



U.S. Department of Health & Human Services  
Administration for Strategic Preparedness & Response

# **Equitable Disaster Recovery Assessment Guide & Checklist**

## **Advancing Equity in Post-Disaster Recovery Operations**

**June 17, 2023**

**[aspr.hhs.gov](https://aspr.hhs.gov)**

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# **Acknowledgements: Advancing Equity in Post-Disaster Recovery Operations Task Force**

## **State Partners**

Illinois Department of Public Health  
Minnesota Department of Health  
Wisconsin Department of Health Services  
Wisconsin Primary Health Care Association

## **Federal Partners**

Administration for Community Living  
Economic Development Administration  
Federal Emergency Management Agency  
Office of the Assistant Secretary for Health  
Small Business Administration  
Substance Abuse and Mental Health Services Administration  
U.S. Department of Agriculture Rural Development  
U.S. Department of Commerce  
U.S. Department of Homeland Security  
U.S. Department of Housing and Urban Development

## Description

The Equitable Disaster Recovery Assessment Guide & Checklist is the result of a multi-discipline, multi-agency task force that explored collective recovery concerns that emerge after disasters, catastrophic incidents, public health emergencies, or cyber-attacks that impact critical infrastructure, with a particular focus on COVID-19. This tool seeks to help state, local, or tribal partners create or implement disaster recovery plans by highlighting data sources, metrics, outcomes, and key stakeholders engaged in supporting whole-of-community approaches for disaster recovery (i.e., disaster equity or health equity training, review of inequitable practices, an equitable community engagement process, etc.).

## Definition of Equity

**Executive Order 13985 of January 20, 2021**, Advancing Racial Equity and Support for Underserved Communities Through the Federal Government

The term “equity” means the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

The Administration for Children and Families (ACF) Office of Human Services Emergency Preparedness and Response (OHSEPR) offers a definition of [disaster equity](#) as the “provision of community-specific services and resources for disaster survivors that are accessible, and culturally and linguistically tailored to mitigate disparities in health and well-being and support resilience.

## Background Information

In disaster events, many of the existing health disparities and inequities faced by underserved communities, particularly those residing in communities with high social vulnerability indices, are exacerbated. For this reason, individuals and families who experience health disparities in steady state are also at greater risk for poorer disaster recovery outcomes. Observations from previous disasters or catastrophic incidents suggest (or indicate) that variables such as socioeconomic status, race, or housing status significantly influence post-disaster outcomes. The federal, state, local, tribal, and territorial governments, non-governmental organizations, and communities are focused on an equitable and sustainable recovery for all Americans, with the pillars of health and social services recovery at the center. HHS/ASPR and other federal partners supporting the Health and Social Services (HSS) Recovery Support Function (RSF) mission, working jointly on these issues, will facilitate the partnerships necessary for future disaster preparedness, response, mitigation, and recovery efforts that are driven by equity and promote enhanced federal-state coordination.

# What Does it Take to Drive Equity in Disaster Recovery Operations

Table 1: The Pillars of Equitable Disaster Recovery Framework

The Pillars of Equitable Disaster Recovery Framework						
Cultural Competency						
Stakeholder Engagement & Coordination	Education & Training	Research and Assessments	Coordination and Capacity Building	Crisis Communication	Steady-State and Emergency Funding	Program Delivery

## What is the National Disaster Recovery Framework

The National Disaster Recovery Framework (NDRF) enables effective recovery support to disaster-impacted states, tribes, territories, and local jurisdictions. It provides a flexible structure that enables disaster recovery managers to operate in a unified and collaborative manner. The NDRF focuses on how best to restore, redevelop, and revitalize the health, social, economic, natural, and environmental fabric of the community and build a more resilient nation.<sup>12</sup>

### Health and Social Services Recovery Support Function

**Coordinating Agency:** [U.S. Department of Health and Human Services](#)

**Primary Agencies:** Corporation for National and Community Service, Department of Agriculture, Department of Commerce, Department of Homeland Security/National Protection and Programs Directorate, Department of Homeland Security/Office for Civil Rights and Civil Liberties, Department of Housing and Urban Development, Department of the Interior, Department of Justice, Department of Labor, Environmental Protection Agency, Federal Emergency Management Agency

**Supporting Agencies:** American Red Cross, Department of Commerce, Department of Education, Department of Transportation, Department of Treasury, Department of Veterans Affairs, National Organizations Active in Disasters, Small Business Administration

**Description:** The support of social services programs for at-risk and vulnerable children, individuals, and families affected by a disaster can promote a more effective and rapid recovery. The Health and Social Services RSF outlines the Federal framework to support locally led recovery efforts to address public health, health care facilities and coalitions, and essential social services needs. Displaced individuals in need of housing will also need health and social services support.

<sup>1</sup> FEMA: Federal Emergency Management Agency. (2011). National Disaster Recovery Framework. Washington DC: FEMA.

**Data Sources:** U.S. Census Bureau Data Equity Tools, Social Vulnerability Index (SVI), SVI Minority Health Index, HHS ASPR emPOWER, U.S. Dept of Education Disaster Recovery Unit, Recovery Support Function Leadership Group Outcome Indicators Document, CMS Data etc.

**Funding:** [Coronavirus Overview](#) The information contained on this section of the TAGGS website provides data on HHS funding provided in the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020; the Families First Coronavirus Response Act; the Coronavirus Aid, Relief, and Economic Security (CARES) Act; the Paycheck Protection Program and Health Care Enhancement Act (PPPHCEA); the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA - Division M, Title III), 2021; and the American Rescue Plan Act of 2021. *Note: grant opportunities are dynamic, some may have expired and there may be new opportunities; please collaborate with Regional Federal Contacts for current grant information.*

## Economic Recovery Support Function

**Coordinating Agency:** Department of Commerce

**Primary Agencies:** Small Business Administration; Department of Agriculture; Department of Homeland Security; Department of Labor; Department of the Treasury

**Description:** The Economic Recovery RSF integrates the expertise of the Federal Government to help local, regional/metropolitan, state, tribal, territorial, and insular area governments, and the private sector sustain and/or rebuild businesses and employment and develop economic opportunities that result in sustainable and economically resilient communities after an incident.

**Data Source(s):** IRS Tax Statistics, Census County Business Patterns, SBA Small Business Profiles, Federal Reserve Bank, State Insurance Commissioners, Bureau of Labor Statistics, BEA Personal Income Statistics, Census Income Data tables, American Community Survey

**Funding:** Public Works, Economic Adjustment Assistance, Short Term Planning, Local Technical Assistance, American Rescue Plan programs (supplemental funding)

**Technical Assistance/Support:** Economic Development Districts, University Centers (dependent on services provided), and State Economic Development Representatives

## Housing Recovery Support Function

**Coordinating Agency:** Department of Housing and Urban Development

**Primary Agencies:** Department of Agriculture; Department of Justice; Department of Housing and Urban Development; Federal Emergency Management Agency

**Description:** The Housing RSF coordinates and facilitates the delivery of Federal resources to implement housing solutions that effectively support the needs of the whole community and contribute to its sustainability and resilience. Housing is a critical and often challenging component of disaster recovery, but must be adequate, affordable, and accessible to make a difference for the whole community.

**Data Source(s):** Household Pulse Survey, US Census Data, Social Vulnerability Index

**Funding:** Community Development Block Grant (CDBG) and CDBG supplemental grants for disaster recovery (CDBG-DR)

## Community Planning and Capacity Building (CPCB) Recovery Support Function

**Coordinating Agency:** Department of Homeland Security/Federal Emergency Management Agency

**Primary Agency:** Department of Housing and Urban Development

**Supporting Agencies:** American Red Cross; Corporation for National and Community Service; Delta Regional Authority; Department of Agriculture; Department of Commerce; Department of Education; Department of Health and Human Services; Department of Homeland Security; Department of Housing and Urban Development; Department of the Interior; Department of Justice; Department of Transportation; Environmental Protection Agency; General Services Administration; National Voluntary Organizations Active in Disaster; Small Business Administration; U.S. Access Board; U.S. Army Corps of Engineers; U.S. Economic Development Administration

**Description:** The CPCB RSF strives to restore and strengthen state, territorial, tribal, and local governments' (SLTT) ability to plan for recovery engage the community in the post-recovery planning process. To build capacity for local plan implementation and recovery management, while prioritizing the importance of equity throughout the process Governmental and non-governmental partners, coordinated by FEMA, come together under the banner of the CPCB RSF to share information and pool planning support resources.

**Data Source(s):** American Community Survey, US Census Data, FEMA Disaster Data, FEMA's National Flood Insurance Program Data, National Risk Index, Community Resilience Estimates, GINI data, CDC's Social Vulnerability Index, the Social Vulnerability Index (SoVI), EJScreen, Climate and Environmental Justice Screening Tool (CEJST), and Local government data (budgets, community profiles)

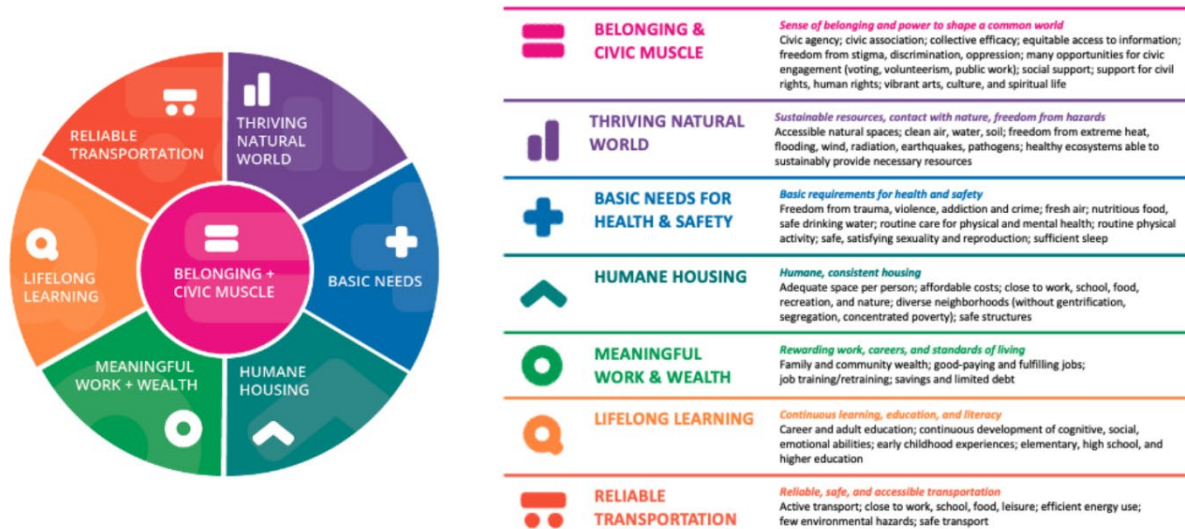
**Resources:** Varies. Housing recovery needs are supported by a variety of permanently authorized disaster and non-disaster sources from FEMA, SBA, HUD, and USDA, and supplemental disaster funds such as HUD's Community Development Block grant disaster recovery assistance. etc.

## Moving Beyond Traditional Approaches to Recovery and Resilience

As state, local, and tribal or territorial authorities establish plans for recovery after a disaster, evaluating the strengths, weaknesses, and challenges that emerge during an incident response phase can inform recovery activities and preparedness for other disasters or catastrophic incidents. Recovery to pre-disaster conditions is not always ideal, as pre-disaster conditions may not be adequate for individual and community thriving and may leave it just as susceptible to future disasters. Instead, throughout the disaster recovery period, state, local, tribal, and territorial authorities should identify interventions that encourage public systems to evolve in ways that seek to address individual and community well-being, therein strengthening resiliency and reducing the risk for worse outcomes from future disaster events. Read more about disaster risk reduction for health [here](#).

## The Vital Conditions of Health Framework

Figure 1: The Vital Conditions of Health



The Vital Conditions of Health provides a high-level framework that identifies specific domains within a community that are necessary for individual and community thriving and resilience. The National Disaster Recovery Framework outlines federal recovery support options across federal agencies available to assist state, local, and tribal partners drive locally-driven recovery activities in the event of a disaster or catastrophic incident. Both frameworks can be considered by jurisdictions to assist with disaster recovery planning.

## Equity in Action: The Federal Plan for Equitable Long-Term Recovery and Resilience

The Federal Plan for Equitable Long-Term Recovery and Resilience (ELTRR) sets an overall vision and common approach for federal agencies to strengthen the vital conditions necessary for improved individual and community resilience and health. The Plan provides an actionable path for a whole-community approach to coordinate steady-state resources to maximize the vital conditions and ultimately elevate national resilience.

The approach calls for a transformational systemic change in federal government through the following goals:

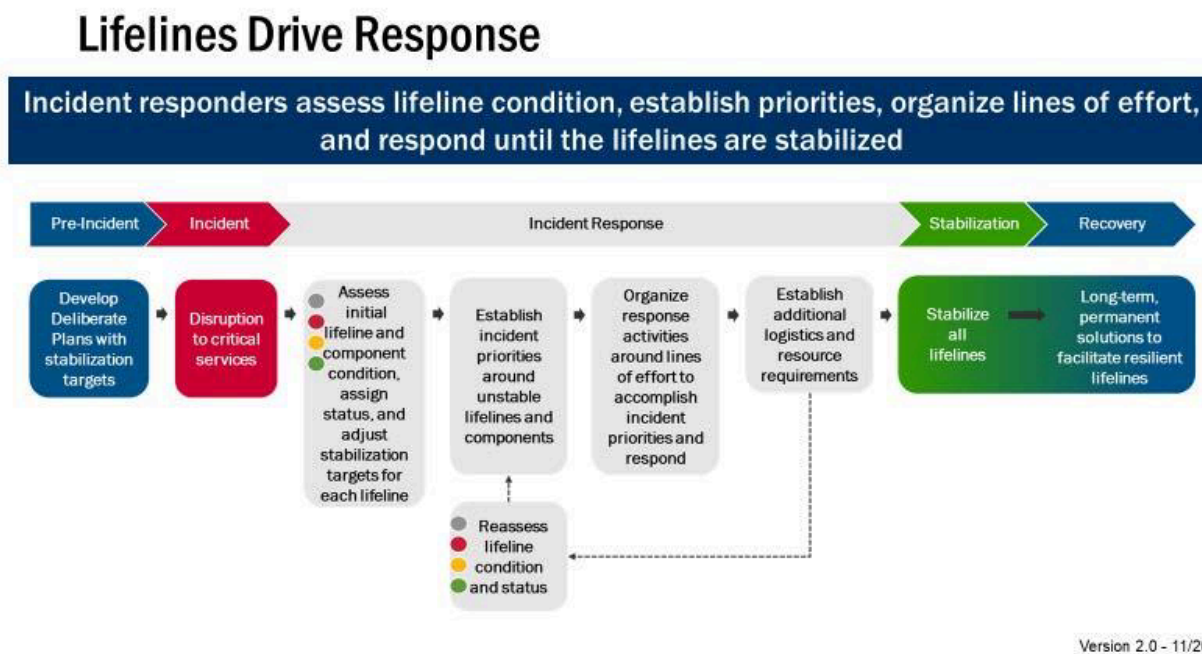
- Align all relevant federal government departments and agencies to strengthen the vital conditions for health and well-being
- Foster community-centered collaboration within and outside of government to ensure an equitable, thriving future
- Maximize steady-state and other federal investments within current agency authority to strengthen systems that enable resilience and well-being
- Achieve equity and aspire to eliminate disparities by focusing sustained whole-of-government resources on communities that have been historically marginalized or disadvantaged.



