important model for taking advantage of willing and motivated people whose efforts may be needed. Initial steps have been taken to establish a volunteer reception center in some SEPA counties, but there is more experience with this in New Jersey and New York, particularly after Hurricane Sandy.

NEED FOR COORDINATED SYSTEM FOR INFORMATION AND REFERRALS

During Hurricane Sandy, coordination of data regarding needs and potential cases, service delivery, and volunteers was an enormous challenge. In Southeastern Pennsylvania, other than a database developed by SEPA VOAD, there were few resources to assist with tracking human service needs, matching resources to those needs, and coordinate human service efforts with government response activities. Coordination of needs information is critical for prioritizing needs following a disaster and helping to ensure that those needs are met. The lack of a coordinated system, such as the Coordinated Assistance Network (CAN), has, to date, left the SEPA region with an ad-hoc system of spreadsheets that make the coordination process more difficult.

BEST PRACTICES FOR COORDINATING HUMAN SERVICES IN DISASTERS

A number of successful initiatives to coordinate human services during disaster response and recovery have begun in southeastern Pennsylvania and in other areas in the country that have suffered major catastrophic disasters.

VOLUNTEER MANAGEMENT COORDINATORS (VMCS)

The work of county-based VMCs and other individuals in community-organization outreach positions is an important step for government agencies to build partnerships with human service organizations in townships and counties (“COAD” networks) and define mutual expectations and roles for response and

recovery from disasters. VMCs are a key link between the non-profit sector and government, facilitating communication and the effective deployment of resources during an incident, and the collaborative planning that is so critical for a coordinated response. These same positions also provide capacity for the management and coordination of individual volunteers.

VMCs in SEPA filled these critical roles during the response to Hurricane Sandy. In a Southeastern Pennsylvania county that lacked a VMC, a local United Way organization functioned in a similar capacity, collecting reports of community needs and coordinating human services to meet those needs through linkages to SEPA VOAD and other county-based agencies.

VOAD

SEPA VOAD, like other regional or state-based VOAD organizations, coordinates the services provided by multiple agencies during disasters very effectively. The VOAD 'forum' provides a framework for pre-event relationship building, planning, and minimizing duplication of services. The number of active members dropped several years ago, when new rules and by-laws were formulated to clarify the roles and responsibilities of member organizations. Despite this decrement in capacity, both the smaller number of agencies and the clarity of expectations have enabled the organization to plan effectively and develop infrastructure for new organizations who wish to join.

During Hurricane Sandy, groups of unaffiliated individuals who organized themselves to assist with clean-up activities were operating without safety equipment, training, or liability protection. An organization with SEPA VOAD was able to integrate them into their infrastructure, providing them with safety instruction and materials, as well as legal protection, so they could safely assist response efforts and extend response capabilities in a coordinated fashion.

NEW JERSEY 2-1-1 PARTNERSHIP

In New Jersey, the 2-1-1 call center for human services has served as a resource for both coordination and communication of human service needs during a number of recent disasters, including Hurricane Sandy. NJ 2-1-1 Partnership maintains an up-to-date database of agencies across the region, supported by and partnering with United Way organizations across the state. Their impact in disasters has been to assist with identifying unmet and emerging needs, manage information about service availability and agency status, and connect people to resources. In Hurricane Sandy, NJ 2-1-1 Partnership provided the following services:

- Tracked requests for human services and worked closely with NJ VOAD as well as the NJ Office of Emergency Management, facilitating coordination of efforts and targeting resources to communities with the greatest needs.
- Compiled a web-based Disaster Resource Guide with current resources and other information. Users, who included VOAD organizations, other non-profits, and the general public, were able to use this guide to access up-to-date information such as evacuation updates and shelter locations. This guide was updated at least eight times during the hurricane. Early versions included preparedness updates and alerts, while later versions focused on available services.
- Significantly, New Jersey 2-1-1 Partnership coordinated with the state's emergency management agency. The NJ 2-1-1 system was able to track human service needs across a wide geographic area following the storm and convey

"New Jersey 2-1-1 was ready, we had prepared for this."

~2-1-1 Official

those needs to the NJ Office of Emergency Management, who could then communicate with local officials. The call center also maintained updated lists of service providers so that the system could provide immediate referrals to individuals who contacted them directly. (More information regarding NJ 2-1-1's role in emergency-related communications is described below).

III. COMMUNICATION

CHALLENGES FOR HUMAN SERVICE-RELATED COMMUNICATION IN DISASTERS

The interviews and meetings with stakeholders reinforced the need for real-time information exchange and also identified important issues for public information related to human services during disasters.

SITUATIONAL AWARENESS

Situational awareness during emergencies is a major need for both disaster relief as well as non-disaster relief agencies during major incidents, particularly those that threaten or disrupt agency functions or impact agency clients.

“The lack of 2-1-1 in Southeastern Pennsylvania was glaringly obvious, we really needed it. It was a major communication nightmare.”

