

HEALTH CENTERS

Assistance Before, During, and After
Emergencies and Disasters



NATIONAL ASSOCIATION OF
Community Health Centers

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NACHC works with a network of health centers and state primary care associations to serve health centers with advocacy, education, training, technical assistance and partnerships. Health Centers (HCs) serve over 22 million people at more than 9,000 sites located throughout all 50

states and U.S. territories. NACHC supports the work of HCs and Primary Care Associations (PCAs) through technical assistance and training, provides emergency management leadership.

This compendium highlights the diverse and substantial ways that HCs assist communities before, during and after emergencies and disasters. The stories enclosed demonstrate the vital role centers play in safeguarding America's most vulnerable citizens. This document is a snippet of the overall work done by health centers nationwide.

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In Memory

This compendium is dedicated to Vin Urgola from North Hudson Community Action Corporation. His passion for helping his health center and the health centers around the country prepare for emergencies is truly unforgettable, as is his kind and gentle spirit. Thank you, Vin, for sharing your pearls of wisdom with us.

Introduction: The Role of Health Centers in Emergency Preparedness, Response and Recovery

In recent years, emergency preparedness has become a significant element for healthcare facilities. While efforts have typically focused on traditional first responders and hospitals as the epicenter of healthcare preparedness and response, events in the past ten years have raised the awareness of the importance of a coordinated healthcare sector response. In order to effectively meet the needs of a mass casualty incident, pandemic, natural disaster or terrorist attack, non-traditional first responders and other entities from the healthcare continuum must be involved in emergency management preparedness efforts.

Health centers are one such non-traditional first responder. For more than 45 years, Health Center Program Grantees have provided comprehensive, culturally competent, quality health care services to medically underserved communities and vulnerable populations.¹ Key health center program requirements include needs assessment, required services, management and finance, and governance. In addition, health centers are required to incorporate emergency preparedness fundamentals through the submission of Form 10. The form assesses health center emergency planning and operational readiness. These preparedness efforts assist health centers to increase their capacity to respond and recovery from emergencies and disasters and provide continuity of medical care to their patients and the community before, during and after a disaster.

As the field of emergency management evolves, the role and scope of health centers evolves. Many states are including health centers in their Emergency Support Function (ESF) #8 plans. Throughout the country, health centers are becoming partners in healthcare coalitions and their role in emergencies is becoming more prominent. Many are participating in Assistant Secretary of Preparedness and Response's (ASPR) Hospital Preparedness Program (HPP) through various planning, training and exercise initiatives.

¹ Bphc.hrsa.gov

In January 2012, ASPR released Healthcare Preparedness Capabilities. The 2012 document serves as the national guidance for healthcare system preparedness and outlines eight capabilities as the basis of healthcare system, healthcare coalitions and healthcare organization preparedness. The eight capabilities are shown below:

Healthcare System Preparedness

Healthcare System Recovery

Emergency Operations Coordination

Fatality Management

Information Sharing

Medical Surge

Responder Safety and Health

Volunteer Management

The vignettes in this compendium showcase most of these healthcare capabilities. Health centers engage in continuous cycles of planning, organizing, training, equipping and exercising.² Health centers also assist patients and communities with resiliency and sustainability by transitioning from response to recovery seamlessly and making sure their patients and the community at large is as least as well off after an incident as they were before it.³ Health centers take immediate action after

an incident to sustain lives, meet basic needs and reduce psychological and social effects of an incident.⁴ In addition, health centers serve in roles in which vital information and intelligence is coordinated and shared between key stakeholders.⁵ During response, HCs rapidly expand the capacity of the existing healthcare system in order to provide triage, subsequent medical care and continuity of care.⁶ Before a disaster, health centers engage in preparedness activities to protect and safeguard their staff health and wellbeing.⁷

To support an effective response to an incident, HCs have engaged in thorough pre-incident preparedness. The HCs featured in this document have shared capabilities which enable them to successfully respond and recover from emergencies and disasters.