## Transitioning from Emergency Response to Recovery

Community Lifelines are the most fundamental services in the community that, when stabilized, enable individual and community recovery engagement, and promote thriving. The following two graphics outline the transition from response to short-term, intermediate, and long-term recovery and a few guided steps that assist that transition. Read more about Community Lifelines [here](https://www.fema.gov/emergency-managers/practitioners/lifelines).

Figure 2: <https://www.fema.gov/emergency-managers/practitioners/lifelines>



## Flexible Steps for Transition to Recovery

The emergency transition from response to recovery is unique based on current federal and state, local, tribal, or territorial agencies' policies, the needs of the impacted jurisdiction, existing capacity, etc. Recovery should be stood up and engaged from the very beginning. Transition doesn't happen after response is done. Recovery activities begin immediately and ramp up as response activities ramp down. Below are a few possible steps that recovery managers can explore to encourage an efficient transition from emergency response to recovery.

Table 2: Flexible Steps for Transition to Recovery

<b>Flexible Steps for Transition to Recovery</b>
Identify and Engage Response and Recovery Points of Contact at Federal, State, Local, Tribal, or Territorial Agencies
Assess Equity Indicators
Map Recovery Points of Contact According to the Recovery Support Functions, Vital Conditions of Health, Emergency Support Functions, or Community Lifelines
Determine if an After-Action Report or Recovery Needs Assessment Has Been Conducted
Use an Equity Lens and Vital Conditions of Health Framework to Determine Available Steady-State and Recovery Resources
Coordinate With State/Local/and Tribal Officials to Determine Recovery Plans
Gather Federal or Local Recovery Specific Data to Determine System Impacts Across Vital Conditions or Recovery Support Functions
Reengage Regional Federal Disaster Recovery Staff and Regional Emergency Coordinators for any Technical Assistance Needs

## **Wisconsin Department of Health Services (DHS) Promising Practice for Building Trusted Relationships in the COVID-19 Pandemic**

*This guide was identified by the Task Force as an example of a promising practice being implemented in Region V.*

### **Purpose**

This document is a quick guide of best practices and activities that DHS' COVID-19 Response and Recovery Team (CRRT) has implemented throughout the course of the pandemic. These practices have helped to build trusted relationships with communities and partners across the state. The CRRT has remained true to the "response and recovery" name by adapting to the evolving needs of the pandemic and reallocating resources and efforts where they are most needed.

Note: The CRRT – Outreach Program Area created this document for Health and Human Services' Region 5 working group on Advancing Health Equity in Post Disaster Recovery.

### **Wisconsin DHS COVID-19 Response and Recovery Team Best Practices**

#### **Goals & Principles**

Identify, acknowledge, and respond authentically and completely to community needs in real time – this establishes and builds trust.

Develop outreach messaging and engagement activities and gather feedback from stakeholders across the state.

Develop outreach related to COVID-19, with a primary focus on COVID-19 vaccination.

Advance efforts to minimize harm and reduce risk, leading with equity and considering social determinants of health across COVID-19 lines of effort.

Provide communications, technical assistance, and ongoing COVID-19 related support in partnership with stakeholders to support response and recovery.

Ensure compliance and effective management of specifically assigned COVID-19 grants, advancing awareness of and access to effective public health mitigation efforts.

#### **Impact**

Wisconsin's strategy to reaching marginalized and underserved populations during the COVID-19 pandemic has been to leverage trusted relationships. These relationships are with organizations already embedded in the community. The CRRT recognized that the COVID-19 pandemic initially strained relationships with Wisconsin's most vulnerable populations due to misinformation, and the politicization of the virus. CRRT realized that trusted messengers were best able to convey and bring the message to the community without political distractions. By identifying and partnering with these messengers, CRRT could reach underserved communities with tailored messaging. This was achieved through funded partnerships, stakeholder relationships, outreach efforts, and educational opportunities for community-level organizations throughout Wisconsin.

The Outreach Program Area now maintains connections with 472 stakeholders; ongoing efforts continue to expand the reach of the team. In this way, trust is encouraged by maintaining communication with stakeholders by way of a DHS point-of-contact. By having a close rapport with these trusted messengers, DHS can more effectively serve some of Wisconsin's most vulnerable residents. Ultimately, these closer relationships reduce vaccine hesitancy among the target population, by meeting them where *they* are.

## **Activities**

### **Building Individual Relationships with Stakeholders**

The Outreach Program Area builds trust and maintains relationships with hundreds of partners through a variety of stakeholder outreach activities. Outreach Specialists as members of the Outreach Program Area each maintain an ongoing relationship and serve as a point of contact to a subset of stakeholders on the stakeholder list. This has served to improve the efficacy of our communications with our stakeholders and provide an avenue through which feedback on state efforts and effective strategies can be provided. Outreach Specialists regularly follow up state communications with targeted emails to stakeholders. This helps ensure that the communication is read and is reaching the appropriate audience. This has made communications more effective than news releases and newsletters alone. Stakeholders receive up-to-date information about COVID-19 and are encouraged to reach out to their individual Outreach Specialist with any with feedback or questions. Feedback has been used to develop more specific resources, for instance in other languages, or for specific populations, such as the unhoused. Outreach Specialists also attend regular meetings with various groups, such as the Migrant Seasonal Agricultural Worker - WFC Community Response Committee and the University of Wisconsin-Madison's COVID-19 Vaccine workgroup. Stakeholders can also speak to an Outreach Specialist on the phone or request to set up an online meeting for more individualized attention.

The creation of tailored response interventions has been an essential tool to building trust with our community stakeholders as it provides a human connection to DHS and a sense that stakeholders are getting individualized attention from the state. Soliciting and responding to feedback through this framework also shows that DHS values the partnership of these organizations and their expertise in their communities.

### **Providing Connections to Resources and Other Organizations**

The Outreach Program Area prides itself in enabling and fostering connections between stakeholders. Having a centralized team for all stakeholder connections allows the team to easily assist in connecting organizations. Organizations working on similar projects have been connected through their relationship with DHS. Another way connections are made is through our Supply Matching Program. Many vaccinators have excess vaccine supplies they wish to donate. The Outreach Program Area helps to connect these organizations with clinics and others needing vaccine supplies. This helps to promote equitable access to supplies, prevent waste, and builds trust and goodwill toward DHS and between organizations.

DHS also partners with AMI Expeditionary Healthcare (AMI) to provide vaccination clinics in a variety of settings, including schools, faith-based organizations, nursing homes, community-based organizations, and local events and festivals. They also provide vaccinations for homebound individuals. AMI provides all the necessary materials and services and can vaccinate all eligible individuals. To request a clinic, an organization fills out a form managed by the CRRT's Vaccination Program Area and DHS responds to provide the organization with the

type of clinic they need. This helps to reach individuals in a large variety of locations and circumstances, with trusted messengers on-site, and a trusted location.

These activities underline DHS's interest in developing sustainable efforts in the communities and our trust in our community partners as experts in their areas. This in turn builds trust in the authenticity of DHS's efforts to address health equity in Wisconsin.

### **Disseminating Accurate Information Through Webinar Opportunities**

The DHS COVID-19 Response and Recovery Team provides two major webinar opportunities twice a month to disseminate up to date information on COVID-19 response strategies to stakeholders across the state. These opportunities are open to the public, and therefore may attract new as well as known stakeholders.

The Advancing Health Equity in the COVID-19 Pandemic series feature community leaders sharing experiences, barriers, practices, and lessons learned for advancing health equity. The COVID-19 Vaccine Program Updates webinars disseminate information on vaccines and clinical considerations and give communications and data updates. They also sometimes feature an organization involved in vaccine outreach and/or vaccination, to provide others with knowledge and experiences shared by their peers. Both opportunities show DHS to be actively disseminating useful information in a timely manner and invested in keeping our local partners up to date as well as valuing the health equity issues in our state. This helps establish our role as a trusted resource and partner.

### **Outreach Regional Liaison's Success Strategies**

The Regional Liaison role, within the Outreach Program Area, is an important one. Regional Liaisons work with Local and Tribal Health Departments (LTHDs) and Healthcare Emergency Readiness Coalitions (HERCs) as well as other partners. The connection with LTHDs and HERCs opened doors to other local partners such as Healthcare and Emergency Managers. LTHDs know their communities well and helped to alert DHS to populations struggling with COVID-19 questions and needs to be addressed. Regional Liaisons foster relationships with diverse and nonconventional partners and serve as a link to bring local partners and state partners together. For example, when surges have occurred, Public Health and Health care were overwhelmed. The Regional Liaison's connection with pharmacies, EMS, K-12 schools, churches, and other nontraditional testing partners helped ease the burden on the Healthcare and Public Health infrastructure while reaching further into the community, allowing populations to be served by agencies they already trusted. Regional Liaisons provide technical assistance and remove barriers to provide clarity on COVID-related guidance. They have flexibility in their positions to work with diverse partners across the state and the CRRT, which helps to foster communication from DHS to local partners and across the CRRT infrastructure. These actions create reliable and sustainable relationships, keep the lines of communication open and ensure DHS is a credible resource for partners.

### **Vaccination Community Grant and Moving Forward Together Grant Program**

The Wisconsin DHS Outreach Team manages two grant programs that fund local partners to address disparities in COVID-19 vaccination among populations that are at high-risk and underserved. This funding is the Centers for Disease Control and Prevention's (CDC) largest investment to date to support communities affected by COVID-19-related health disparities. It is part of \$2.25 billion provided through the Public Law 116-260 Coronavirus Response & Relief Supplemental Appropriations Act.

Since April 2021, DHS has awarded \$17.9 million through the Vaccination Community Outreach grant to 149 organizations and is in the process of awarding additional organizations through the Moving Forward Together Grant Program. Funded organizations include residential, community-based care, and long-term care facilities, early childhood education centers, child care facilities, schools, faith-based organizations, community-based organizations, Federally Qualified Health Centers, organizations, or business that employs critical workforce, and other partners that serve underserved populations. Funded organizations are doing outreach and promoting COVID-19 vaccinations in all 72 counties in Wisconsin and have completed over 50,000 vaccination events and administered over 204,000 vaccinations.

This funding has given DHS an opportunity to form close relationships with funded partners and demonstrate our commitment to addressing health equity concerns in Wisconsin. Through these funded partnerships, we have created an avenue for improving trust in public health in our communities across the state, as well as a way of collecting meaningful feedback on how to further adjust our practices to improve trust in these communities in the future.

### **Frequent Communication and Learning/Networking Opportunities for Grantees**

Newsletters are sent to all grantee contacts twice a month with important updates. Grantees also receive direct emails with updates of relevant COVID-19 information on an as needed basis. DHS holds several educational webinars to support grant recipients. DHS held an online Open House event for all grantees to learn more about various topics and to interact with each other. As a continuation of this initial Open House, the monthly C<sup>3</sup>: COVID-19 Community Conversations webinars create a space to allow grantees and subject matter experts to discuss relevant topics and explore resources. DHS also provided “Train the Trainer” sessions, helping grantees prepare and giving them tools to provide COVID-19 outreach. The CRRT also produced a guide specifically for grantees called “Promoting Youth COVID-19 Vaccination: Partnering for Incentives” to help grantees partner for vaccination opportunities and provide additional incentives.

There have been several peer-to-peer learning sessions organized by DHS for grant recipients to share strategies and discuss barriers in project implementation with other grant recipients, and foster partnerships between organizations. As a funder, DHS maintains that the grant recipients have the best knowledge on strategies to reach the populations they serve. Hosting networking events highlights our respect for the expertise of our grant recipients, and our value in improving the response at the community level. Frequent communication shows DHS to be a communicative and valuable partner. This builds trust in the information we disseminate and that we value keeping our community partners informed.

## Post-Disaster Recovery Needs Assessment Guide

This assessment can be adaptable for other disaster events but was first created to address recovery challenges that have emerged in a post-COVID environment. The questions are tailored to determine recovery issues across a wide range of state, local, or tribal organizations that are involved in disaster recovery and resilience activities. Additional resources to support recovery planning are located within *ASPR TRACIE's* Topic Collection: [Recovery Planning](#).

Additional Resources:

- [Disasters and Healthcare Disparity Topic Collection](#)
- [Climate Change and Healthcare System Considerations Topic Collection](#)
- [Populations with Access and Functional Needs Topic Collection](#)
- [Cultural/Linguistic Competency and Racial Equity Technical Assistance Requests](#)

### Healthcare, Behavioral Health, and Social Services

#### Purpose

To identify disaster-caused or existing issues exacerbated by public health emergencies, natural or human-caused disasters, or other catastrophic incidents within an impacted state, tribe, or local jurisdiction across the following domains: **behavioral health, health care systems, social services, environmental health, public health, and children, youth, and schools.**

**Target Audience:** Health departments, state health officials, disaster behavioral health authorities, philanthropic organizations, faith-based institutions, state and local education authorities, human services agencies, health care organizations, public health authorities, and nongovernmental organizations.