~SEPA VOAD member

LACK OF COMMUNICATION CHANNELS FOR SMALLER HUMAN SERVICE AGENCIES

Communication between agencies is often minimal during disasters. Outside of the VOAD framework, many communities lack a system to foster information exchange between individual agencies and between the human service sector and government. During Hurricane Sandy, many smaller non-profits were not connected to resource networks or organizations like VOAD: they lacked a mechanism to communicate their needs to sustain services. Small food banks and other non-profits that provide critical services did not know how to engage government partners who might have helped direct resources that could have sustained their operations.

COMMUNICATION WITH CLIENTS AND COMMUNITIES

Public information that addresses human service needs in a disaster remains a challenge. Agencies often have little ability for proactive communication with their entire client base during an emergency. Agencies may also not have the technical expertise to convey specific types of information to the general public or their clients without specific training, particularly health-related information. For example, some agencies forwarded information from health departments to their clients regarding H1N1 influenza vaccine during the 2009 pandemic, but did not feel comfortable providing advice regarding whether to take the vaccine.

PUBLIC INFORMATION

In SEPA during Hurricane Sandy, disaster-related resource information was not always up to date due to the absence of an updated, central clearinghouse that catalogued available resources. The information on some websites was outdated by two days regarding open shelter locations. In addition, many agencies (non-profit and government) had to deal with a surplus of un-needed supplies, donated by well-intentioned

individuals who wanted to contribute to the hurricane response efforts. Pro-active public information and communication to potential donors in the general public was needed (and ultimately provided) to stop the flow of unnecessary items that required storage solutions and distracted from the real response efforts.

INFORMATION AND REFERRAL CALL CENTERS

At the time in which this research was conducted, the Philadelphia metropolitan region lacked a single information and referral system for the public to access human services during disasters. The City of Philadelphia has a 3-1-1 call center for city residents to obtain city services, but the system only serves the city (the surrounding suburbs in Pennsylvania alone comprise a population of over 2 million) and focuses primarily on government agency services. Other human service umbrella agencies operate systems that assist the public with accessing human services, although these are relatively narrow in scope with respect to geographic area and service provision, and are not usually promoted during emergencies. Many stakeholders expressed the desire for a unified, region-wide system that provides access to non-profit human service providers in order to obtain human service-related information and to make referrals.

BEST PRACTICES FOR HUMAN SERVICE-RELATED COMMUNICATION IN DISASTERS

The following are examples of successful practices or solutions from the SEPA region and elsewhere for communications related to human services during disasters.

VMCS

During disasters, VOAD organizations across the tri-state region convene daily conference calls that include VOAD member agencies, the volunteer management coordinators (VMCs) and other government public safety representatives, the 2-1-1 call center, United Way representatives, and other stakeholders in

emergency management and human service delivery. During Hurricane Sandy and prior disasters, these calls helped to define needs, assign roles, and clarify capacity issues. They also convey situational awareness during incidents, and through communication, improve the coordination of resources.

2-1-1 CALL CENTERS

Information and referral systems have been extremely effective in capturing the human service needs of a community following disasters as well as conveying information to affected communities. On a small scale, a system like the Philadelphia Corporation for Aging Hotline, used during heat emergencies, is an important source of public information for seniors. 2-1-1 Call Centers have become an important source of accurate information during major disasters that affect large geographic areas and many communities. Their impact in disasters has been to provide relief for 9-1-1 systems, and to serve as a source of information for at-risk communities, managing information about service availability and agency status, tracking requests for services, and providing correct public information and reassurance to anxious callers.

New Jersey 2-1-1 was an important provider of information about human and social services throughout Hurricane Sandy. Calls to NJ 2-1-1 increased by 40% following the hurricane, exceeding 90,000 calls in the initial weeks.

- The 2-1-1 Call Center was used to control rumors about food voucher availability through FEMA. Rumors were conveyed to the NJ Office of Emergency Management Public Information Officer who developed press releases and media briefings to provide correct information to the public.
- The 2-1-1 Call Center used its website and phone lines to direct people to local food banks, facilitating access to critical services. The number

of requests for this information was also used to help food banks assess need.

- The NJ 2-1-1 system received calls from out-of-state relatives regarding the health and safety of individuals who lived in disaster zones without power or communications. The Call Center was able to convey those requests to state and local emergency management agencies for follow-up, and provide callers with information regarding what resources were available locally.

Because service-related data is maintained electronically, NJ 2-1-1 is able to maintain partnerships with other 2-1-1 Centers throughout the United States (e.g., Treasure Coast, Florida; Houston, Texas; and Vermont) that allow them to expand capacity when needed, as was the case during Hurricane Sandy.

COMMUNICATION WITH CLIENTS AND COMMUNITIES

The communications potential of human service agencies has been used during emergencies in a number of ways. Public health agencies in the SEPA region coordinate outreach efforts with emergency management and are able to send out basic information regarding incidents to nearly 1,000 agencies, using a listserv that is updated continuously. Agencies may share information with partners and clients, usually via email, and this system works well for general information.

