Disaster Recovery Annotated Bibliography - Health

This document was developed to provide information on the state of knowledge on disaster recovery. This document includes a list of articles collected in the Fall of 2018. To obtain relevant articles, a list of keywords was used to search Google Scholar and University Library Databases. These keywords were: “community disaster recovery”, “disaster recovery”, “post recovery planning” “pre disaster planning”, and “national planning recovery”. An additional search of academic journals that are related to the planning field was then undertaken to ensure that articles from these journals were not overlooked. These journals included: Journal of the American Planning Association, Journal of Planning Education and Research, Applied Geography, Land Use Policy, Environment and Planning A, Planning Theory, Progress in Planning. After collecting articles, each article was then systematically reviewed to ensure relevance. The articles needed to address community level recovery (including issues related to housing, economic, infrastructure, planning, etc.) or note issues that affect recovery outcomes (e.g., differences in housing outcomes for rental versus owned housing). Next, we reviewed the reference list of identified articles to determine if any articles had been missed in the initial collection process. If there were additional articles that were missed, we collected the information and searched for the title of the article. After processing each article, the articles were then compiled into the Zotero software.

The Zotero bibliographic database is open to the public to view at: https://www.zotero.org/groups/2278263/recoveryguidancetamu/items

Health

Articles addressing physical and mental health issues in recovery.


Studies of social capital have focused on the static relationship between social capital and health, governance and economic conditions. This study is a first attempt to evaluate interventions designed to improve the levels of social capital in post-conflict communities in Nicaragua and to relate those increases to health and governance issues. The two-year study involved a baseline household survey of approximately 200 households in three communities in Nicaragua, the implementation of systematic interventions designed to increase social capital in two of the locales (with one control group), and a second household survey administered two years after the baseline survey. We found that systematic interventions promoting management and leadership development were effective in improving some aspects of social capital, in particular the cognitive attitudes of trust in the communities. Interventions were also linked to higher levels of civic participation in governance processes. As in other empirical studies, we also found that higher levels of social capital were significantly associated with some positive health behaviors. The behavioral/structural components of social capital (including participation in groups and social networks) were associated with more desirable individual health behaviors such as the use of modern medicine to treat children’s respiratory illnesses. Attitudinal components of social capital were
positively linked to community health behaviors such as working on community sanitation campaigns. The findings presented here should be of interest to policy makers interested in health policy and social capital, as well as those working in conflict-ridden communities in the developing world.


Community resilience (CR)—ability to withstand and recover from a disaster—is a national policy expectation that challenges health departments to merge disaster preparedness and community health promotion and to build stronger partnerships with organizations outside government, yet guidance is limited. A baseline survey documented community resilience-building barriers and facilitators for health department and community-based organization (CBO) staff. Questions focused on CBO engagement, government-CBO partnerships, and community education. Most health department staff and CBO members devoted minimal time to community disaster preparedness though many serve populations that would benefit. Respondents observed limited CR activities to activate in a disaster. The findings highlighted opportunities for engaging communities in disaster preparedness and informed the development of a community action plan and toolkit


Six months after Hurricane Katrina hit the Gulf Coast, a Columbia-led research team conducted a random household survey of people who had been displaced by the disaster in Louisiana. Mental health disability and psychological strain were rampant, people’s lives were chaotic, and their futures were uncertain. The children who had been displaced were often socially and medically adrift – many of them were disengaged from schools, without adequate primary medical care, and living among very fragile families. One year after the hurricane, we replicated the study among residents of Mississippi’s Gulf Coast who had been heavily impacted or displaced by the hurricane. Based on interviews with a random sample of displaced and impacted residents, it appears that for a number of households the situation remains dire or is worsening. Furthermore, there is evidence of an economic determinism at work, in that those who had been struggling to maintain their financial footing at the time of the hurricane – the working class and the working poor – have been forced back down the socioeconomic ladder towards impoverished and dependent states. Recovery has become a test of resilience – who will bounce back, both in terms of people and in terms of geography? The premise of much recovery policy is to invest in geographically-based recovery – the bricks and mortar of critical infrastructure, housing, and markets – with the notion that once a place has recovered, the population’s recovery will follow as well. Findings from the Mississippi Child & Family Health (M-CAFH) study suggest that the population recovery – particularly among the most economically and socially vulnerable – may be lagging significantly behind that of other infrastructure recovery.