#### Steady-State Baseline Planning Questions for State Agencies

1. Who within your agency is assigned to lead disaster recovery operations? How long have they been in that role?
2. What (if any) existing federally funded programs are in place to support disaster preparedness and response that my state agency or organization partners with or leads? (e.g., the Hospital Preparedness Program (HPP), the Regional Disaster Health Response System (RDHRS), state and local Special Pathogen Treatment Centers (SPTCs), Regional Emerging and Other Special Pathogen Treatments Centers (RESPTCs), etc.) How can these partnerships and resources be leveraged in steady state and disaster response to address my community's or agency's needs?
3. What current systems are in place to receive disaster impact data, health disparities, referrals, or target recovery issues?
4. What systems in place are currently working well, need improvement, etc.?
5. Are there current bandwidth challenges in developing recovery plans?
6. What types of federal assistance would best support the development of recovery plans?
7. Does data used to understand recovery impacts reveal any disparities among low-income populations?
8. What type of disaster recovery educational activities are taking place within your agency?
9. Which agencies do you work most closely with? How often do you work with those agencies?

10. What point of contacts at the state-level connect federal recovery support to the appropriate authorities within tribal nations or indigenous communities?
11. Has your agency received technical assistance in preparation or planning for emergency operations?
12. Have you engaged or worked with emergency preparedness groups to understand the scope of the community challenges? Do these groups provide any baseline data of at-risk/underserved communities?
13. What is your decision-making structure and are we meaningfully including people (communities of color) who are affected?

### **Healthcare Impacts**

1. Are there impacted or non-operational health care facilities or EMS? If so, how long have the facilities been non-operational?
2. What hospitals, health care systems, or EMS are experiencing staff shortages? What provider groups are of highest demand?
3. What areas within the impacted area are designated as a [health care provider shortage](#) area? What are some of the barriers or challenges in enhancing access to care?
4. What health care service delivery impacts have been most prevalent? What other critical services (community lifelines) are negatively impacting health care services? What factors have exacerbated these challenges?
5. Are there adequate workforce development training resources available for those in the health care or public health sector?
6. What types of challenges are reported by volunteer or humanitarian organizations (i.e., Medical Reserve Corps, AmeriCorps, etc.)?
7. What are the challenges that health care organizations and health care coalitions (HCCs) are reporting? What available data sources might reveal these needs?
8. What behavioral health concerns are most prevalent within the impacted area? What is the demographic breakdown of these impacted areas?
9. What disaster-impacted tribal communities are facing challenges in accessing health care, behavioral health, and social services? Are there any barriers to accessing Indian Health Service facilities within that impacted area?

### **Behavioral Health Impacts**

1. What behavioral health concerns are most prevalent within the impacted area? What is the demographic breakdown of these impacted areas?
2. What are the behavioral health challenges for the health care workforce?
3. Are behavioral health considerations included in All-Hazards plans? Who or what agency creates those plans or considerations?
4. What additional activities, like the Crisis Counseling Program, are providing disaster behavioral health services?
5. What is the demand for the SAMHSA Crisis Counseling Program? Who is utilizing this service? How could we retrieve data on the challenges people are experiencing, demographics/characteristics of populations experiencing similar issues, etc.?
  - a. 211 Data
  - b. Disaster Distress Helpline
  - c. 988 Utilization Data
  - d. Disaster Recovery Resource Fair
  - e. State or Multiagency coordination centers
  - f. NVOAD/VOAD data
6. What are the challenges that volunteer behavioral health organization are facing?



7. What disaster-impacted tribal communities are having trouble in accessing behavioral health services? Are there Indian Health Service facilities available within that impacted area? What barriers to resources might exist? (provider-patient ratio, estimated wait time, duration of travel)
8. Where there any limitations to the capacity of health care or behavioral health service delivery because of COVID-19?
9. Which population groups and conditions might experience greater difficulty accessing the services they need in the aftermath of a disaster?
10. What barriers to services might impact communities that have greater difficulty in recovering?
11. What organizations or community groups should you engage to better understand the needs of at-risk and hard-to-reach populations?
12. What data sources can be used to identify communities that might require long-term recovery support?
13. What factors should federal partners keep in mind when engaging communities about long-term recovery for communities hardest hit by a disaster?
14. Are telemental health services offered, and if so, can it be accessed in private area in a shelter, or in a trusted (non-stigmatizing) community location (such as a church or a school)?
15. Are electronic devices, internet, and technical support for telemental health services available and easily accessed?
16. Are spiritual care services available? If so, do these services available meet current demands?

## Sample – Minnesota’s Department of Health Disaster Behavioral Health Assessment

Figure 3: Minnesota’s Department of Health Disaster Behavioral Health Assessment



### Community Mental/Behavioral Health Recovery Needs Assessment Checklist

Jurisdiction Name:

Identify Your Community Trauma Risk Factors				
Community Trauma Risk Factors	Yes	No	N/A	Comments
Was this a terrorist or a mass violence incident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did you have residents that had to be evacuated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did you have residents that were trapped or had delayed evacuations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did you have any injuries or deaths due to the incident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did you have homes damaged, or unlivable due to the disaster?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did you have children that were separated from their caregivers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was this an incident that took your community by surprise (not included in your preparedness plans)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was there confirmed exposure or contamination by an agent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there health concerns due to the incident (i.e., mold exposure)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was there significant disaster related financial loss for residents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Disaster responder's friends and family were impacted by the disaster?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disaster responders had direct contact with distraught or grieving community members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disaster responders worried about their own safety during disaster response activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Major injury or death within disaster responder community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disaster responders witnessed multiple severe injuries and deaths?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Identify Your Disaster Impacted &amp; Services</b>				
<b>Impacted Population or Service</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Teen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Older Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tribal/Sovereign Nation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Racial/Cultural Minorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Immigrant/Evacuee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Migrant Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-English speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Low income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unhoused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LGBTQIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pre-existing health (physical & behavior) issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Disaster related Access & Functional Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rural Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hospital/Health care facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Farmers (or other specific industry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child care/educational facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Place of Worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Jurisdiction with Previous Disaster Exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Human Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Survivors of Domestic Violence, Interpersonal Violence, Sexual Assault, or Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Community Behavioral Health Recovery Service Needs</b>				
<b>Behavioral Health Recovery Service Needs</b>	<b>Yes</b>	<b>No</b>	<b>Not Required</b>	<b>Comments</b>
Children services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Teen services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Older Adult services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tribal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Racial & Ethnic Minorities services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disabilities services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LGBTQIA services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Access to health care (physical & behavioral)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Community Resilience Building Activities– Community Forums/Fairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community education & training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Outreach services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assistance Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
In-home support services/Disaster Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Support services for disaster & community responders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responder Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:				
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

NOTES: \_\_\_\_\_  
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## Social Services Impacts

1. What social service programs or services are of highest demand? Are there any barriers to accessing these services?
2. Are there financial or staff capacity issues that exist within the program?
3. What social service grantees have recovery-specific plans? What are their long-term plans?
4. Are there sufficient child care programs available within the disaster impacted area? Are there any challenges in accessing these services?
5. What are the challenges facing pregnant or parenting caregivers/families with children, especially those under 5 years old?
6. Did the disaster event cause significant job loss or insecurity? If so, what sectors have been most impacted?
7. Were there any response activities that worked well when conducting outreach to underserved communities? (i.e., mobile health clinics, interventions used to reach impacted communities that could be continued in the recovery phase)
8. What recovery activities are volunteer, or service organizations engaged in?
9. Are there any current health equity challenges that might impact populations in their access to recovery resources?
10. Are there any gaps in increasing access to recovery resources for vulnerable populations? What additional information would be most useful for recovery planning?
11. What are the challenges volunteer or service organizations are seeing? (health care, behavioral health, social services impacts)?
12. What are the challenges for people with access and functional needs? Who is supporting the needs of older adults in long-term recovery and what are their recovery issues?
  - a. Aging and Disability Resource Centers
  - b. DCM for Older Adults
  - c. Other Supporting Partners – Universities
  - a. IA programs, Referral Services
13. What current programs are available for Disaster Case Management and referral services? Are those resources being leveraged?
14. What are the Long-Term Recovery Group (LTRG) priorities within the disaster-impacted area? Who are they partnering with?
15. Are there any barriers state-recognized tribes are experiencing in accessing emergency supplemental funding or resources to address recovery issues?

## Community Planning and Capacity Building

**Target Audience:** Local Governments & Tribal Nations, Community-Based Organizations, Long-Term Recovery Groups, Including Educational Institutions and Nongovernmental Organizations.

### Planning

1. Did the emergency supplemental funding provide any new opportunities that can be leverage during long-term recovery?
2. Are there any opportunities for community members to engage in inclusive participatory planning discussions for recovery plans? In what ways, are local EMs facilitating this discussion?

3. What technical assistance support would be most helpful for recovery planning? Who would be the target audience?
4. Are there any comprehensive equitable planning activities that occur within the community to support resiliency?
  - a. If there are no economic planning resources within a specific community, are there any state support agencies or other initiatives that support community planning efforts?
  - b. What are the primary economic and housing development goals of the community long term?
  - c. Are there any specific partnerships with EDA, or with USDA's innovation centers that could help regions with planning efforts?
  - d. Within long term funding plans, are communities aware of specific requirements for annual grant applications (e.g., restrictions on Community Development Block Grants from HUD) and opportunities to leverage funds for programming targeting specific populations (e.g. low-and-moderate income households through HUD's CDBG/CDBG-DR grants)?

### **Communication/ Data**

1. Which partners are you collaborating with to mitigate against future disasters and/or disaster impacts?
2. Are there barriers to communicating with state, tribal, local, or community partners? What existing recovery forums can be utilized to workshop potential solutions?
3. Has the disaster event caused structural damage that might impact how the impacted individuals receive information about available relief services? In what ways, can we overcome those communication barriers?
4. What about re-located population? How do you communicate with people that have relocated to other neighboring communities?
5. What are the preferred communication strategies of the impacted community? (e.g., radio, mail, tv, etc.) Are there language barriers? If so, in what ways can we overcome those language barriers so that disaster recovery information is available to everyone?
6. How do you engage the impacted communities (protected classes, vulnerable and underserved population, LEP and racial/ethnic groups) and ensure they are part of the long-term disaster recovery conversations?
7. What current data assessment and analysis products are being used to determine capacity issues across state agencies?
8. What recovery data is available to strengthen grant applications?
9. Are there any gaps in data collection that might not explain a certain community condition?
  - a. Are there any constraints in the timeliness of data collection on the ground?
  - b. What data collection methods are being used? Are there any processes or data resources used by other recovery programs or agencies in the state that could help speed data collection?

### **Capacity/Challenges**

1. What community services are not performing adequately? What obstacles are most impacting service delivery?
2. What challenges most impact rural communities tackling recovery planning? Beyond funding, what additional coordination support would be most useful?

3. Are there existing capacity issues to apply for or manage grants? What services would best support the funding process?
4. Are there any new barriers that the disaster has created that did not exist before?
5. Are there any transportation barriers to accessing necessary disaster recovery services? Are there any ADA accessibility challenges? What are the proposed solutions to address those barriers?
6. Are there any capacity issues in establishing local recovery plans? What resources could help to establish the local recovery plans?
7. Do you observe capacity issues when engaging Economic Development Offices (EDOs)? For example, do communities see challenges with navigating grant application processes to see if they are eligible for programs?
5. What community services are needed? Did the impacts of the disaster reveal a new need that did not already exist or was the issue present pre-disaster?
6. Did the emergency supplemental funding provide any new opportunities that can be leverage during long-term recovery?
7. Did the disaster event provide new opportunities to view pre-existing problems differently? Were any long-standing systemic challenges realized?
8. What community services are not performing adequately? What obstacles are most impacting service delivery?
9. Has a recovery needs assessment or mission assignment highlighted any inequities among certain population groups?
10. What has the after-action report revealed regarding existing emergency plans? How can lessons learned inform future recovery strategies?
11. Are there any opportunities for community members to engage in participatory planning discussions for recovery plans? In what ways are local EMs facilitating this discussion?
12. What federal support would help a community get back up and running? What limitations are there in identifying the necessary resources to address these concerns?
13. What federal emergency support funding has been received? Does the supplemental funding create a need for additional coordination?
14. What challenges most impact rural communities tackling recovery planning? Beyond funding, what additional coordination support would be most useful?
15. What technical assistance support would be most helpful for recovery planning? Who would be the target audience?
16. What federal funding opportunities have been made available for the community? What funding opportunities have been least utilized?
17. Does funding opportunities that exceed state bandwidth to manage those funds pose challenges to recovery planners?
18. Are there disparities in which groups receive funding versus which groups do not?
19. Are there any inconsistencies in communities with the greatest needs and those who receive adequate funding?
  - a. What are the inconsistencies?
  - b. What are the barriers or factors prohibiting your community from receiving adequate funding?
  - c. What is most challenging regarding the federal grant application process?
  - d. What are good starting points to engage historically underserved groups in local community recovery planning discussions within tribes and rural communities?
20. Are there existing capacity issues to apply for or manage grants? What services would best support the funding process?
21. Are there barriers to communicating with state, local, or community partners? What existing recovery forums can be utilized to workshop potential solutions?
22. What community support can be delivered that you should be delivering but are limited in doing so?



23. What factors are used to determine which populations are vulnerable and are at greater risk of facing challenges in recovering from disasters?
24. What current data assessment and analysis products are being used to determine capacity issues across state agencies?
25. Are sufficient cultural and linguistically appropriate emergency communication materials available for impacted communities?
26. Are there any new barriers that the disaster has created that did not exist before?
27. Has the disaster event caused structural damage that might impact how the impacted individuals receive information about available relief services? In what ways, can we overcome those communication barriers?
28. What about re-located population? How do you communicate with people that have relocated to other neighboring communities?
29. Are there any transportation barriers to accessing necessary disaster recovery services? What are the proposed solutions to address those barriers?
30. What are the preferred communication strategies of the impacted community? (e.g., radio, mail, tv, etc.)
31. Are there any capacity issues in establishing local recovery plans? What resources could help to establish the local recovery plans?
32. What organization or community groups should be engaged to better understand the needs of at risk and hard-to-reach population?