Historically, public health practice has involved collaborating with community-based agencies for outreach, health promotion, and education. Examples include HIV/AIDS prevention and maternal and child health promotion. During the H1N1 influenza pandemic in 2009, the

state of California invested in training “promotores” – lay employees of community-based agencies who received specific health training and who were able to provide health education and promotion through community outreach activities to high-risk communities where they were trusted and respected partners. The program was a considerable investment of time and financial resources, but resulted in an increase in influenza vaccination rates, particularly among Hispanic communities where rates had been low (California Department of Public Health, 2011).

During Hurricane Sandy, visiting nurse and home health organizations were instrumental in providing information to home-bound clients and assessing their post-disaster needs, a capacity that has been identified as both critical and needing expansion for subsequent emergencies.

PUBLIC INFORMATION

During Hurricane Sandy, early and proactive public information helped to direct new volunteers and convey to the public what resources were needed for the relief efforts, helping to control donations of goods that were unnecessary. UWGPSNJ and spokespersons from individual emergency management agencies worked with the media and managed websites to provide information to the general public.



IV. TRAINING

CHALLENGES FOR PROVIDING TRAINING TO HUMAN SERVICE AGENCIES IN EMERGENCY PREPAREDNESS

Current training opportunities for human service organizations have focused on personal preparedness for staff and clients, as well as continuity of operations planning.

TRAINING NEEDS – CONTENT AND TIMING CHALLENGES

There are few opportunities that meet the training needs that agencies identified in the survey: specific scenarios, overviews of current government response plans, and events that would foster collaborative planning. In addition, human service agency representatives describe limited interest in training opportunities that take staff away from the office and away from the day-to-day work of human service delivery. Agency representatives felt that government officials and planners needed to go to agencies to provide trainings, and take advantage of real incidents to engage interest on the part of staff. In addition, ‘just-in-time’ training is needed during disasters, particularly for new volunteers and/or if new hazards pose a threat.

FORUM FOR BEST PRACTICES

Nearly three-quarters of the agencies surveyed expressed a desire to have access to a forum in which to share best practices, a request made by a number of interview participants as well. Other areas outside the SEPA region, such as Virginia, hold an annual state-wide conference for all human service agencies and government partners. This conference provides training opportunities and an ability to network, build relationships, and improve communication. Perhaps most importantly, the annual event provides a one-day



opportunity to accomplish these goals, making it easier on agencies that are short on both personnel and time.

BEST PRACTICES FOR PROVIDING TRAINING TO HUMAN SERVICE AGENCIES

The SEPA region has been engaged in a number of very successful efforts to engage human service agencies and provide training to community partners.

EXISTING TRAINING PROGRAMS

For the past five years, county health departments in SEPA have begun to reach out to human service agencies in their catchment areas, targeting agencies that serve the highest risk populations. In addition to creating a county database of potential partners in a disaster, this outreach has provided agencies with basic training in personal preparedness that is targeted to both clients and agency staff. In addition, UWGPSNJ and the American Red Cross Southeastern Pennsylvania Chapter partnered to provide agency-focused training tailored to disaster and operational needs of agencies not normally engaged in disaster-response work, through the “Readiness and Resiliency Academy.” This academy involves intensive training of

*“Training needs to come to us,
in our offices.”*

~Director, human service agency

agency staff for one day per month, over an eight month period, in topics such as continuity of operations planning (COOP), situational awareness, and psychological first aid.

During Hurricane Sandy, training in basic safety practices for volunteers was provided by SEPA VOAD as well as public safety agencies in New Jersey. This training focused on protective equipment and safe work practices for tree removal, flood water clean-up and mold removal. It was focused on the hazards and needed services specific to that disaster.

Outside the region, VOAD organizations have conducted an annual conference specifically for human service and government agencies which provides an opportunity to participate in trainings and share best practices. In general, these conferences are one-day events that allow for tailored trainings to address specific needs and encourage collaboration. The limited time commitment helps to reduce the time away from daily agency activities and facilitates participation by smaller agencies for which personnel and financial resources are scarce.

V. LEADERSHIP

CHALLENGES FOR HUMAN SERVICE AGENCY LEADERSHIP

Stakeholders from government agencies and across the non-profit sector were uniform in their desire for leadership to engage, coordinate, and integrate the human service sector into disaster response and preparedness efforts.

NEED FOR UNIFIED VISION AND LEADERSHIP

Leadership that appeals to the broad range of human service agency constituents is needed to engage community-based agencies who do not perceive a role for themselves in emergencies, and to ensure that agencies that provide key services or who work with extremely vulnerable clients are both prepared for

disasters and integrated into public safety plans. Government agency planners and human service agency representatives articulated the need for leadership to identify and describe the human service assets in the region, coordinate planning efforts, define goals, engage communities, and assist with locating resources, particularly financial resources.