² ASPR Healthcare System Preparedness

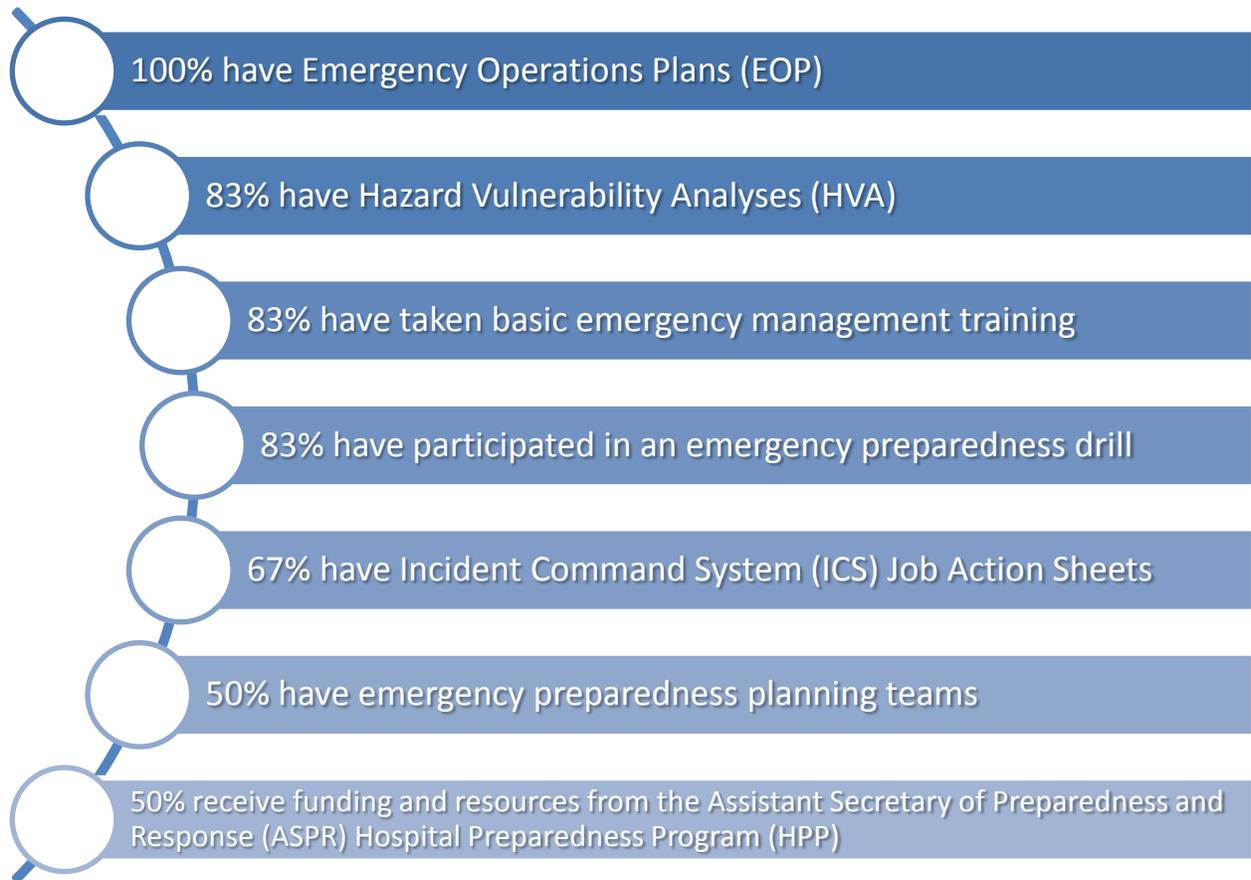
³ ASPR Healthcare System Recovery

⁴ ASPR Emergency Operations Coordination

⁵ ASPR Information Sharing

⁶ ASPR Medical Surge

⁷ ASPR Responder Safety and Health



All the centers included in this compendium have a base emergency operations plan. This plan guides their overall response by clearly identifying their roles and responsibilities. Most have identified and addressed the most common threats they face and taken steps to mitigate the severity of these events. Over half have documented and spelled out the Incident Command System (ICS) positions and functions needed to respond to an event.

Likewise, most health centers featured in this document have taken basic emergency management training and participated in an emergency preparedness drill. Both the training and drills help the staff execute their plans and demonstrate their capabilities in a controlled exercise setting. Drills serve as organizational rehearsal for a real world event.

Half have emergency planning teams that guide them through the emergency management process. Lastly, half have received funding through ASPR. The centers were able to utilize this

funding to strengthen their overall capabilities by participating in planning, training and exercises, and procuring needed supplies and equipment.

This compendium will demonstrate the vital role health centers play in emergencies and disasters. As champions for the community, health centers foster a level of grassroots emergency preparedness that reaches deep into the underserved and vulnerable populations they care for daily. The scope and depth of their response is encompassing. As this document will reveal, health centers provide comprehensive, whole community care in the wake of tragedies, emergencies and disasters. Echoed in the following pages is a deep commitment to the community. Health centers appreciate that their title begins with community—they are community champions that serve their communities before, during and after disasters.

Health Center Vignettes



California: Lessons Learned from the 2011 Windstorm

Residents in the San Gabriel Valley and Los Angeles area experienced a fierce California windstorm in December 2011. Beginning overnight and continuing throughout the day on Thursday, December 1, 2011, strong winds producing gusts of 60 to 80 miles per hour downed power lines, wires, trees, and caused vehicles to overturn. The windstorm knocked out power to 340,000 homes and businesses on Thursday and the large amount of debris and damage slowed response from utility companies. The Herald Christian Health Center (HCHC) was one of the many facilities that lost power for days.