## **Economic Growth, Workforce Development, and Housing**

**Target Audience:** Economic Development Districts, Housing Authorities, including Federal Reserve Banks, Nongovernmental Organizations, and Philanthropic Organizations.

1. Are there challenges among state, tribal, or local governments in navigating the cost-share requirement process for federal funding opportunities?
2. HUD and EDA often have parallel goals in communities, are there any relationships with respect to funding that happen between EDA, HUD, and their grantees?
  - a. What are the state needs with respect to economic and housing development (outside of focusing on a specific funding source)?
  - b. How can EDA, HUD, and their grantees work together to achieve goals in the aftermath of a disaster?
3. Do you observe capacity issues when engaging EDOs? For example, do communities see challenges with navigating grant application processes to see if they are eligible for programs?
4. What are grantee needs (technical, capacity, financial, etc.) with respect to applying for federal grants?
  - a. Are there any general resources/training opportunities that exist within the community to apply for fed grants?
  - b. Are there any processes available to grant applicants, for example the use of consultants?
5. What recovery data is available to strengthen grant applications?
6. Are there potential gaps in data collection that might limit the ability to evaluate outcomes (e.g., were programs accessible to all groups, especially vulnerable and protected classes?) Will we be able to effectively evaluate whether outcomes are equitable?
  - a. Is data being captured to identify who is recovering and how?
  - b. What data collection methods are being used? Can the metrics being used accurately assess equity in programming?

7. Are there any gaps in data collection that might not explain a certain community condition?
  - a. Are there any constraints in the timeliness of data collection on the ground?
  - b. What data collection methods are being used? Are there any processes or data resources used by other recovery programs or agencies in the state that could help speed data collection?
8. What are the capacity constraints with respect to managing emergency supplemental funding?
9. What community institutions exist to aid financial literacy within communities for individuals and small businesses?
10. What are additional services that are needed (example relocation) Especially if there is a large business driving the community.
11. What funding sources align best with the state or local recovery plan/strategies?
12. Are there current broadband challenges in rural or hard-to-reach areas?
13. What data sources are available on broadband literacy among communities?
14. What current emergency response or recovery activities are in-place to promote digital equity?
  - a. What groups have the greatest need?
  - b. Have NTIA funds been utilized for these engagements?
15. Are there any challenges reported by homeless service providers in accessing available grant funding opportunities?
16. What broadband expansion activities would enhance telehealth, infrastructure, or workforce developing initiatives within the impacted area?
17. Are there broadband expansion issues that impact cell services in rural or urban areas? What populations have the greatest need?
18. Are current Economic Development Offices providing training opportunities that promote SBA resources? What data sources can be leveraged to identify communities that need awareness trainings?
19. What state or local funding provides training for small business on recovering from disasters? Are there any priority projects that consider minority owned businesses or women owned businesses?
20. What community institutions are providing workshops or training opportunities for community lenders (e.g., FDIC's money smart program)? Do these workshops collect data on first-time home buying for low-income populations?
21. What kind of program or process would be helpful to bridge the access and technical ability gap between data that is used at the federal level and accessibility at the local and community level?
22. Business development networks:
23. Does a business development agency exist within the targeted community (important question for rural areas)?
  - a. What community outreach strategies are business development networks utilizing to share of economic recovery resources within communities with high SVI?
  - b. If there are no current development agencies what actions, tools, or resources are necessary to start building a business development network?
24. Are there any comprehensive planning activities that occur within the community to support resiliency?
  - a. If there are no economic planning resources within a specific community, are there any state support agencies or other initiatives that support community planning efforts?
  - b. What are the primary economic and housing development goals of the community long term?

- c. Are there any specific partnerships with EDA, or with USDA's innovation centers that could help regions with planning efforts?
- d. Within long term funding plans, are communities aware of specific requirements for annual grant applications (e.g., restrictions on Community Development Block Grants from HUD), CDGB-DR grants are supplemental and awarded post-disaster)?

## Appendix A: Metrics, Associated Data Points, and Potential Data Sources to Promote Equity in Community Recovery

The following tables show examples of metrics, associated data points, and potential data sources that may be considered to promote equity in community recovery planning. Metrics are organized by RSFs: Health and Social Services, Community Planning and Capacity Building, Economic Recovery, and Housing. Although metrics have been listed here by RSF, note that they can be interdependent. For example, metrics that measure equity issues within community planning and capacity building, such as a community’s income level, may also be used to evaluate equity issues within housing.

Table 3: Health and Social Services Metrics and Data

Health and Social Services		
Metric Category	Associated Data Points	Data Sources
Health Care	Number of federal health center locations	Health Center Program Uniform Data System (UDS) Data Overview <a href="https://data.hrsa.gov/tools/data-reporting/program-data">https://data.hrsa.gov/tools/data-reporting/program-data</a>
	Service level/type at federal health center	National Health Center Program <a href="https://data.hrsa.gov/tools/data-reporting/program-data/national">https://data.hrsa.gov/tools/data-reporting/program-data/national</a>
	Intensity of vaccination outreach efforts within a community	Health Equity Data <a href="https://covid.cdc.gov/covid-data-tracker/#health-equity-data">https://covid.cdc.gov/covid-data-tracker/#health-equity-data</a>
	Community access to health care. Access to: <ol style="list-style-type: none"> <li>1. Medical transport by EMS</li> <li>2. Primary care</li> <li>3. Emergency department</li> <li>4. Telemedicine</li> </ol>	DATA2020 <a href="https://www.healthypeople.gov/2020/data-search/">https://www.healthypeople.gov/2020/data-search/</a>
Behavioral Health	Mental health care staffing by location	Data Sources <a href="https://www.datafiles.samhsa.gov/data-sources">https://www.datafiles.samhsa.gov/data-sources</a>
Social Services	Assisted living	Data and Research <a href="https://acl.gov/aging-and-disability-in-america/data-and-research">https://acl.gov/aging-and-disability-in-america/data-and-research</a>

Vulnerable Populations	Medicare beneficiaries that rely on electricity-dependent durable medical, assistive equipment, and devices	HHS emPOWER data <a href="https://empowerprogram.hhs.gov/">https://empowerprogram.hhs.gov/</a>
Public Health	Social Vulnerability Index (SVI)	US Census Bureau <a href="#">Advancing Equity Data Tools</a> CDC SVI <a href="https://www.atsdr.cdc.gov/placeandhealth/svi/index.html">https://www.atsdr.cdc.gov/placeandhealth/svi/index.html</a> CDC SVI Minority Health <a href="https://www.minorityhealth.hhs.gov/minority-health-svi/">https://www.minorityhealth.hhs.gov/minority-health-svi/</a>
Health and Well-Being	Leading Health Indicators	Leading Health Indicators (LHIs) are a small subset of high-priority Healthy People 2030 objectives selected to drive action toward improving health and well-being. <a href="https://health.gov/healthypeople/objectives-and-data/leading-health-indicators">https://health.gov/healthypeople/objectives-and-data/leading-health-indicators</a>

Table 4: Community Planning and Capacity Building Metrics and Data

Community Planning and Capacity Building		
Metric Category	Associated Data Points	Data Sources
Community Profile	Income, housing, ownership vs. renters, demographic variables, disability, and social variables that are shared between U.S. Census Tracts that are disadvantaged or underserved	American Community Survey <a href="#">American Community Survey (ACS) (census.gov)</a> and Community Engagement
General Community Data	Data on impact and damage of disaster(s) on disadvantaged area(s)	American Community Survey <a href="#">American Community Survey (ACS) (census.gov)</a>

Community At-Risk Estimates	List of demographic groups and communities who have experienced unfair treatment in the past	Community Resilience Estimates, National Risk Index, EJ Screen, National Flood Insurance Program Data
Local Government Unit-Service Capacity	Local capacity to apply for and manage grant funding and disaster recovery processes	Local government and staffing resources
Local Governmental Unit-Steady State and Emergency Supplemental Funding	Local government funding programs, state programs, revolving loan funds	Local government/budget, community-based organizations, philanthropic organizations

Table 5: Economic Recovery Metrics and Data

Economic Recovery		
Metric Category	Associated Data Points	Data Sources
Business Activities	Number of M/WBE contracts issued within a community	Local chambers of commerce, small business administration, and economic development organizations
Economic	Economic activity within a community and established economic zones	IRS tax statistics <a href="https://www.irs.gov/statistics">https://www.irs.gov/statistics</a> Census County Business Patterns <a href="https://www.census.gov/programs-surveys/cbp/data/datasets.html">https://www.census.gov/programs-surveys/cbp/data/datasets.html</a> SBA Small Business Profiles <a href="https://advocacy.sba.gov/category/research/state-profiles/">https://advocacy.sba.gov/category/research/state-profiles/</a>
Economic	Regional Data Profiles (per-capita income, labor force estimates)	<a href="#">StatsAmerica</a> <a href="#">County Business Patterns</a>

Capital Availability	Number of financial institutions located in each community	Federal Reserve Bank <a href="https://www.newyorkfed.org/data-and-statistics/data-visualization/community-credit-profiles/index.html#overview">https://www.newyorkfed.org/data-and-statistics/data-visualization/community-credit-profiles/index.html#overview</a>
Insurance	Insurance coverage and affordability	State level information regarding coverage and affordability <a href="https://content.naic.org/government-affairs">https://content.naic.org/government-affairs</a>
Workforce	Unemployment and underemployment	Bureau of Labor Statistics <a href="https://www.bls.gov/lau/">https://www.bls.gov/lau/</a>
Residents/Consumers	Income	BEA Personal Income Statistics <a href="https://www.bea.gov/data/income-saving/personal-income">https://www.bea.gov/data/income-saving/personal-income</a>  Census Income Data tables <a href="https://www.census.gov/topics/income-poverty/income/data/tables.html">https://www.census.gov/topics/income-poverty/income/data/tables.html</a>
Financial	Poverty levels	American Community Survey <a href="https://www.census.gov/programs-surveys/acs/">American Community Survey (ACS) (census.gov)</a>
Financial	Supplemental income	American Community Survey <a href="https://www.census.gov/programs-surveys/acs/">American Community Survey (ACS) (census.gov)</a>
Broadband	Availability	National Broadband Availability Map <a href="https://www.ntia.doc.gov/category/national-broadband-availability-map">https://www.ntia.doc.gov/category/national-broadband-availability-map</a>

## Appendix B: Health Care, Behavioral Health, and Social Services Recovery Issues and Impacts

Table 6: Health Care Staffing Shortages

<b>Recovery Issue</b>	Health Care Staffing Shortages
<b>Impacted RSF &amp; Vital Condition of Health</b>	<b>RSF:</b> Health and Social Services <b>Vital Condition of Health:</b> Basic Needs for Health and Safety
<b>Federal, State, Tribal, Territorial, or Local Stakeholder Groups</b>	State/Tribal/Local Emergency Management Agencies State/Tribal/Local Public Health Departments <u>HRSA Bureau of Healthcare Workforce</u> Primary Health Care Associations <u>Federal Office of Rural Health Policy</u>
<b>Possible Data Sources, Resources, Metrics, Outcomes</b>	<b>Data Sources</b> <ul style="list-style-type: none"> <li>• <u>HRSA Bureau of Health Workforce Field Strength Dashboards</u></li> <li>• <u>HRSA Find Health Care Provider Shortage Areas</u></li> <li>• <u>HRSA National Sample Survey of Registered Nurses Data - Education and Training</u></li> <li>• <u>HRSA Health Workforce Projections</u></li> <li>• <u>HRSA COVID-19 Community Profile Report</u></li> <li>• <u>HRSA Healthcare Cost and Utilization Project (HCUP)</u></li> <li>• <u>Data Brief: Health Care Workforce Challenges Threaten Hospitals' Ability to Care for Patients</u></li> </ul> <b>Resources</b> <ul style="list-style-type: none"> <li>• <u>ASPR TRACIE Healthcare Provider Shortages: Resources for Meeting Demand</u></li> <li>• <u>HRSA COVID-19 Workforce Solutions from the Field</u></li> <li>• <u>Impact of the COVID-19 Pandemic on the Hospital (ASPE) and Outpatient Clinician Workforce</u></li> <li>• <u>COVID-19 Healthcare Planning Checklist</u></li> <li>• <u>Strategies to Mitigate Healthcare Personnel Staffing Shortages (CDC)</u></li> <li>• <u>5 Ways to Ease Staffing Shortages Now and into the Future (AHA)</u></li> <li>• <u>Keep Communities Healthy by Investing in the Public Health Workforce (NACCHO)</u></li> <li>• <u>ASPR Tracie COVID-19 Telemedicine/Virtual Medical Care Resources</u></li> <li>• <u>National Emergency Tele-Critical Care Network (NETCCN)</u></li> </ul>
<b>Impacted Populations</b>	Health care providers (doctors, nurses, dental providers, mental health, and rural health care providers), families with young children, individuals and families who are homeless or at risk of homelessness, foster



	children, children and parents with disabilities, immigrants, refugees, asylees, non-English speaking
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Table 7: Rural Health Care Providers