The events of Hurricane Sandy framed the need for leadership in both the response and recovery phases of this disaster. Immediately after the storm, leadership was needed to harness the efforts of spontaneous volunteers and volunteer groups who wanted to assist relief efforts but who often lacked the resources, support network, or liability protection that organized responders who are linked to VOAD and government-sanctioned assets enjoy.

BEST PRACTICES FOR HUMAN SERVICE AGENCY LEADERSHIP

There are already a number of successful strategies and examples of effective leadership for integrating human service agencies into the work of disaster preparedness in the region as well as in other parts of the country.

SEPA VOAD AND VOLUNTEER MANAGEMENT COORDINATORS

SEPA VOAD has provided effective leadership for the region's disaster-focused human service agencies, providing a forum for collective decision-making, planning, and response activities. The region's VMCs (and their public health counterparts) are also very effective representatives for county emergency management agencies, leading government efforts to reach out and enlist agencies in response efforts, and linking human service agencies to government activities.

UNITED WAYS

United Ways have played an important leadership role in other regions during disasters, and especially during long-term recovery planning. They have significant experience with the financial management of human service agencies. Additionally, they interface with philanthropic organizations, the business community, and human service agencies, and are invested in the challenging work of community development. The United Way of Russell and Washington Counties in Virginia provided programmatic guidance and oversight of the recovery plans following a major tornado that disrupted much of the counties' infrastructure. In the absence of dedicated FEMA funding for recovery efforts, that United Way received, tracked, and distributed money that was donated for re-building. In Virginia, United Way also partnered with a local emergency management agency to run a long-term recovery group, overseeing volunteer coordination and assisting with case management activities. Many human service agencies, particularly smaller agencies traditionally outside the purview of disaster planning and response, view United Way as a "go-to" agency and welcome their involvement in emergency preparedness planning and response efforts.

During Sandy, United Ways throughout the tri-state region fulfilled a number of important coordination and

leadership roles for agencies involved in relief and recovery efforts.

- In Southeastern Pennsylvania, United Way of Greater Philadelphia and Southern New Jersey participated on daily SEPA VOAD conference calls, used their web-based forum (Community Action Center) to manage new volunteers, and helped with public information on behalf of human service agencies.
- United Ways in New Jersey and New York are active members of state and regional VOAD organizations, and participated in state-wide conference calls with VOAD and emergency management agencies, coordinating resources and supporting 2-1-1 call systems.
- United Ways in New Jersey and New York have become fiduciary agents for long-term recovery efforts, supporting administrative tasks and providing guidance for community re-development efforts.
- Some United Way organizations in the tri-state

"United Way is better at bringing the 'non-disaster' organizations to the table."

~Director, human service agency



area have strong relationships with philanthropic organizations and the business community, and have begun to engage the resources of the business sector.

- One director of a United Way organization commented, “I know over 400 businesses or companies in this county who want to help.”
- UWGPSNJ is acting as a local fiscal agent for the Hurricane Sandy Relief Fund established by United Way Worldwide in the immediate aftermath of the storm. The Fund provides recovery assistance to individuals, families, and communities impacted by Sandy.

SUMMARY AND RECOMMENDATIONS

Five important themes emerged from the survey of human service agencies in Southeastern Pennsylvania and the interviews and meetings with key stakeholders: Capacity, Coordination, Communication, Training, and Leadership. Specific efforts in these areas will be important to ensure that the important services provided by human service agencies will be available during catastrophic disasters that disrupt lives and community infrastructure. The main objective of this white paper was to formulate specific recommendations for government planners and the non-profit sector to promote the integration of human service agencies into emergency preparedness and response activities in the region. The following section summarizes the findings in each of these areas and for each, proposes specific recommendations for the SEPA region.



I. CAPACITY

Human service agencies know their clients, many of whom are among the most at-risk populations. Although many counties in the region have begun to reach out to community-based human service agencies, few agencies without a primary disaster-relief focus have been sufficiently engaged in community-wide preparedness and response efforts. In many cases, agencies do not recognize that their services and skill set are often needed in a disaster, and a vast majority indicated that additional information from government and other agency partners was needed in order to clarify their roles. Hurricane Sandy demonstrated a need for many of the services that these agencies provide, including translation services, food banks, visiting health care services, and mental health services. Moreover, many stakeholders believed that assisting those with physical disabilities and other functional needs was one of the most significant challenges following Sandy.

RECOMMENDATION

1. Government agencies (including local and state emergency management as well as public health agencies) should work to bring human service agencies that are not disaster-focused to the table, extending the initial efforts that have been made at the local and county level.
 - a. Build partnerships with agencies that provide food or food distribution services, language translation, and home health services, as well as agencies that serve medically fragile individuals and other vulnerable populations that depend on human services for daily living (e.g., individuals with intellectual and developmental disabilities).
 - b. Define roles for human service agencies so they understand what they will be asked to do during emergencies in conjunction with government agency response plans. For example:
 - i. Serve as trusted intermediaries – i.e. relay important information to clients,

- and provide feedback to government regarding critical human service needs in the community.
- ii. Provide key services based on agency skill sets – e.g. psychological first aid, housing and food assistance, referral to disaster services, case management, etc.
- c. Offer incentives to encourage human service agencies to participate in community-wide preparedness response efforts, including:
 - i. Up-to-date information regarding the disaster.
 - ii. Access to resources that might help sustain their operations, such as supplies, volunteers, and/or money.
 - iii. Facilitated access to disaster-specific resources for their clients who may be affected.