Purpose - The purpose of this paper is to identify safety hazards likely to be encountered during post-disaster recovery and reconstruction, identify barriers to effective safety training and hazard mitigation, and provide actionable guidance on methods to safely avoid and abate such hazards. Design/methodology/approach - Surveys were administered to 400 participants at 13 training sites to evaluate safety practices among reconstruction contractors and workers. Findings - A comparison of survey results to hazards likely to cause injuries and fatalities during post-disaster reconstruction indicates that little effort is made to assess workers’ physical condition or immunization records prior to deployment. Furthermore, data suggest that workers lack safety training in reconstruction-specific hazards such as electrocution, falls, chemical and biological hazards (e.g. contaminated flood water), and equipment hazards (aerial lifts, ladders, electric equipment, generators, etc.). Findings also indicate that training effectiveness is further compromised by limited language and literacy skills of workers, high turnover of workers, and insufficient resources for adequate safety training frequency and duration, especially among smaller contractors (textless100 workers). Originality/value - The paper is based on original research funded by the US Government following Hurricane Katrina and is intended to aid in the development of targeted training to reduce worker injuries and fatalities during post-disaster reconstruction.


Background: Only very few studies have investigated the geographic distribution of psychological resilience and associated mental health outcomes after natural or man made disasters. Such information is crucial for location-based interventions that aim to promote recovery in the aftermath of disasters. The purpose of this study therefore was to investigate geographic variability of (1) posttraumatic stress (PTS) and depression in a Hurricane Sandy affected population in NYC and (2) psychological vulnerability and resilience factors among affected areas in NYC boroughs.; Methods: Cross-sectional telephone survey data were collected 13 to 16 months post-disaster from household residents (N = 418 adults) in NYC communities that were most heavily affected by the hurricane. The Posttraumatic Stress Checklist for DSM-5 (PCL-5) was applied for measuring posttraumatic stress and the nine-item Patient Health Questionnaire (PHQ-9) was used for measuring depression. We applied spatial autocorrelation and spatial regimes regression analyses, to test for spatial clusters of mental health outcomes and to explore whether associations between vulnerability and resilience factors and mental health differed among New York City’s five boroughs.; Results: Mental health problems clustered predominantly in neighborhoods that are geographically more exposed towards the ocean indicating a spatial variation of risk within and across the boroughs. We further found significant variation in associations between vulnerability and resilience factors and mental health differed among New York City’s five boroughs.; Conclusions: We conclude that explanatory characteristics may manifest as psychological vulnerability and resilience factors differently across different regional contexts. Our spatial epidemiological approach is transferable to other regions around the globe and, in the light of a changing climate, could be used to strengthen the psychosocial resources of demographic groups at greatest risk of adverse outcomes pre-disaster. In the
aftermath of a disaster, the approach can be used to identify survivors at greatest risk and to plan for targeted interventions to reach them.;


Although an expansive literature exists on individual experiences after a catastrophic event, there is less attention to how the community as a social structure experiences a significant tragedy. These public tragedies create disruptions across multiple domains of community functioning. Using the Community Capacity Model (Hart, 1999) as a framework for assessment, outcomes of a public tragedy are described. Additionally, community practice approaches are identified for the three phases that communities subsequently experience: crisis, processing of the event, and adaptation.


For disaster survivors, recovery requires more than regaining material losses and includes a need to incorporate the profoundly disruptive experience into individual and collective memory. Contemporary literature on post-traumatic stress notes the vivid sensory and recurrent qualities of traumatic disaster memories. By constructing a narrative from this sensory data, both individually and as a community, survivors create a recollection which is less likely to produce the same anxiety and allows individuals to incorporate disaster events into personal and community history. This narrative is also embedded in the landscape through the creation of sacred spaces, memorials, and monuments. This article explores the formation of post-disaster identities through the application of memory by survivors of the May 22, 2011, tornado in Joplin, Missouri.


This pilot study tested the efficacy of the My Disaster Recovery (MDR) website to decrease negative affect and increase coping self-efficacy. Fifty-six survivors of Hurricane Ike were recruited from a larger study being conducted at the University of Texas Medical Branch at the first anniversary of the storm. Restricted randomization was used to assign participants to the MDR website, an information-only website, or a usual care condition. Group × time interactions indicated that MDR reduced participant worry more than the other conditions. A similar trend was also identified for depression. Both websites were accessed a small to moderate amount and participants reported mixed satisfaction for both websites. Although the effect sizes for worry and depression were in the moderate to large range, small sample size and timing of the intervention qualify the findings. These preliminary findings encourage further evaluation of MDR with a larger, demographically diverse sample and indicate that the MDR website might be helpful in reducing worry and depression.

Guided by previous studies and the community assets perspective, a concurrent mixed-method case study was conducted five years after a devastating flood to investigate how invisible community assets played a role in Princeville’s rebuilding process from the flood of 1999. The independent variables in this study included retrospectively assessed elected leadership, community cohesion, and depression. The dependent variables were the perceived financial recovery to the pre-disaster level and the current emotional status. The quantitative method (n = 127) indicates a statistically significant relationship between the retrospectively assessed depression and the financial recovery (Spearman’s p = .327, p < .001). Chi-square coefficient reveals that elected leaders’ ability to mobilize needed resources was also significantly related to the financial recovery (Cramers’ V = .350, p = .013). Qualitative methods identified the community’s symbolic meaning and unique needs of being an aged community as the most precious internal assets of the community during the rebuilding process. Major implications are discussed.