<b>Recovery Issue</b>	Rural Health Care Providers, Behavioral Health, Trained, Culturally Competent Mental Health Professionals and Peer Networks
<b>Impacted RSF &amp; Vital Condition of Health</b>	<b>RSF:</b> Health and Social Services <b>Vital Condition of Health:</b> Basic Needs for Health and Safety
<b>Federal, State, Tribal, Territorial, or Local Stakeholder Groups</b>	State/Tribal/Local Emergency Management Agencies State/Tribal/Local Public Health Departments State/Tribal/Local Behavioral Health Authority Health Resources and Services Administration Substance Abuse and Mental Health Services Administration Federal Office of Rural Health Policy Centers for Medicaid and Medicare Services (CMS) CDC Public Health Emergency Preparedness Program (PHEP) ASPR Non-governmental Behavioral Health Providers Behavioral Health Advocacy Organizations
<b>Possible Data Sources, Resources, Metrics, Outcomes</b>	<p><b>Data Sources</b></p> <ul style="list-style-type: none"> <li>• <a href="#">HRSA's Rural Health Program</a></li> <li>• <a href="#">Critical Access Hospitals and Federal Office of Rural Health Policy (FORHP) Rural Health Areas</a></li> <li>• <a href="#">Federally Qualified Health Centers (FQHC) and Federal Office of Rural Health Policy (FORHP) Rural Health Areas</a></li> <li>• <a href="#">National Health Service Corps (NHSC) Sites with Providers and Federal Office of Rural Health Policy (FORHP) Rural Health Areas</a></li> <li>• <a href="#">Rural Health Clinics and Federal Office of Rural Health Policy (FORHP) Rural Health Areas</a></li> <li>• <a href="#">Rural Health Areas</a></li> <li>• <a href="#">Skilled Nursing Facilities and Federal Office of Rural Health Policy (FORHP) Rural Health Areas</a></li> </ul> <p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Guide for Rural Health Care Collaboration and Coordination (2019)</a></li> <li>• <a href="#">HHS and HRSA Rural Summit</a></li> <li>• <a href="#">Rural Health Information Hub (RHlhub)</a></li> <li>• <a href="#">Rural Community Health Gateway</a></li> <li>• <a href="#">Rural Health Research Gateway</a></li> <li>• <a href="#">Resource Guide for New Applicants and Grantees</a></li> <li>• <a href="#">Rural Health Grant Eligibility Analyzer</a></li> </ul>

	<ul style="list-style-type: none"> <li>• <a href="#">Think Cultural Health</a></li> <li>• <a href="#">Rural Health Clinics Center</a></li> <li>• <a href="#">Federally Qualified Health Centers</a></li> </ul> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>• Adequate staffing levels for health care providers</li> <li>• Increased staffing to support quality reporting systems</li> <li>• Number of trained disaster behavioral health clinicians in rural areas</li> </ul> <p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• Decrease in staffing shortages</li> <li>• Improved nurse to patient ratios</li> <li>• Increase workforce development and equity trainings for health care professionals</li> <li>• Improved patients wait-times</li> </ul>
<b>Impacted Populations</b>	BIPOC, communities of color, LGBTQIA+, non-English speaking populations, uninsured/underinsured populations, adults with special health care needs, rural communities, indigenous populations, tribal governments, EMS providers

Table 8: Mental Health & Substance Use

<b>Recovery Issue</b>	Mental Health Concerns and Substance Use
<b>Impacted RSF &amp; Vital Condition of Health</b>	<p><b>RSF:</b> Health and Social Services RSF</p> <p><b>Vital Condition of Health:</b> Basic Needs for Health and Safety</p>
<b>Federal, State, Tribal, Territorial, or Local Stakeholder Groups</b>	<p>State/Tribal/Local Emergency Management Agencies</p> <p>State/Tribal/Local Public Health Departments</p> <p>State/Tribal/Local Behavioral Health Authority</p> <p>Health Resources and Services Administration</p> <p>Substance Abuse and Mental Health Services Administration</p>
<b>Possible Data Sources, Resources, Metrics, Outcomes</b>	<p><b>Data Sources</b></p> <ul style="list-style-type: none"> <li>• <a href="#">ACF A Compendium of Administrative and Survey Data Resources in the Administration for Children and Families</a></li> <li>• <a href="#">NGO National Data Archive on Child Abuse and Neglect</a></li> <li>• <a href="#">NGO Strategic Planning Tools, Resources, and Considerations for Overdose Data to Action-Funded Jurisdictions</a></li> <li>• <a href="#">CDC Youth Risk Behavior Survey</a></li> <li>• <a href="#">NGO Drug Overdose Deaths in the U.S.</a></li> <li>• <a href="#">SAMHSA National Mental Health Services Survey (N-MHSS)</a></li> <li>• <a href="#">SAMHSA Mental Health Client-Level Data (MH-CLD)</a></li> <li>• <a href="#">SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS)</a></li> </ul>

	<ul style="list-style-type: none"> <li>• <a href="#"><u>SAMHSA National Survey on Drug Use and Health (NSDUH)</u></a></li> <li>• <a href="#"><u>SAMHSA Substance Abuse and Mental Health Services Administration (SAMHSA) Restricted Use Data</u></a></li> </ul> <p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• <a href="#"><u>ASPR Behavioral Health Compendium</u></a></li> <li>• <a href="#"><u>COVID-19 Recovery and Resilience Speaker Series</u></a></li> <li>• <a href="#"><u>Find Help</u></a></li> <li>• <a href="#"><u>MentalHealth.gov</u></a></li> <li>• <a href="#"><u>Mental Health and Addiction Insurance Help</u></a></li> <li>• <a href="#"><u>DrugAbuse.gov</u></a> (National Institute on Drug Abuse, National Institutes of Health)</li> <li>• <a href="#"><u>Drug Abuse   en español</u></a> (MedlinePlus®)</li> <li>• <a href="#"><u>Alcoholism   en español</u></a> (MedlinePlus®)</li> <li>• <a href="#"><u>Substance Abuse</u></a> (Healthfinder.gov)</li> <li>• <a href="#"><u>HHS.gov/opioids</u></a></li> <li>• <a href="#"><u>988 Suicide &amp; Crisis Lifeline</u></a></li> <li>• <a href="#"><u>Telehealth for Behavioral Health Care Best Practice Guide</u></a></li> </ul> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>• Patients wait times</li> <li>• Patient follow-up</li> <li>• Number of providers within a service area</li> <li>• Number of take-home medication flexibilities</li> <li>• Number of telemental health service providers within the impacted area</li> <li>• Number of behavioral health programs specifically targeting first responders</li> </ul> <p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• Improved staff-patient ratio</li> <li>• Improved wait times</li> <li>• Increased take-home medication flexibilities</li> <li>• Available telemental health service providers</li> </ul>
Impacted Populations	Health care providers (doctors, nurses, dental providers, and mental health providers), individuals experiencing mental health problems or substance use disorder, homeless service providers, individuals experiencing homelessness

Table 9: Child Abuse & Domestic Violence

Recovery Issue	<p>Child Abuse &amp; Families Experiencing Domestic Violence</p> <ul style="list-style-type: none"> <li>• <i>Studies have found that family and intimate partner violence in all forms increases post disaster in direct correlation with stressors experienced in the post disaster environment.</i></li> </ul>
Impacted RSF & Vital Condition of Health	<p><b>RSFs:</b> Economic, Health and Social Services, Housing  <b>Vital Conditions of Health:</b> Humane Housing; Basic Needs for Health and Safety; Meaningful Work and Wealth</p>
Federal, State, Tribal, Territorial, or Local Stakeholder Groups	<p>State/Tribal/Local Behavioral Health Authority          State/Tribal/Local Child Welfare Agency          Local Education Agencies          State/Tribal/Local Public Health Agencies          State/Tribal Education Agency          ACF (Children’s Bureau, Family and Youth Services Bureau)          ED          SAMSHA</p>
Possible Data Sources, Resources, Metrics, Outcomes	<p><b>Data Sources</b></p> <ul style="list-style-type: none"> <li>• <u>National Child Abuse and Neglect Data System (NCANDS):</u> NCANDS is a federally sponsored effort that annually collects and analyzes data on child abuse and neglect known to CPS agencies; participation is voluntary</li> <li>• <u>National Data Archive on Child Abuse and Neglect (NDACAN):</u> promotes scholarly exchange among researchers in the child maltreatment field and acquires microdata from leading researchers and national data collection efforts and makes the datasets available to the research community</li> <li>• <u>The National Incidence Study (NIS):</u> NIS is a congressionally mandated, periodic research effort to assess the incidence of child abuse and neglect</li> </ul> <p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• <u>Violence Prevention Resources - CDC</u></li> <li>• <u>The Public Health Approach to Violence Prevention - CDC</u></li> <li>• <u>HRSA Intimate Partner Violence Cooperative Agreement</u></li> <li>• <u>Technical Packages for Violence Prevention - CDC</u></li> <li>• <u>Child Welfare Information Gateway</u></li> <li>• <u>ACF Family and Youth Services Bureau</u></li> <li>• <u>Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities - CDC</u></li> <li>• <u>SAMSHA's Tribal TTA Center</u></li> </ul>

	<ul style="list-style-type: none"> <li>• <u>Stronghearts Helpline</u>: Culturally specific helpline for Native Americans impacted by domestic, dating, and sexual violence. Find help, safety, and resources 24/7/365.</li> <li>• <u>HRSA School-Based Health Centers</u></li> <li>• School-Based Health Alliance Cooperative Agreement – HRSA</li> <li>• <u>HRSA Intimate Partner Violence Cooperative Agreement</u></li> </ul> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>• Number of reported instances (by who, what, and when) *Reporting decrease does not equate less family violence / child abuse instances*</li> <li>• Operational status of child-serving agencies</li> <li>• State and Local Public Health agency programs available to address family violence and instances of child abuse for families and the community</li> <li>• Utilization or turn-away rate at domestic violence shelters</li> </ul> <p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• Schools and other child-serving agencies within the affected community can provide a safe and supportive environment as well as support the mental health needs to support children and families.</li> <li>• Schools and other child-serving agency staff and educators have the resources to identify possible instances of child abuse and training to effectively navigate the situation.</li> <li>• Child-serving agencies can leverage timely and accurate socioeconomic and demographic information to make data-driven decisions, rely on science-based research to inform their policies and programs, and implement public health guidance to keep children and families safe.</li> <li>• State and Local Public Health Agencies can leverage timely and accurate socioeconomic and demographic information to make data-driven decisions, rely on science-based research to inform and develop their policies and programs to keep children and families safe.</li> </ul>
<p>Impacted Populations</p>	<ul style="list-style-type: none"> <li>• IPV disproportionately affects women who are Indigenous and reside in rural areas</li> <li>• Consider the needs of those populations who may have Limited English Proficiency/ Non-English Speaking for outreach and communication tools</li> <li>• Individuals may have a history of trauma or abuse may experience reactivation of stress responses and using trauma-informed practice decreases the potential for re-traumatization</li> </ul>

	<ul style="list-style-type: none"> <li>• Child-serving agencies may include schools, child care resource and referral agencies (CCR&amp;R's), Head Start programs, after-school programs, child care providers, camps, etc.</li> </ul>
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Table 10: Lack of Trust in Government

Recovery Issue	Lack of Trust in Government, Public Health Leaders
Impacted RSF & Vital Condition of Health	<p><b>RSF:</b> Community Assistance, Health and Social Services</p> <p><b>Vital Condition of Health:</b> Basic Needs for Health and Safety</p>
Federal, State, Tribal, Territorial, or Local Stakeholder Groups	<p>State/Local Emergency Management Agencies</p> <p>State/Local Public Health Departments</p> <p>State/Tribal/Local Behavioral Health Authority</p> <p>Office of the U.S. Surgeon General</p>
Possible Data Sources, Resources, Metrics, Outcomes	<p><b>Data Sources</b></p> <ul style="list-style-type: none"> <li>• Pew Research Center <a href="#">Trust and Distrust in America</a></li> <li>• Pew Research Center <a href="#">Public Trust in Government: 1958-2022</a></li> <li>• <a href="#">Polling Shows Signs of Public Trust in Institutions amid the Pandemic</a></li> <li>• Gallup <a href="#">Americans' Trust in Government Remains Low</a></li> <li>• <a href="#">COVID-19: Significant Improvements Are Needed for Overseeing Relief Funds and Leading Responses to Public Health Emergencies</a></li> </ul> <p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• <a href="#">U.S. Surgeon General Report - Confronting Health Misinformation</a></li> <li>• <a href="#">Guide to Privacy and Security of Electronic Health Information</a></li> </ul> <p><b>Types of Information to Collect at the State or Local Level</b></p> <ul style="list-style-type: none"> <li>• Studies that discuss building trust/safety</li> <li>• Resources on how to relationship build, coordinate with non-governmental partners, connect resources to local partners and communities</li> <li>• Case studies – resources on strategies to work with local partners and build trust</li> <li>• Identification of trusted community gatekeepers</li> <li>• Strategies to bridge the connection between local, state, federal partners</li> </ul> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>• Percentage of individuals who trust public health messaging</li> <li>• Percentage of individuals who follow state and federal health guidance</li> </ul> <p><b>Outcomes</b></p>

	<ul style="list-style-type: none"> <li>Enhanced coordination between coordination with State, local, tribal, or territorial* governments</li> <li>Improved compliance with agency regulations and guidance; and</li> <li>Improved workforce morale and retention among state, local, tribal or territorial* governments.</li> </ul>
Impacted Populations	BIPOC, Communities of color, LGBTQIA+, non-English speaking populations, uninsured/underinsured populations, adults with special health care needs, indigenous populations, tribal governments, VOAD (volunteer organizations), CERT, Medical Reserve Corps

Table 11: School Closures

Recovery Issue	<p>School Temporary Closures and Remote Learning</p> <ul style="list-style-type: none"> <li><i>School closures due to all-hazards vary in duration by the type of disasters; however, school closures for any length of time may result in a loss of learning and socialization opportunities as well as a need for increased mental and physical health services for children when schools re-open.</i></li> <li><i>Long-term closures may result in remote learning and while helps to close the gap on loss of learning and socialization opportunities, it may leave many students behind due to equity considerations.</i></li> <li><i>Schools may be closed due to the disaster, or the general infrastructure impacted. Schools may operate as a long-term recovery center (LTRC).</i></li> </ul>
Impacted RSF & Vital Condition of Health	<p><b>RSF:</b> Health and Social Services  <b>Vital Condition of Health:</b> Basic Needs for Health and Safety</p>
Federal, State, Tribal, Territorial, or Local Stakeholder Groups	<p>Local Education Agency  State Education Agency  State/Tribal/Local Public Health Agencies  ACF (Children’s Bureau, Family and Youth Services Bureau)  ED  Federal Communications Commission (FCC)  National Telecommunications and Information Administration (NTIA)  National Child Traumatic Stress Network (NCTSN)</p>
Possible Data Sources, Resources, Metrics, Outcomes	<p><b>Data Sources</b></p> <ul style="list-style-type: none"> <li><u>COVID-19 Data on school operations</u></li> </ul> <p><b>Resources</b></p> <ul style="list-style-type: none"> <li><u>Guiding Schools’ COVID-19 Recovery Decisions Using Data and Evidence</u></li> </ul>