Continuity of operations, the ability to continue to provide services in a disaster, remains a major challenge for most human service agencies. Only one-third of the agencies surveyed had a robust continuity of operations plan (COOP) in place, with fewer ever having used their plan in an actual emergency. Resource limitations are perhaps the most critical challenge that agencies face with respect to business continuity.

RECOMMENDATIONS

2. Human service agencies should have basic continuity of operations plans in place that are exercised (either through real events or simple drills) at least annually. These plans are important for every agency, but critical for agencies such as visiting healthcare organizations or those that help extremely vulnerable individuals with activities of daily living.
 - a. Funders, such as government agencies, non-profit umbrella organizations such as United Way, and philanthropic organizations, should require agencies to have COOP plans in place, as a condition of funding.

- b. Local and state emergency management agencies should provide basic templates for COOP plans that both define expectations for business continuity and facilitate planning.
3. Resource shortages during major disasters can be anticipated and thus mitigated by advance planning. In addition to the triad of “space, staff, stuff” needs that challenges every organization or agency during a major incident, human service agencies are more likely to have financial challenges that may disrupt operations.
 - a. Agency representatives and organizations like United Way should engage in pre-event planning with philanthropic organizations and government partners to identify possible solutions to needs that are likely to emerge during a disaster.
 - b. Southeastern Pennsylvania should undertake systems-based planning that includes expanding the existing communications networks for government and non-profit partners so that all agencies have mechanisms to convey resource needs during a disaster.

Long-term recovery presents a unique set of challenges (“the second disaster”) that require leadership, dedicated planning, and the development of capacity and coordination between stakeholders. With their expertise in case management, mental health, financial support, housing, education, and career development, human service organizations can contribute to long-term recovery efforts.

RECOMMENDATION

4. The Southeastern Pennsylvania region should take advantage of its existing organization for regional emergency preparedness planning to create a regional, five-county approach to long-term recovery. The Human Services Working Group of the SEPA Regional Task Force includes leadership from SEPA VOAD and representatives from emergency management agencies in the region.

This core group can work with the region’s United Ways and other stakeholders to:

- a. Assess the existing needs in communities that are still struggling to re-build and recover from Hurricanes Irene and Lee in 2011.
- b. Outline a concept of operations for a long-term recovery plan that defines specific roles and responsibilities for agencies, addresses financial management, and creates an organizational structure for leadership and activities related to re-building and community development. The experiences of New Jersey and New York in the aftermath of Hurricane Sandy, as well as other communities that have experienced disasters with major infrastructure and economic disruption, can provide a useful and concrete roadmap for how to prepare for this challenge, and ensure that the abundant public and private sector resources that exist in this region are available if and when they are needed.



Many of the five counties in the region have made tremendous progress in reaching out to local/county-based agencies, through the efforts of public health-based community outreach coordinators and the work of VMCs at emergency management agencies. These individuals have made significant progress developing a database of human service agencies in their individual county, building partnerships with those agencies, beginning the work of collaborative planning for disasters, and linking them to resources and information during incidents. Smaller, non-disaster agencies have conveyed a reluctance to join a major regional forum, citing justifiable concerns including resource limitations that would likely prevent them from helping anyone other than their core clients. VMCs are instrumental for reaching out to these organizations to engage them in local planning and response activities. They are also important partners for public health agency community outreach coordinators.

VMCs were invaluable during Hurricane Sandy, serving as liaisons between county government and VOAD. They have great potential to engage agencies at the county level for specific functions during disasters, assisting with and coordinating new agencies with SEPA VOAD, and expanding the region’s overall capacity.

II. COORDINATION

The SEPA region is home to a robust network of human service agencies that are committed to serving their clients despite the disruption of a major disaster, and a great many are willing to participate in a community-wide response effort. One of the most frequently cited issues in interviews with stakeholders throughout the region was the need for coordination. SEPA VOAD provides a very effective framework for planning and coordination of the region’s disaster-focused agencies, but there is no equivalent system for the larger network of community organizations currently providing services in the region. Specifically, the region would benefit from a robust, regional database of human service agencies, including their capabilities and catchment areas, and a system that helps coordinate and utilize the agencies in the regional database. The region also lacks a coordinated, unified approach to recruiting and organizing volunteers.

RECOMMENDATION

1. Every county in the region should employ and sustain a Volunteer Management Coordinator

position to coordinate outreach efforts to agencies prior to and during disasters.

