

**An Inventory of Recommended Public Health Actions
Resulting from Community Assessments for Public Health Emergency Response**
(Excerpted from the Literature)

Disaster	Recommended Public Health Actions Resulting from Assessments
Hurricane Ike Rapid Needs Assessment --- Houston, Texas, September 2008	"Survey results provided guidance for local hurricane disaster mitigation activities. The health department used the information to anticipate immediate needs of households affected by the storm, arrange for various referral services, and establish six comfort stations at sites across the city, from which ready-to-eat-meals, bottled water, ice, and boxed food supplies were distributed. The health department also used the results to estimate demand for emergency shelters in the aftermath of the storm and then provided support to two temporary shelters in Houston." Source
Public Health Assessments in Three Communities after Hurricane Ike – Liberty, Brazoria, and Galveston Counties, Texas, September 25 - 30, 2008	Specific reports were prepared for each community but general conclusions underscored the need for expediting restoration of electricity, trash and debris removal services, housing, vector control, and the potential need for tetanus vaccine. Local officials used the information to assist in their disaster response. For example, the assessment was valuable to Galveston County Health District officials because it provided quantifiable information which was used to educate local emergency and elected officials of the health hazards related to lack of basic utilities and medical care in the community. The results assisted the Health District to gain local and state support for needed public health outreach activities. The assessment provided insight to citizens' concerns which the Health District used in answering questions received at the local phone bank as well as the development of a one page flyer to address community issues. The flyer consisted of quick reference information (which included contact numbers) such as medical care sources, utilities, vaccination sites, transportation, mosquito prevention techniques, garbage collection, mold prevention, safety guidelines for use of generator or charcoal/gas grills, and local municipality services; 6,000 flyers were distributed door to door and at point of dispensing sites within a week throughout the island. <i>Source: Texas Department of State Health Services, Galveston County Health District, Brazoria County Health Department, Centers for Disease Control and Prevention, and the U.S. Public Health Service Applied Public Health Team 3 (2008)</i>
Hurricane Wilma Hendry County, Florida November 1–2, 2005	1) Provide residents with information and assistance on post-storm home remediation (e.g., clean-up safety, debris removal, and CO poisoning risks), 2) restore electric power to households without it, 3) consider implementing a program to facilitate access to medical care and prescription drugs, 4) provide tarpaulins to residents with damaged roofs to temporarily prevent leaking, and 5) ensure that populations affected by the storm had knowledge of and access to food banks in their areas. Source
Hurricane Katrina Hancock County, Mississippi September 14–15, 2005	The Mississippi Department of Health (MDH) implemented aerial pesticide spraying for the county and provided education on preventing mosquito breeding and bites and recognizing signs and symptoms of mosquito-borne illness. This assessment also revealed additional health needs (e.g., for prescription medication and medical care) in the community and led MDH to identify methods to assess and publicize available medical facilities, pharmacies, and mental health services. Source
Hurricane Katrina San Antonio, Texas September 2005	The results of this survey have been useful to San Antonio officials as they continue to enhance the city's long-term social services and public health infrastructure to better assist both current and future evacuee populations. Metro Health continues to explore ways to expand existing public health programs to meet the needs of these new San Antonio residents. The findings in this report also might have implications for local resource planning in other communities providing services to populations displaced by disasters. Source
Hurricane Katrina Colorado September 1–23, 2005	Tri-County Health Department's nurses provided altitude sickness education to all evacuees during their initial registration at Lowry, and evacuees were advised of the available services. In addition, other agencies, including Colorado Department of Public Health and Environment and the American Red Cross, were provided summaries of the needs assessment to better meet the long-term needs of evacuees. Source
Hurricanes Katrina and Rita Orleans and Jefferson Parishes, New Orleans Area, Louisiana October 17–22, 2005	The results of this assessment were provided to the Louisiana Office of Mental Health within 2 weeks of initiation and were used to guide strategies for providing medical, social, and mental health services. Crisis-counseling services were initiated that, when integrated with social service interventions, might begin to restore stability to disrupted social networks. Source