	<ul style="list-style-type: none"> <li>• <a href="#"><u>Resources Specific to Schools &amp; Trauma-Informed Services – ACF &amp; NCTSN</u></a></li> <li>• <a href="#"><u>Disaster Recovery: School Districts in Socially Vulnerable Communities Faced Heightened Challenges after Recent Natural Disasters</u></a></li> <li>• <a href="#"><u>Readiness and Emergency Management for Schools Technical Assistance Center</u></a></li> <li>• <a href="#"><u>HRSA School-Based Health Centers</u></a></li> <li>• <a href="#"><u>School Based Telehealth Best Practice Guide</u></a></li> <li>• School-Based Health Alliance Cooperative Agreement - HRSA</li> </ul> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>• Operational status of schools and duration of closures</li> <li>• Access to internet and broadband infrastructure for children, families, and educators</li> </ul> <p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• Educators have the support they need to improve their own mental wellbeing</li> <li>• Educators have high quality professional development and ongoing support to: (i) re-engage with students, (ii) assess student learning (iii) implement a revised curriculum using appropriate instruction, and (iv) improve their digital skills</li> <li>• Schools and educators can leverage timely and accurate socioeconomic and demographic information to make data-driven decisions, rely on science-based research to inform their policies and programs, and implement public health guidance to keep children and families safe.</li> <li>• State and Local Public Health Agencies have programs available that assist schools to promote health and safety and prevent the spread of infectious diseases</li> <li>• There is collaboration between LEA, SEA, local and state PH, ED, and DCMR, to ensure that schools can: (i) continue to provide services to the effected children and families during the school closure, (ii) bolster their virtual/ remote learning capabilities, and (iii) re-open post-disaster</li> </ul>
<p>Impacted Populations</p>	<ul style="list-style-type: none"> <li>• Short-Term Closures: Short-term closures may be due to active shooter situations, in which case students, families, and educators may need additional behavioral health supports and need to engage in long-term community healing and recovery.</li> <li>• Long-Term Closures: Students who were already facing adversity will struggle for multiple, intertwined reasons, including loss of learning from the prior year, trauma, long-term stress, and declining</li> </ul>



	<p>family resources. Rates of illness and death and the <a href="#">economic impacts</a> of crisis' are hitting Black and Hispanic families the hardest.</p> <ul style="list-style-type: none"> <li>• Remote Learning: Children who reside in rural areas may have a lack of access to internet, cell coverage, and broadband infrastructure.</li> </ul>
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Table 12: Public Health Workforce

Recovery Issue	Incentives for Entering the Public Health Workforce
Impacted RSF & Vital Condition of Health	<p><b>RSF:</b> Health and Social Services</p> <p><b>Vital Condition of Health:</b> Basic Needs for Health and Safety</p>
Federal, State, Tribal, Territorial, or Local Stakeholder Groups	<p>State/Local Emergency Management Agencies</p> <p>State/Local Public Health Departments</p> <p>State/Tribal/Local Behavioral Health Authority</p> <p>Centers for Disease Control and Prevention</p> <p><a href="#">HRSA Bureau of Healthcare Workforce</a></p>
Possible Data Sources, Resources, Metrics, Outcomes	<p><b>Data Sources</b></p> <ul style="list-style-type: none"> <li>• Area Health Resources Files Diversity Dashboard <a href="#">Explore workforce diversity</a> at the national and state levels</li> <li>• National Sample Survey of Registered Nurses Data <a href="#">Nursing Education and Training in the United States</a> (PDF - 524 KB)</li> <li>• Health Professions Training Programs The <a href="#">Health Professions Training Programs</a> dashboards display aggregated performance data for HRSA-awarded health professions</li> <li>• Nursing Workforce Survey Data We provide <a href="#">nurse workforce data</a> on registered nurses and nurse practitioners.</li> <li>• National Sample Survey of Registered Nurses (NSSRN) The <a href="#">NSSRN</a> data: <ul style="list-style-type: none"> <li>• Provides the basis for estimating the characteristics of the nurse workforce, evaluating trends, and projecting the future supply of nursing resources</li> <li>• Highlights characteristics of the U.S. nursing workforce including demographics, education, training, and employment information</li> <li>• Health Workforce Projections <a href="#">The Health Workforce Projections dashboard</a> shows projections of the supply of and demand for the health workforce.</li> </ul> </li> <li>• Explore <a href="#">data.hrsa.gov</a> to: <ul style="list-style-type: none"> <li>• Find a health center</li> <li>• Explore maps</li> <li>• Find shortage areas</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• View fact sheets</li> <li>• Download data</li> </ul> <p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• <a href="#"><u>Enabling a Health Workforce</u></a></li> <li>• <a href="#"><u>Public Health Training</u></a></li> <li>• <a href="#"><u>Fellowships, Training, and Learning Opportunities</u></a></li> <li>• <a href="#"><u>STEM at CDC</u></a></li> <li>• <a href="#"><u>Public Health Professionals Gateway</u></a></li> <li>• <a href="#"><u>Training and Professional Development</u></a></li> <li>• <a href="#"><u>National Leadership Academy for the Public’s Health</u></a></li> <li>• <a href="#"><u>Supporting the Performance Improvement Workforce</u></a></li> <li>• <a href="#"><u>Emergency Preparedness and Response Resources for Emergency Health Professionals (CDC)</u></a></li> <li>• <a href="#"><u>Emergency Responder Training Program (CDC, NIOSH)</u></a></li> <li>• <a href="#"><u>Environmental Health Services (CDC, EHS)</u></a></li> <li>• <a href="#"><u>Healthy Equity Community Health Workers</u></a></li> <li>• <a href="#"><u>Laboratory Training, CDC Division of Laboratory Systems</u></a></li> <li>• <a href="#"><u>National Institute for Occupational Safety and Health (CDC, NIOSH) Training and Workforce Development</u></a></li> <li>• <a href="#"><u>Workplace Violence Prevention for Nurses (CDC, NIOSH)</u></a></li> <li>• <a href="#"><u>Community Health Worker Resources</u></a></li> </ul> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>• Number of clinicians/professionals entering the workforce</li> <li>• Number of clinicians/ professionals re-entering the workforce</li> <li>• Number of clinician/ professionals that are currently working</li> <li>• Number of clinicians/professionals that are exiting</li> </ul> <p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• Improved critical infrastructure needs for workforce</li> <li>• Improved foundational capabilities</li> <li>• Accurate and efficient public health data systems</li> <li>• Increased Number of public health professionals</li> <li>• Increased educational opportunities and pathway programs for students pursuing public health degree programs and careers</li> </ul>
Impacted Populations	BIPOC, communities of color, LGBTQIA+, non-English speaking populations, uninsured/underinsured populations, adults with special health care needs, indigenous populations, tribal governments, VOAD (volunteer organizations), CERT, Medical Reserve Corps

Table 13: Older Adults

Recovery Issue	Resources for Older Adults
Impacted RSF & Vital Condition of Health	<p><b>RSF:</b> Health and Social Services</p> <p><b>Vital Condition of Health:</b> Basic Needs for Health and Safety</p>
Federal, State, Tribal, Territorial, or Local Stakeholder Groups	<p>State/Local Emergency Management Agencies</p> <p>State/Local Public Health Departments</p> <p>State/Tribal/Local Behavioral Health Authority</p>
Possible Data Sources, Resources, Metrics, Outcomes	<p><b>Data Sources</b></p> <ul style="list-style-type: none"> <li>• <a href="#"><u>American Time Use Survey (ATUS) including the NIA-supported <i>Well-Being Module</i></u></a></li> <li>• <a href="#"><u>Health and Retirement Study (HRS)</u></a></li> <li>• <a href="#"><u>RAND Survey Meta Data Repository</u></a>.</li> <li>• <a href="#"><u>Midlife in the United States (MIDUS)</u></a></li> <li>• <a href="#"><u>National Health and Aging Trends Study (NHATS)</u></a></li> <li>• <a href="#"><u>National Long Term Care Survey (NLTC)</u></a></li> <li>• <a href="#"><u>National Social Life, Health, and Aging Project (NSHAP)</u></a></li> <li>• <a href="#"><u>English Longitudinal Study of Ageing (ELSA)</u></a></li> <li>• <a href="#"><u>Mexican Health and Aging Study (MHAS)</u></a></li> <li>• <a href="#"><u>WHO's Study on Global Ageing and Adult Health (SAGE)</u></a></li> <li>• <a href="#"><u>U.S. Census Bureau Older Population and Aging</u></a></li> <li>• <a href="#"><u>ACL Profile of Older Americans</u></a></li> <li>• <a href="#"><u>Publicly Available Databases for Aging-Related Secondary Analyses in the Behavioral and Social Sciences</u></a></li> </ul> <p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• <a href="#"><u>Eldercare Locator</u></a></li> </ul> <p><b>General Information</b></p> <ul style="list-style-type: none"> <li>• <a href="#"><u>Equity and Inclusion</u></a> .</li> <li>• <a href="#"><u>ACL Health Care Providers and Civil Rights</u></a></li> <li>• <a href="#"><u>Healthy Aging Resources</u></a></li> <li>• <a href="#"><u>Preventing Suicide in Older Adults (NCOA)</u></a></li> <li>• <a href="#"><u>National Center for Equitable Care for Elders</u></a></li> <li>• <a href="#"><u>Resources for Older Adults on Suicide Prevention and Postvention</u></a></li> </ul> <p>ACL has provided funds to the designated state aging agency, the Aging &amp; Adult Services Administration. Funds have been provided under multiple authorities, including the Older Americans Act, FFCRA, CARES, CRRSA, and ARP. Funds can be used for the following populations:</p> <ul style="list-style-type: none"> <li>• Older adults (generally defined as age 60+)</li> </ul>

	<ul style="list-style-type: none"> <li>• Adults who are caring for older adults or people with dementia of any age</li> <li>• Older relatives (55+) who are caring for children under 18 (e.g., grandparents raising grandchildren) or adults with disabilities</li> </ul> <p>Examples of the programs funded include:</p> <ul style="list-style-type: none"> <li>• Virtual and in-person senior center activities to address social isolation</li> <li>• Information &amp; assistance</li> <li>• Education on various topics</li> <li>• Home-delivered meals</li> <li>• Connection to other benefits programs</li> <li>• Transportation, including to vaccination appointments</li> <li>• Care coordination</li> <li>• Respite for caregivers</li> <li>• Health promotion and disease prevention (virtual and in-person)</li> </ul> <p>Funds are generally required to be distributed to the 16 area agencies on aging (AAAs), community-based organizations that together serve the entire state. The AAAs further work with local partners; this network of the state, AAAs, and local partners is referred to as the “aging network.”</p> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>• Number of older adults aging in place</li> <li>• Number of skilled nursing homes available</li> <li>• Number of caregivers and home health services</li> </ul> <p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• Improved crisis communication messaging for older adults</li> <li>• Increased availability of disaster preparedness education/ training opportunities for older adults</li> <li>• Increased number of programs encouraging disaster resilience for older adult populations</li> </ul>
<p>Impacted Populations</p>	<p>BIPOC, Communities of color, LGBTQIA+, non-English speaking populations, uninsured/underinsured populations, adults with special health care needs, indigenous populations, tribal governments, VOAD (volunteer organizations), CERT, Medical Reserve Corps, older adults, caregivers, etc.</p>

Table 14: COVID-19 & Racial Equity

Recovery Issue	The COVID-19 Pandemic’s Disproportionate Impact on Racial and Ethnic Minority Groups & Racial Equity
Impacted RSF & Vital Condition of Health	<b>RSF:</b> Health and Social Services <b>Vital Condition of Health:</b> Basic Needs for Health and Safety
Federal, State, Tribal, Territorial, or Local Stakeholder Groups	State/Local Emergency Management Agencies State/Local Public Health Departments State/Tribal/Local Behavioral Health Authority Office of Minority Health
Possible Data Sources, Resources, Metrics, Outcomes	<b>Data Sources</b> <ul style="list-style-type: none"> <li>• <a href="#">CDC COVID-19 in Racial and Ethnic Minority Groups</a></li> <li>• <a href="#">CMS Health Equity Data Program</a></li> <li>• <a href="#">Health Equity DataJam</a></li> </ul> <b>Resources</b> <ul style="list-style-type: none"> <li>• <a href="#">Minority Health Social Vulnerability Index (SVI)</a></li> <li>• <a href="#">What is Health Equity?</a></li> <li>• <a href="#">Social Determinants of Health: Know What Affects Health</a></li> <li>• <a href="#">HHS Initiatives to Address the Disparate Impact of COVID-19 on African Americans and Other Racial and Ethnic Minorities</a></li> <li>• <a href="#">Racism as a Stressor (CDC MMWR)</a></li> <li>• HRSA funds 5 national cooperative agreements that provide technical assistance to Migrant Health Centers for the improvement of health care clinical quality and to build operational and fiscal efficiency and effectiveness:               <ol style="list-style-type: none"> <li>1) <a href="#">Farmworker Justice</a></li> <li>2) <a href="#">Health Outreach Partners</a></li> <li>3) <a href="#">MHP Salud</a></li> <li>4) <a href="#">Migrant Clinicians Network</a></li> <li>5) <a href="#">National Center for Farmworker Health</a></li> </ol> </li> </ul>
Impacted Populations	BIPOC, Communities of color, LGBTQIA+, non-English speaking populations, uninsured/underinsured populations, adults with special health care needs, indigenous populations, tribal governments, VOAD (volunteer organizations), CERT, Medical Reserve Corps