- a. This position serves as a critical focal point for bi-directional communication and collaborative planning between government and human service agencies, especially non-disaster-focused agencies.
- b. Existing, local databases of agencies can be integrated into a more robust, regional network of agencies like SEPA VOAD over time, through ongoing planning, training, and communication activities.

United Way of Greater Philadelphia and Southern New Jersey (UWGPSNJ) recently launched 2-1-1 SEPA, a 2-1-1 information and referral system for human services in the five-county region, which will be an enormous asset to coordinate and access human services during emergencies and to facilitate communications to the general public. This system will provide the region with a comprehensive database of agencies and a referral system for services that will be extremely helpful during times of crisis. During Hurricane Sandy, the absence of such a system in Southeastern Pennsylvania made it difficult to catalogue available resources, match resources to existing needs, and coordinate the efforts of human service agencies. In contrast, New Jersey 2-1-1 is integrated into the state's emergency management plans and performed very effectively during Hurricane Sandy, supporting needs assessment, resource coordination, and public information dissemination. It will be important for UWGPSNJ to collaborate with emergency management and human service agency stakeholders in the region so that the launch of the system is successful.

RECOMMENDATIONS

2. Regional planners should consider formally including 2-1-1 SEPA into emergency response plans at the local and state level.
3. The sponsoring agency, UWGPSNJ, should undertake the following activities in the early days of the system's launch to optimize buy-in from stakeholders and facilitate coordination with related initiatives and systems already in existence in the region, including:
 - a. Coordination and communication with government (county and state) departments of human services and government agencies involved in emergency preparedness (e.g., emergency management and public health departments).
 - b. Coordination and communication with human service agencies in SEPA who provide direct services to explain the 2-1-1 system, discuss possible impacts on operations, referrals, and opportunities for participation, and collect updated information.
 - c. Communication with other United Way agencies in region.
 - d. Coordination and communication with VMCs and public health department equivalents to ensure that agencies from smaller, county networks are added to the larger, regional 2-1-1 database.
 - e. Coordination and communication with existing information and referral (I & R) systems in the region, including those operated by non-profits as well as the City of Philadelphia 3-1-1 municipal service system.
 - i. Clarify the scope and range of services provided by 2-1-1 SEPA for these other systems.
 - ii. Develop a concept of operations for coordinating services, transferring calls, and other requests for services.
 - iii. Develop trainings for call takers and staff at outside I & R systems as well as 2-1-1 SEPA.

- f. Create an ad hoc advisory group of regional stakeholders to advise launch activities and public messaging, as well as review progress at 6, 12, and 18 months to ensure that evaluation informs ongoing activities.

The management of spontaneous volunteers remains a challenge for Southeastern Pennsylvania, which has less experience with this than other states that have had major disasters. Building a system to recruit and enlist unaffiliated volunteers during a disaster will be important for ensuring the continuity of critical human services as well as responding to surge in demand.

RECOMMENDATION

- 4. The SEPA region needs a plan to manage spontaneous, unaffiliated volunteers:
 - a. The stakeholders in the region (including volunteer management coordinators and other government representatives, VOAD representatives, and United Way organizations) should develop a plan for Volunteer Reception Centers. They can assess and adapt successful plans that have been piloted in other states, and train and exercise these plans.
 - b. To simplify public messaging during a disaster

and optimize recruiting, there should be one place (e.g., a website, phone number, or physical location if appropriate) for the public to go to offer their time and services.

- i. UWGPSNJ’s Community Action Center served this purpose during Hurricane Sandy. Stakeholders should review how that system functioned during Hurricane Sandy and make any desired changes before the next disaster.
 - ii. SEPA VOAD lacks a visible presence from a public relations perspective, making recruiting both agencies and individual volunteers difficult. Launching and maintaining a website requires resources, and stakeholders should assess how best to coordinate its public face (e.g., an internet presence or equivalent) with that of existing partners such as the SEPA Regional Task Force or United Way’s Community Action Center, or utilize the capabilities of current volunteers to create and manage something that links to those programs.
- 5. County and state government, in addition to non-profit organizations throughout the region, need to engage private sector businesses whose financial support and expertise in housing, construction,



tree removal, and healthcare can provide enormous help during the recovery phase of a disaster.

III. COMMUNICATION

The findings from both the survey of agencies and interviews with key stakeholders reinforced the conclusions from previous studies that real-time, bi-directional information exchange between agencies and government partners is a pressing need for emergency preparedness. Fewer than half of agencies surveyed indicated that they subscribe to ReadyNotfyPA, the region's emergency notification system for disaster-related information, and that system alone is not adequate to provide the detailed situational awareness that agencies need to provide critical services during a disaster. During Hurricane Sandy, many smaller non-profits lacked a formal mechanism to communicate the services they could provide, convey the needs of their clients, or obtain resources to meet those needs. An example of successful interagency communication occurred during daily VOAD conference calls held during Hurricane Sandy. These calls provided an opportunity for needs and capability updates, as well as coordinated planning for key stakeholders.