Hurricane Rita East Texas September, 2005	<ol style="list-style-type: none"> 1) Continue efforts to restore electrical power to the community 2) Continue efforts to provide safe tree removal services to the community 3) Provide information and assistance on post-hurricane home remediation. Include precautions about the risk of chain saw- related injuries, falls, and other injury prevention materials and mold 4) Continue efforts to control mosquitoes 5) Continue efforts to address the special medical needs of families and manage chronic diseases (e.g., prescription medicines) 6) Provide information on stress management and available mental health services <p><i>Source: Texas Department of State Health Services 2005</i></p>
Hurricanes Isabel and Charley North Carolina 2003–2004	Data from the report were used to direct resources, including feeding stations and allocation of bottled water, to affected communities. Information about the risks of using portable electrical generators was provided to local health departments. Source
Hurricane Charley Charlotte, DeSoto, and Hardee Counties, Florida August 27–31, 2004	These preliminary findings suggest that local health-care providers and public health agencies should: 1) accelerate restoration of medical-care services, including improving access to prescription medications; 2) improve sanitation services (i.e., garbage and storm-debris pickup); 3) improve awareness of public health advisories concerning use of bottled water for drinking and cooking until local sources (e.g., well water and public supplies) are determined to be safe; and 4) encourage reconnecting to social networks that offer support during the post-hurricane recovery period. Source
Tropical Storm Allison Houston, Texas June 2001	The results were integral in assessing damage, setting priorities for service delivery, and directing assistance efforts. Numerous persons with special needs were identified and the appropriate assistance agencies quickly notified, heavy trash pick-up crews were redirected to neighborhoods where they were needed most, and residents of an area with chronic drainage problems were put in contact with the city engineering department to work out plans for future improvements. Source
Hurricane Georges Dominican Republic 1998	Recommendations were given to American Red Cross and the Dominican Republic Ministry of Health, emphasizing the need for food, with special consideration of pregnant and lactating women and their newborns. In addition, periodic reassessments were recommended to monitor the effectiveness of follow-up interventions. Because of the high medical needs and low food availability reported by the shelter families, immediate preventive interventions were recommended. As a result of these recommendations, ARC's food delivery schedule was accelerated by 1 month because of acute food needs. In addition, the Ministry of Health initiated medical interventions as soon as possible for shelter residents. Periodic needs assessments have been scheduled through November 1999. Source
Hurricanes Marilyn and Opal Virgin Islands 1995	Provided some of the earliest objective data describing the status of affected populations after the storm. Based on survey findings, officials in the US Virgin Islands decided not to provide door-to-door community outreach health care because a high proportion of the affected population had access to relief information through radio reports and transportation to a central relief location. In addition, following both storms, expensive interventions (e.g., mass aerial spraying for disease vectors and nuisance insects) were determined to be unnecessary. Source
Hurricane Andrew Dade County, Florida 1992	This information has been used to target health services more effectively, particularly in areas with a high degree of dependence on public programs. Based in part on these findings, community health centers in southernmost zones were rebuilt and enlarged. Health and social services also were expanded through community health teams that provided vaccinations, counseling, information on financial assistance and health and social services. This survey is the first for which FEMA has allocated relief funds for evaluating health-care needs and resources in the latter part of a recovery phase of a disaster. Source
Hurricane Andrew Florida and Louisiana 1992	The results of these surveys were transmitted to state health authorities within 4 hours of completion of these emergency surveys, providing rapid and accurate information to health and emergency-management authorities, and were used to set priorities for response actions in both Florida and Louisiana. For example, decisions regarding the type of health-care personnel needed in the disaster areas were based on data obtained in the assessment, and an active surveillance system for infectious disease was started following the surveys. Additional benefits of the survey included assurance to residents that their needs were being recognized; control of rumors of epidemics; dissemination of information regarding available medical-treatment and supply-distribution sites; and preventive health messages were provided by the interviewers on the importance of hand washing, water treatment, proper handling and storage of food, mosquito control, and injury prevention. Source

For more information on Texas Department of State Health Services (DSHS) activities related to **Community Assessment for Public Health Response (CASPER)**, visit: [DSHS CASPER](#)

For information on Centers for Disease Control and Prevention (CDC) CASPER toolkit visit: [CDC Toolkit](#)