Table 15: Youth Mental Health

Recovery Issue	Youth Mental Health Resources
Impacted RSF & Vital Condition of Health	<p><b>RSF:</b> Health and Social Services</p> <p><b>Vital Condition of Health:</b> Basic Needs for Health and Safety</p>
Federal, State, Tribal, Territorial, or Local Stakeholder Groups	<p>State/Local Emergency Management Agencies</p> <p>State/Local Public Health Departments</p> <p>State/Tribal/Local Behavioral Health Authority</p>
Possible Data Sources, Resources, Metrics, Outcomes	<p><b>Data Sources</b></p> <ul style="list-style-type: none"> <li>• <u>Data and Statistics on Children’s Mental Health</u></li> <li>• <u>Mental Illness</u></li> </ul> <p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• <u>Talk. They hear you.</u></li> <li>• <u>National Child Traumatic Stress Initiative (NCTSI)</u></li> <li>• <u>School and Campus Health</u></li> <li>• <u>National Center on Substance Abuse and Child Welfare (NCSACW)</u></li> <li>• <u>National Training and Technical Assistance Center for Child, Youth &amp; Family Mental Health</u></li> <li>• <u>Center of Excellence for Infant and Early Childhood Mental Health Consultation (IECMHC)</u></li> <li>• <u>Serious Mental Illness (SMI) Advisor/Clinical Support System for Serious Mental Illness (SMI-Advisor)</u></li> <li>• <u>National Center of Excellence for Eating Disorders (NCEED)</u></li> <li>• <u>Suicide Prevention Resource Center (SPRC)</u></li> <li>• <u>Tribal Training and Technical Assistance Center (TTAC)</u></li> <li>• <u>Technology Transfer Center Network (TTC)</u></li> <li>• <u>Early Serious Mental Illness Treatment Locator</u></li> <li>• <u>Pediatric Mental Health Care Access Program (PMHCA) - HRSA</u></li> </ul> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>• Number of behavioral health clinicians</li> <li>• Number of trauma-informed care providers and/or educators</li> <li>• Number of school-based psychologists or social workers within an education district</li> </ul>
Impacted Populations	Adolescents, youth, school mental health nurses, behavioral health providers, teachers, schools, rural communities, tribal communities

Table 16: Behavioral Health for Tribes

Recovery Issue	Behavioral Health Resources for Tribal Communities
Impacted RSF & Vital Condition of Health	<p><b>RSF:</b> Health and Social Services</p> <p><b>Vital Condition of Health:</b> Basic Needs for Health and Safety</p>
Federal, State, Tribal, Territorial, or Local Stakeholder Groups	<p>State/Local Emergency Management Agencies</p> <p>State/Local Public Health Departments</p> <p>State/Tribal/Local Behavioral Health Authority</p>
Possible Data Sources, Resources, Metrics, Outcomes	<p><b>Data Sources</b></p> <ul style="list-style-type: none"> <li>• <a href="#">The National Tribal Behavioral Health Agenda</a></li> <li>• <a href="#">Research Policy Update: The Opioid Epidemic: Definitions, Data, and Solutions. National Congress of American Indians (NCAI)</a></li> </ul> <p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• <a href="#">SAMHSA Native Connections Tribal Training and Technical Assistance Center   SAMHSA</a></li> <li>• <a href="#">Toolkit - Best and Promising Practices for the Implementation of Zero Suicide in Indian Country</a></li> <li>• <a href="#">Indian Health Service (IHS) Suicide Prevention Program</a></li> <li>• <a href="#">Suicide Prevention in Indian Country</a></li> <li>• <a href="#">Risk and Protective Factors: American Indian and Alaska Native Populations</a></li> <li>• <a href="#">Transforming Tribal Communities: Indigenous Perspectives on Suicide Prevention</a></li> <li>• <a href="#">IHS TeleECHOs Reflecting the Impact of COVID-19</a></li> <li>• <a href="#">Stronghearts Helpline</a></li> <li>• <a href="#">SAMHSA's Tribal TTA Center</a> provides TTA on mental and substance use disorders, suicide prevention, and the promotion of mental health.</li> </ul> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>• Number of behavioral health clinicians</li> <li>• Number of mental health facilities or hospitals</li> <li>• Patient Wait Times</li> <li>• Available telemental health services</li> </ul> <p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• Lower psychiatric hospitalizations</li> </ul>
Impacted Populations	BIPOC, Communities of color, LGBTQIA+, non-English speaking populations, uninsured/underinsured populations, adults with special

health care needs, indigenous populations, tribal governments, VOAD (volunteer organizations), CERT, Medical Reserve Corps

Table 17: Child Care Closures

<p>Recovery Issue</p>	<p>Child Care Closures and Provider Shortages</p> <ul style="list-style-type: none"> <li>• <i>Many of the child care provider businesses closed temporarily due to health and safety concerns during COVID. For those businesses that are open, they now have increased operational costs to keep kids and staff safe but greatly reduced revenue due to capacity limitations.</i></li> <li>• <i>With natural disasters there may be a lack of providers due to structural loss or temporary closures.</i></li> <li>• <i>Child care is a two-generation workforce issue, essential to support the workforce of today and vital to develop our workforce of tomorrow. Parents rely on child care to help them enter, re-enter, or remain in the workforce, but access to affordable, quality child care is hard to come by even pre-disaster.</i></li> <li>• <i>Continuity of Early Learning and Childhood Education / Child Care is essential to community recovery.</i></li> </ul>
<p>Impacted RSF &amp; Vital Condition of Health</p>	<p><b>RSF:</b> Economic, Health and Social Services, and Housing  <b>Vital Conditions of Health:</b> Basic Needs for Health and Safety, Meaningful Work and Wealth, Humane Housing</p>
<p>Federal, State, Tribal, Territorial, or Local Stakeholder Groups</p>	<p>State/Tribal/Local Child Care Licensing Agencies          State/Tribal Child Care Subsidy Agencies          Local Education Agencies          Public Health Agencies          State Education Agency          ACF (Office of Early Childhood Development, Office of Child Care, Office of Head Start)</p> <p>US Dept of Education (ED)          American Red Cross          Save the Children          Heart to Heart International (may be able to assist with supply chain issues for child care providers, such as masks, cleaning products, sanitizer, etc.)</p>
<p>Possible Data Sources, Resources, Metrics, Outcomes</p>	<p><b>Data Sources</b></p> <ul style="list-style-type: none"> <li>• <a href="#"><u>Access State-Level Child Care Data</u></a></li> <li>• <a href="#"><u>National Data System powered by Work Life Systems</u></a></li> </ul> <p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• <a href="#"><u>The Care Burden during COVID-19: Article</u></a></li> </ul>



	<ul style="list-style-type: none"> <li>• <a href="#"><u>Find a Child Care Resource &amp; Referral Agency (CCR&amp;R)</u></a></li> <li>• <a href="#"><u>Operating a Child Care Program: Financial Sustainability, Strengthen Program Structure, and Quality ECE Practices</u></a></li> <li>• <a href="#"><u>Emergency Child Care &amp; TA Center</u></a></li> <li>• <a href="#"><u>Resources for Child care Providers – ACF OCC</u></a></li> <li>• <a href="#"><u>Child Care Technical Assistance Network, Disaster Planning and Preparedness Resources – ACF OCC</u></a></li> <li>• <a href="#"><u>Head Start Early Learning and Knowledge Center Emergency Preparedness, Response, and Recovery</u></a></li> <li>• <a href="#"><u>Operational Guidance for Early Care and Education Program to Support Safe In-Person Learning - CDC</u></a></li> </ul> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>• Operational status of child care providers and programs</li> <li>• Supply and demand: <a href="#"><u>Demanding Change: Repairing our Child care System</u></a></li> <li>• State and Local Public Health agency programs available that address assisting child care providers with disaster planning and preparedness</li> <li>• Percent of Household Income Allotted to Child care</li> </ul> <p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• Child care Providers have financial stability to re-open their programs post-disaster</li> <li>• Child-serving agencies can leverage timely and accurate socioeconomic and demographic information to make data-driven decisions, rely on science-based research to inform their policies and programs, and implement public health guidance to keep children and families safe.</li> <li>• State and Local Public Health Agencies have programs available that assist child care providers with disaster planning and preparedness</li> <li>• There is collaboration between state, territorial, tribal child care agencies, including child care licensing agencies, other stakeholders, and the ACF/OCC to continue to provide child care services and subsidies throughout disaster recovery, including by exercising available flexibilities and waivers.</li> </ul>
<p>Impacted Populations</p>	<ul style="list-style-type: none"> <li>• Non-White families are more likely to be exposed to child care closures than White families.</li> <li>• Prior to COVID-19, the U.S. did not have an adequate supply of high-quality child care spaces. This was particularly true for marginalized and often-overlooked communities. Black and Latino families are <a href="#"><u>more likely to have someone who works a nonstandard</u></a></li> </ul>

hour schedule, and this type of child care is in short supply nationwide.

- The pandemic caused the temporary closure of Migrant and Seasonal Head Start programs, which put a strain on agricultural workers in rural communities.
- Parents who already had limited options for affordable, high-quality child care before the pandemic are facing even fewer options today. This, in turn, is keeping parents, particularly mothers, out of the workforce—hindering the country’s economic recovery.
- Child care providers may be referred to as Early Care and Education (ECE), Head Start, Family Child Care Providers, Center-based Child Care, or other early learning, early intervention and preschool/pre-kindergarten programs delivered in schools, homes, or other settings

## Appendix C: Community Planning and Capacity Building Issues and Impacts

Table 18: Community Safety & Support

Recovery Issue	Community Safety and Support
Impacted RSF & Vital Condition of Health	<b>RSF:</b> Community Planning and Capacity Building <b>Vital Conditions of Health:</b> Belonging and Civic Muscle, Basic Needs for Health and Safety
Federal, State, Tribal, Territorial, or Local Stakeholder Groups	State/Local Emergency Management Agencies State/Local Public Health Departments State/Tribal/Local Behavioral Health Authority
Possible Data Sources, Resources, Metrics, Outcomes	<b>Data Sources</b> <ul style="list-style-type: none"> <li>Local police data</li> <li>Local budget data</li> <li>Staffing levels in government and public safety organizations</li> </ul> <b>Outcomes</b> <ul style="list-style-type: none"> <li>Emergency public safety services (e.g., police and fire) have been restored</li> <li>Number and/or percentage of police, fire, and other emergency facilities where their intended condition, function/use, and value are at pre-disaster levels</li> </ul>
Impacted Populations	BIPOC, Communities of color, LGBTQIA+, non-English speaking populations, uninsured/underinsured populations, adults with special health care needs, indigenous populations, tribal governments, seniors, disabled or differently abled, rural populations, impoverished.

Table 19: Local Recovery Operations

Recovery Issue	Local Recovery Operations
Impacted RSF & Vital Condition of Health	<b>RSF:</b> Community Planning and Capacity Building <b>Vital Conditions of Health:</b> Belonging and Civic Muscle, Basic Needs for Health and Safety
Federal, State, Tribal, Territorial, or Local Stakeholder Groups	State/Tribal/Local Emergency Management Agencies State/Tribal/Local Public Health Departments State/Tribal/Local Behavioral Health Authority Voluntary Organizations Active in Disaster (VOAD) Private Philanthropic Organizations
Possible Data Sources,	<b>Data Sources</b> <ul style="list-style-type: none"> <li><u>US Census Data Equity Tools</u> (demographics, economic data)</li> <li>SOVI or SVI, <u>FEMA disaster data</u> (dashboards, IA and PA data)</li> </ul>

Resources, Metrics, Outcomes	<ul style="list-style-type: none"> <li>• <a href="#">Climate.gov</a> (future conditions climate data for resilient recovery)</li> </ul> <p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• <a href="#">American Sign Language, Glossary of Emergency Management Terminology. Arizona Emergency Information Network</a></li> <li>• <a href="#">HHS empower Map</a></li> </ul> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>• Opportunities for community input</li> <li>• Multiple methods used to advertise and collect community feedback</li> <li>• Materials provided in appropriate translations for population demographics</li> </ul> <p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• Hiring long-term recovery manager</li> <li>• Developing a long-term community recovery plan with community input</li> <li>• Hosting multiple outreach workshops with community-based organizations.</li> </ul>
Impacted Populations	BIPOC, Communities of color, LGBTQIA+, non-English speaking populations, uninsured/underinsured populations, adults with special health care needs, indigenous populations, tribal governments, seniors, disabled or differently abled, rural populations, impoverished

Table 20: Lack of Government Services

Recovery Issue	Lack of Government Services and Support
Impacted RSF & Vital Condition of Health	<p><b>RSF:</b> Community Planning and Capacity Building</p> <p><b>Vital Conditions of Health:</b> Belonging and Civic Muscle, Basic Needs for Health and Safety</p>
Federal, State, Tribal, Territorial, or Local Stakeholder Groups	<p>State/Tribal/Local Emergency Management Agencies</p> <p>State/Tribal/Local Public Health Departments</p> <p>State/Tribal/Local Behavioral Health Authority</p> <p>Private Entities, VOADs</p>
Possible Data Sources, Resources, Metrics, Outcomes	<p><b>Data Sources:</b></p> <ul style="list-style-type: none"> <li>• Local data on community services</li> <li>• SNAP Data Tables</li> <li>• US Census Data</li> <li>• SVI</li> <li>• FEMA Disaster Data including IA, PA, and Community Lifelines,</li> <li>• HUD and USDA Sources.</li> </ul> <p><b>Resources</b></p>

	<ul style="list-style-type: none"> <li>• <u>Local Government Solutions Guide for COVID-19 and Beyond: Alternative Public Services Solutions</u></li> </ul> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>• Number of services turned back on for communities that need them</li> <li>• Number of community centers back up and running</li> <li>• Number of available training resources for business continuity planning</li> <li>• Number of individuals connected with community organizations or VOADs to receive support</li> <li>• Number of health institutions/hospitals that can provide services to the community</li> <li>• Number of faith-based institutions that provided resources and services that are typically provided by social service organizations and/or health institutions</li> </ul> <p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• Community services restored</li> </ul>
Impacted Populations	BIPOC, Communities of color, LGBTQIA+, non-English speaking populations, uninsured/underinsured populations, adults with special health care needs, indigenous populations, tribal governments, seniors, disabled or differently abled, rural populations, impoverished.