RECOMMENDATIONS

1. The region should expand the SEPA VOAD calls to include additional agencies (a possible incentive to join VOAD), and county-based Volunteer Management Coordinators and outreach specialists should convene similar calls with agencies involved in county-level response activities.
2. Information exchange with agencies involved in response efforts at the regional or county (or municipal) level should be a priority, and the relationships and communication networks should be defined prior to a disaster.

Providing accurate, coordinated, and timely public information regarding human service resources is another important communications challenge during disasters. Agencies have strong relationships with their clients and often function as a trusted source of information during disasters. However, many agencies do not have sophisticated communications systems and are only able to reach a small number of their clients during an emergency. Moreover, the transmission of complex or technical information (i.e. during a disease pandemic) will likely require additional training and support for agency personnel.

Reaching all at-risk populations with a consistent message requires a coordinated effort on the part of government and human service agencies. In addition, a coordinated public information program designed to provide information regarding the availability of human services in disasters should also encompass messaging regarding the need for volunteers and donations to optimize agency capacity and not distract from the work of delivering services.

RECOMMENDATIONS

3. The SEPA 2-1-1 call center and website should serve as a clearinghouse that provides updated information to both agencies and to members of the public. The role of this site as a key source of public information should be made clear to agency and government stakeholders and be built into emergency communication plans.
4. Government agencies should have realistic expectations regarding the capacity of human service agencies to convey disaster-related information to clients, understanding that:
 - a. Agencies may be able to contact only a small percent of their most vulnerable clients proactively (e.g. via telephone, email, or home visits).
 - b. Complex health or other information will require additional staff training.

- c. Many people considered to be at-risk in disasters will likely receive information from the media, neighbors, or family members, and not from an agency where they might be a client.
5. The region’s public information plan for disasters should explicitly address the availability of human services during disasters, the need for volunteers, and the management of donated material goods should be formulated prior to disasters. Its components should include:
- a. Spokespersons for the region. There may be multiple spokespersons (VMCs, SEPA VOAD, United Way, etc.), but the key is a unified message.
 - b. Content: who, what is needed; what is NOT needed for relief efforts.
 - c. Mechanisms for communication (e.g., media, websites, 2-1-1 SEPA, etc.).

IV. TRAINING

Human service agencies in Southeastern Pennsylvania identified a number of specific training needs related to emergency preparedness. They want more information regarding government response plans, opportunities for collaborative planning that identifies clear and appropriate roles for them, and a forum for sharing best practices and information regarding specific disaster scenarios. Concurrently, agencies stressed that they lack the time and resources to attend trainings that take staff away from important day-to-day operations. A number of possible solutions exist to balance the need for training and collaboration with limited time and resources, borrowing from the successful experiences of VOAD organizations in other parts of the country and extending the already successful outreach and training activities that are well underway in the region through government and non-profit partnerships.

RECOMMENDATIONS

1. SEPA VOAD and UWGPSNJ, along with funding from the SEPA Regional Task Force, should help sponsor a one-day event for human service agencies in the region that provides an update on regional preparedness plans and provides basic, accessible trainings and educational opportunities on priority topics such as COOP planning, weather emergencies, and assisting with community needs assessment after disasters. This event will also provide an important opportunity to share best practices and lessons learned, a common request from stakeholders.
 - a. This event can be a collaboration with the United Ways in the region as well as government agencies who can encourage attendance as part of their funding agreement with agencies.
2. Government agencies in the region can build upon their successful community outreach program of personal preparedness information and extend their training activities to describe basic information in current response plans and define more specific expectations for agency roles in a disaster.
3. Stakeholders can anticipate the need to provide “just-in-time” trainings for agencies during disasters. Examples might include safety-related information for workers and clients, or general information regarding health issues in a disaster.
 - a. Planning for just-in-time trainings will need to include a variety of mechanisms for training, including face-to-face presentations for agency staff by subject-matter experts, webinars, and other forums.

While an annual conference would serve as an efficient way to help address the current training needs of human service agencies in the region, more advanced, time-intensive training opportunities for motivated agency members have the potential to improve the ability to reach at-risk populations during a disaster.

For example, the California Department of Public Health’s investment in developing “promotores,” while labor intensive and costly, was an extremely effective way to improve immunization rates for influenza vaccine in an under-immunized, low-income Hispanic community.

RECOMMENDATION

4. Public health departments can leverage the “trusted intermediary” status that many agencies hold with their clients by taking advantage of the skills and education that staff in many health-oriented agencies already have by providing additional, specific training related to health threats. This additional training can create a cadre of informed, “lay” educators who can support risk communication efforts in hard-to-reach communities, particularly culturally diverse communities who may not trust government agencies or who lack access to healthcare services.
 - a. Immunization programs, HIV/AIDS prevention programs, and Maternal/Child health programs are three examples of public health programs that often work with community agencies to reach high-risk communities. These relationships may also be useful during times of crisis.