Table 21: Local Recovery Planning

Recovery Issue	Local Pre-Disaster Recovery Plan Creation & Government Plan Creation/Support
Impacted RSF & Vital Condition of Health	<b>RSF:</b> Community Planning and Capacity Building <b>Vital Conditions of Health:</b> Belonging and Civic Muscle, Basic Needs for Health and Safety
Federal, State, Tribal, Territorial, or Local Stakeholder Groups	ASPR Health Care Coalitions (HCCs) State/Tribal/Local Emergency Management Agencies State/Tribal/Local Public Health Departments State/Tribal/Local Behavioral Health Authority
Possible Data Sources, Resources, Metrics, Outcomes	<b>Data Sources</b> <ul style="list-style-type: none"> <li>• US Census Data (demographics, economic data),</li> <li>• SOVI or SVI</li> <li>• FEMA disaster data (dashboards, IA and PA data),</li> <li>• Climate.gov (future conditions climate data for resilient recovery),</li> <li>• Local plans (comprehensive plan, hazard mitigation plan, etc.)</li> </ul> <p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• <u>Emergency Management Institute Trainings:</u></li> </ul>

	<ul style="list-style-type: none"> <li>• E0209: State Recovery Planning and Coordination</li> <li>• E0210: Recovery from Disaster: The Local Community Role</li> <li>• E0197: Integrating Access and Functional Needs into Emergency Planning</li> <li>• <a href="#">FEMA Pre-Disaster Recovery Planning Guide</a></li> <li>• <a href="#">FEMA Pre-Disaster Recovery Planning Guide for Tribal Governments</a></li> <li>• <a href="#">FEMA National Disaster Recovery Framework</a></li> <li>• CPCB Community Conditions Assessment process</li> <li>• CPCB <a href="#">Just-in-Time Recovery Management Training</a></li> </ul> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>• Conduct X number of public outreach and engagement sessions and meetings.</li> </ul> <p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• Community has pre-disaster recovery plan</li> <li>• Pre-disaster recovery plan has input from diverse array of community members</li> </ul>
Impacted Populations	BIPOC, Communities of color, LGBTQIA+, non-English speaking populations, uninsured/underinsured populations, adults with special health care needs, indigenous populations, tribal governments, VOAD (volunteer organizations), CERT, Medical Reserve Corps seniors; disabled or differently abled; rural populations; impoverished

Table 22: Tax Revenue Loss

Recovery Issue	Tax Revenue Loss Information
Impacted RSF & Vital Condition of Health	<b>RSF:</b> Community Planning and Capacity Building <b>Vital Conditions of Health:</b> Belonging and Civic Muscle, Basic Needs for Health and Safety
Federal, State, Tribal, Territorial, or Local Stakeholder Groups	State/Tribal/Local Emergency Management Agencies State/Tribal/Local Public Health Departments State/Tribal/Local Behavioral Health Authority
Possible Data Sources, Resources, Metrics, Outcomes	<b>Data Sources</b> <ul style="list-style-type: none"> <li>• <a href="#">SBA Paycheck Protection Program Loan Level Data</a></li> <li>• <a href="#">County Economic Impact Index   Argonne National Laboratory (anl.gov)</a></li> <li>• <a href="#">State &amp; Local Government Revenue Vulnerability Indices   Argonne National Laboratory (anl.gov)</a></li> </ul>

	<ul style="list-style-type: none"> <li>• <a href="#">County High-Level Economic Recovery &amp; Resilience Index   Argonne National Laboratory (anl.gov)</a></li> <li>• <a href="#">U.S. DEPARTMENT OF THE TREASURY DATA</a></li> </ul> <p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Disaster Financial Management Guide</a></li> </ul> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>• Gross Domestic Product (GDP)</li> <li>• Inflation Rate</li> </ul> <p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• Percentage of business transactions, income, and tax resumed</li> </ul>
Impacted Populations	BIPOC, Communities of color, LGBTQIA+, non-English speaking populations, uninsured/underinsured populations, adults with special health care needs, indigenous populations, tribal governments, VOAD (volunteer organizations), CERT, Medical Reserve Corps seniors; disabled or differently abled; rural populations; impoverished

Table 23: Biological/Pathogenic Recovery

Recovery Issue	Incorporating Biological/Pathogenic Recovery into Post-Disaster Recovery Plans
Impacted RSF & Vital Condition of Health	<b>RSF:</b> Community Planning and Capacity Building <b>Vital Conditions of Health:</b> Belonging and Civic Muscle, Basic Needs for Health and Safety
Federal, State, Tribal, Territorial, or Local Stakeholder Groups	State/Tribal/Local Emergency Management Agencies State/Tribal/Local Public Health Departments State/Tribal/Local Behavioral Health Authority
Possible Data Sources, Resources, Metrics, Outcomes	<p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Pandemics   Ready.gov</a></li> <li>• <a href="#">COVID-19 Fact Sheets &amp; Guidance   FEMA.gov</a></li> <li>• <a href="#">National Emerging Special Pathogen and Training Education Center (NETEC) Resource Library</a></li> <li>• <a href="#">HHS/ASPR Project Echo</a></li> </ul> <p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• Pandemics are considered and added to Recovery, Mitigation, and Threat Planning.</li> </ul>
Impacted Populations	BIPOC, Communities of color, LGBTQIA+, non-English speaking populations, uninsured/underinsured populations, adults with special health care needs, indigenous populations, tribal governments, VOAD (volunteer organizations), CERT, Medical Reserve Corps seniors; disabled or differently abled; rural populations; impoverished

Table 24: Grants Management Capacity

Recovery Issue	Grants Management Capacity Constraints
Impacted RSF & Vital Condition of Health	<b>RSF:</b> Community Planning and Capacity Building <b>Vital Conditions of Health:</b> Belonging and Civic Muscle, Basic Needs for Health and Safety
Federal, State, Tribal, Territorial, or Local Stakeholder Groups	State/Tribal/Local Emergency Management Agencies State/Tribal/Local Public Health Departments State/Tribal/Local Behavioral Health Authority
Possible Data Sources, Resources, Metrics, Outcomes	<p><b>Data Sources</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Max.gov</a></li> </ul> <p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Local Government Solutions for COVID-19 and Beyond: Grants Management Capacity</a></li> <li>• <a href="#">COVID-19 Economic Recovery Resource</a></li> <li>• <a href="#">Roadmap (Version 2.0)</a></li> <li>• <a href="#">Workforce Development and Rural Prosperity Workshops</a></li> <li>• <a href="#">U.S. Department of Education Grants Training and Management Resources Online Grants Training Courses</a></li> <li>• <a href="#">Data Universal Numbering System or D-U-N-S</a></li> <li>• <a href="#">SAM System for Award Management</a></li> <li>• <a href="#">Grants.gov</a></li> <li>• <a href="#">Learn Grants</a></li> <li>• <a href="#">Faith-based and Neighborhood Partnerships Grant Information Newsletter</a></li> <li>• <a href="#">HHS Grants Management Process</a></li> <li>• <a href="#">Tips for Preparing Grant Proposals</a></li> <li>• <a href="#">Grant Administrative Tools</a></li> <li>• <a href="#">How to Apply for a Competitive Grant</a></li> <li>• <a href="#">Information for Current Grantees</a></li> </ul> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>• Meets reporting requirements</li> </ul> <p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• Funding meet recovery program needs and expenses</li> </ul>
Impacted Populations	BIPOC, communities of color, LGBTQIA+, non-English speaking populations, uninsured/underinsured populations, adults with special health care needs, rural communities, indigenous populations, tribal governments, VOAD (volunteer organizations), CERT, Medical Reserve Corps



## Appendix D: Economic Growth, Workforce Development, and Housing Issues and Impacts

Table 25: Affordable Housing

Recovery Issue	Affordable Housing
Impacted RSF & Vital Condition of Health	<b>RSF:</b> Housing RSF <b>Vital Conditions of Health:</b> Meaningful Work and Wealth, Humane Housing
Federal, State, Tribal, Territorial, or Local Stakeholder Groups	State/Tribal/Local Emergency Management Agencies State/Tribal/Local Public Health Departments State/Tribal/Local Behavioral Health Authority State/Tribal/Local Housing Authority U.S. Department of Housing and Urban Development
Possible Data Sources, Resources, Metrics, Outcomes	<p><b>Data Sources</b></p> <ul style="list-style-type: none"> <li>• <a href="#">National Low-Income Housing Coalition</a></li> <li>• <a href="#">AHS: Housing Affordability Data System</a></li> <li>• <a href="#">Rental Housing Finance Survey</a></li> <li>• <a href="#">Shortage of Affordable Rental Homes</a></li> </ul> <p><b>Resources</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Assessment of American Indian Needs and Programs, Final Report, 1996</a></li> <li>• <a href="#">ASPE Homelessness &amp; Housing (HHS Resources)</a></li> <li>• <a href="#">Help with Finding a Home or Housing-Related Resources</a></li> <li>• <a href="#">National Nurse-Led Care Consortium</a></li> <li>• <a href="#">National Center for Health in Public Housing</a></li> <li>• <a href="#">Milwaukee's Collective Affordable Housing Plan</a></li> </ul> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>• Number and/or percentage of people in shelters</li> <li>• Number of or rate of building permits issued/closed</li> </ul> <p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• Displaced persons moving into permanent housing</li> </ul>
Impacted Populations	BIPOC, Communities of color, LGBTQIA+, non-English speaking populations, uninsured/underinsured populations, adults with special health care needs, indigenous populations, tribal governments, VOAD (volunteer organizations), CERT, Medical Reserve Corps

Table 26: Small Business Impacts

Recovery Issue	Small Business Impacts
Impacted RSF & Vital Condition of Health	<b>RSF:</b> Housing RSF <b>Vital Conditions of Health:</b> Meaningful Work and Wealth, Humane Housing
Federal, State, Tribal, Territorial, or Local Stakeholder Groups	State/Tribal/Local Emergency Management Agencies State/Tribal/Local Public Health Departments State/Tribal/Local Behavioral Health Authority
Possible Data Sources, Resources, Metrics, Outcomes	<p><b>Data Sources</b></p> <ul style="list-style-type: none"> <li>• <a href="#">IRS Tax Statistics</a></li> <li>• <a href="#">Census County Business Patterns</a></li> <li>• <a href="#">SBA Small Business Profiles</a></li> <li>• <a href="#">Bureau of Labor Statistics</a></li> </ul> <p><b>Resource</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Home and Property Disaster loans</a></li> <li>• <a href="#">Economic Injury loans</a></li> <li>• <a href="#">Military Reservist Economic Injury Disaster loans</a></li> <li>• <a href="#">Be prepared</a></li> <li>• <a href="#">Get financial assistance after a disaster</a></li> <li>• <a href="#">Advice and training</a></li> <li>• <a href="#">Mitigation assistance</a></li> </ul> <p><b>Preparedness Checklists</b></p> <ul style="list-style-type: none"> <li>• Version Earthquakes <a href="#">Download pdf</a></li> <li>• Version Floods <a href="#">Download pdf</a></li> <li>• Version Hurricanes <a href="#">Download pdf</a></li> <li>• Version Tornadoes <a href="#">Download pdf</a></li> <li>• Version Wildfires <a href="#">Download pdf</a></li> <li>• Version Winter Weather <a href="#">Download pdf</a></li> <li>• <b>Available in <a href="#">Español</a></b></li> </ul> <p><b>Metrics</b></p> <ul style="list-style-type: none"> <li>• Business Activities</li> <li>• Capital Availability</li> <li>• Residents/Consumers</li> </ul> <p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>• Increased businesses opening</li> <li>• Low unemployment rate</li> </ul>
Impacted Populations	BIPOC, Communities of color, LGBTQIA+, non-English speaking populations, uninsured/underinsured populations, adults with special

health care needs, indigenous populations, tribal governments, VOAD (volunteer organizations), CERT, Medical Reserve Corps

Table 27: Distressed Communities

Recovery Issue	Distressed Communities from Shutdowns of Certain Businesses
Impacted RSF & Vital Condition of Health	<p><b>RSFs:</b> Community Planning &amp; Capacity Building, Economic, and Housing</p> <p><b>Vital Condition of Health:</b> Meaningful Work and Human Housing</p>
Federal, State, Tribal, Territorial, or Local Stakeholder Groups	<p>State/Tribal/Local Emergency Management Agencies</p> <p>State/Tribal/Local Public Health Departments</p> <p>State/Tribal/Local Behavioral Health Authority</p>
Possible Data Sources, Resources, Metrics, Outcomes	<p><b>Data Sources:</b></p> <ul style="list-style-type: none"> <li>Federal Reserve Bank: <a href="https://www.newyorkfed.org/data-and-statistics/data-visualization/community-credit-profiles/index.html#overview">https://www.newyorkfed.org/data-and-statistics/data-visualization/community-credit-profiles/index.html#overview</a></li> <li>BEA Personal Income Statistics: <a href="https://www.bea.gov/data/income-saving/personal-income">https://www.bea.gov/data/income-saving/personal-income</a></li> <li>Census Income Data tables: <a href="https://www.census.gov/topics/income-poverty/income/data/tables.html">https://www.census.gov/topics/income-poverty/income/data/tables.html</a></li> <li>American Community Survey: <a href="https://www.census.gov/programs-surveys/acs/">American Community Survey (ACS) (census.gov)</a></li> <li>Household Pulse Survey: Household Pulse Survey (COVID-19) (census.gov)</li> <li><a href="#">Census County Business Patterns</a></li> <li><a href="#">Employment Rate by Sectors</a></li> <li><a href="#">State Economic Monitor</a></li> <li><a href="#">Distressed Cities and Persistent Poverty Technical Assistance (DCTA)</a></li> </ul> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li><a href="#">Closing a Business</a></li> <li><a href="#">Organizations Preparing for Emergency Needs (OPEN)</a></li> </ul> <p><b>Metrics:</b></p> <ul style="list-style-type: none"> <li>Unemployment Rate</li> </ul> <p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>Percentage of businesses by size and sector resumed</li> <li>Number of new small businesses start</li> </ul>
Impacted Populations	BIPOC, Communities of color, LGBTQIA+, non-English speaking populations, uninsured/underinsured populations, adults with special

health care needs, indigenous populations, tribal governments, VOAD (volunteer organizations), CERT, Medical Reserve Corps, small business owners

## Appendix E: Equity Glossary

*The resources below have been provided by the HHS Equity Technical Assistance Center (HHS ETAC) to encourage the use of inclusive language and asset framing for community and stakeholder engagement.*

- [CDC's Guide on Inclusive Communication](#)
- [Inclusive Language Guidelines](#)
- [Key Equity Terms & Concepts: A Glossary For Shared Understanding](#)
- [Race Equity and Inclusion Action Guide](#)