V. LEADERSHIP

The majority of stakeholders interviewed voiced a desire for effective leadership to develop a concept of operations for both disaster and non-disaster focused human service agencies in emergency preparedness, coordinate their efforts, and support their needs. United Ways across the region and in other parts of the country have emerged as leaders for the engagement of human service organizations during disasters and especially during long-term recovery. Their expertise in the financial management of human service agencies, the distribution of grant monies, knowledge of the human service sector, support of 2-1-1 systems, community development initiatives, and close working relationship with philanthropic organizations and the business community are all attributes that make them effective leaders for engaging human service organizations in the work of disaster response and recovery. They have the ability to work with government agencies and the traditional disaster response organizations of SEPA VOAD to provide both leadership and an administrative infrastructure to the work of integrating human service agencies in disasters.

In addition, the Southeastern Pennsylvania Regional Task Force provides a framework for the broad coalition of human service stakeholders, including VOAD, government agencies and other key agency organizations that are already integrated into the region’s disaster plans. The region’s many United Way organizations should participate in this forum which can be expanded to include representatives from key non-disaster focused agencies, and used for collaborative planning that will benefit the region over a long period of time.

RECOMMENDATIONS

1. United Way organizations throughout SEPA should work together to develop relationships with government planners and VOAD leaders prior to emergencies so that they are integrated into the region’s preparedness infrastructure, and can

make important and needed contributions to disaster response and recovery.

2. The broad network of human service stakeholders in the SEPA region should create a workgroup or steering committee that includes government agencies, SEPA VOAD, United Ways, and leaders of other major human service agencies in the region to collaboratively address the challenges to human service delivery during disasters.
 - a. The SEPA Emergency Preparedness Task Force Human Services Workgroup may be the appropriate umbrella to develop plans that envision roles for human service agencies in disasters beyond mass sheltering and disaster relief, to include services such as case management, home health services, mental health support, financial assistance, community needs assessment, and outreach to vulnerable populations.
 - b. This group should identify and prioritize the capacity, coordination, and training needs of human service agencies in disasters, and develop a concept of operations for a long-term recovery plan for the region.
 - c. This group should also formulate plans for engaging private, business sector resources in both response and recovery efforts during major disasters.

Despite their strong connections with many at-risk populations, human service agencies do not and cannot reach all vulnerable populations. The majority of truly at-risk individuals live independently in the community, are not affiliated with agencies, and may need significant assistance during disasters. Leadership and planners throughout the region need to take this into account as they develop approaches for disaster response that build community resilience.

RECOMMENDATION

1. The SEPA Region should take advantage of the general expertise that human service agencies have in communities that are at high risk for poor

outcomes in disasters. Planners in public health, emergency management, and other government and non-profit agencies should work with leaders in the human service sector to formulate plans that build resilience and address the specific needs of individuals in the community who are likely to require special plans for communication, medical support, or transportation.

- a. Plans should account for the many individuals not affiliated with an agency, and should consider other community members who can help reach these populations, including, but not limited to, physicians, block captains, and building managers.



CONCLUSION

Southeastern Pennsylvania has considerable resources that can support the work of human service agencies. The organization of the SEPA Regional Task Force for emergency planning, the strength of the non-profit sector, the philanthropic community, and the region's many human service assets provide an enviable foundation for preparedness planning for human services in disasters. A commitment to collaborative planning across agencies, information exchange,

resource location, and ultimately, effective leadership are necessary to leverage these assets so that they are in place when they are most needed.

AGENCY ACKNOWLEDGEMENTS

AGENCIES IN SEPA REGION

- American Red Cross, Southeastern Pennsylvania Chapter
- Bucks County Department of Health
- Chester County Department of Emergency Services
- Community Action Agency of Delaware County, Inc.
- Elwyn, Inc.
- Jewish Employment and Vocational Services (JEVS)
- Liberty Lutheran
- Maternal & Child Health Consortium
- Maternity Care Coalition
- Montgomery County Department of Public Safety
- Montgomery County Office of Aging and Adult Services
- Penn Asian Senior Services
- Pennsylvania Department of Health
- Pennsylvania Department of Public Welfare
- Pennsylvania Emergency Management Agency
- Philadelphia Corporation for Aging

- Philadelphia Department of Health
- Philadelphia Department of Behavioral Health
- Philadelphia Office of Emergency Management
- Public Health Management Corporation
- Salvation Army
- SEPA Regional Task Force
- SEPA Volunteer Organizations Active in Disasters (VOAD)
- United Way of Bucks County
- United Way of Chester County
- United Way of Greater Philadelphia and Southern New Jersey

AGENCIES OUTSIDE SEPA REGION

- Burlington County Health Department, New Jersey
- Council of Community Services, Virginia
- New Jersey Department of Health and Senior Services
- NJ 2-1-1 Partnership
- Ocean County Health Department, New Jersey
- Salem County Health Department, New Jersey
- Southwest Virginia Medical Reserve Corps
- Southwest Virginia VOAD
- United Way of Russell and Washington Counties, Virginia



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