Located 15 minutes from downtown Los Angeles in San Gabriel, California, the Herald Christian Health Center's mission is to provide quality and affordable health care to the under-served, whether due to a lack of insurance or limited language capabilities. The HCHC was created to provide the low income and the uninsured with holistic care, and provide limited English proficient Chinese residents with assistance navigating the American medical system. In response to the windstorm and widespread power loss, the HCHC wanted to provide assistance to the community by continuing to deliver medical services.

When staff arrived at the health center on Thursday morning, they found that their entire facility was without power. They worked throughout the morning to cancel appointments and the center was able to utilize downtime to conduct an emergency drill and hold a refresher training for staff on relevant changes in clinic policy and procedures. When power had not returned by the afternoon, staff members were sent home. As it turns out, power came back to the area slowly and the center would have been without power for 3 full days if they weren't able to use their pre-existing relationships to acquire resources.

Beth Sy, the Outreach Coordinator at HCHC, knew that the health center needed a generator in order to see patients and care for community residents. The HCHC utilized their partnership with the Community Clinic Association of Los Angeles County (CCALAC), which had a relationship with the Los Angeles Emergency Management Services (LA EMS), to request a generator. Since the requested generator was housed within the facility of the DRC Umbrella Group Coordinator, Kaiser Sunset, Ms. Sy reached out to Kaiser Sunset after contacting LA EMS. Kaiser Sunset was also experiencing problems as a result of the windstorm and they were not able to move the requested generator to the HCHC. Instead, LA EMS was the one who brought the generator over to the clinic.

When the generator arrived on Thursday afternoon, the health center was able to power the dental side of their facility. Because power could not be distributed to the medical side of the center, the staff adapted and moved their medical operations over to share space with the dental facility. This flexibility allowed them to see patients on Friday and Saturday and continue full operations before power was restored by the utility company.

Ms. Sy is thankful that the center had existing partnerships in place so resources could be requested and LA EMS has since standardized their resource request process. Now the center is able to train staff on a standard resource request form and there are codes that let their emergency partners know which facilities made the request. They are dedicated to increasing their preparedness and continuing to establish and maintain relationships with other health centers and emergency preparedness partners so that they can be prepared for the next emergency. Herald Christian Health Center is committed to helping their community and other healthcare facilities during times of need.



California/Colorado: Strengthening Wildfire Response through Integrated Partnerships

While people in the United States are no strangers to wildfires, people living near Colorado Springs, Colorado have gotten much more familiar with wildfires since 2012. Colorado Springs was the site of the state's most destructive wildfires with the Waldo Canyon fire in June 2012 and the Black Forest fire in June 2013. The Waldo Canyon fire was one of the most destructive fires in state history with nearly \$454 million in damages, 346 homes destroyed, and resulted in the death of two people. On Saturday, June 23, 2012, the Waldo Canyon fire began just 4 miles west of Colorado Springs and burned until July 10, 2012.

Located in the Pikes Peak area of Colorado, Peak Vista Community Health Centers operates 21 sites that provide primary care services to low-income, uninsured and underinsured working families, and others with access barriers. Peak Vista is dedicated to premier medical, dental and behavioral health services for people of all ages and is focused on enhancing the health of people and the community-at-large. They operate in El Paso and Teller counties.

One health center site is located in a mountainous region of Teller County that is primarily accessed from Colorado Springs by US Highway 24 (US 24). Because many health center workers work in one county and live in the other county, US 24 plays a vital role for medical couriers and employees that commute between the two areas. Many staff members of the Peak Vista health centers were stranded in the mountain pass and in the valley area when the fire grew on Sunday and US 24 was closed. Although there was an alternate route through the mountains, the trip one-way would have taken health center staff 3 hours instead of 45 minutes

on US 24. The centers wanted to provide care so they used an alternative facility approach where staff switched locations for a week while the highway was closed. Nurses and clinical teams that normally commuted to El Paso County worked at the center in the mountain pass and people that usually took US 24 into Teller County worked in the Colorado Springs area.

As the Waldo Canyon wildfire grew and caused evacuations, the health centers wanted to continue assisting the community and support the city and service organizations. Peak Vista activated their Emergency Response Team for the very first time and sent approximately 20 staff members to the community evacuation center. Health center staff primarily focused on outreach and enrollment but they also set up a resource table for people with health concerns. On Tuesday, June 26, 2012, as winds reached 61 miles per hour and temperatures reached 101°F, many evacuees became displaced when 300 homes were destroyed in 5 hours. Although Peak Vista activated their Emergency Response Team and were able to liaise with the Sheriff and County daily about needs, a majority of people that were displaced had resources and did not need to be sheltered.

With a staff of over 600 people, Peak Vista Community Health Centers notes that their ability to communicate during the wildfire was exceptional. Randy Hylton, Peak Vista's Director of Communications & Outreach, recalls that the centers set up a confidential, internal email address where staff could request or offer access to resources. 40 staff members were evacuated from their homes temporarily but only one staff member lost a home to the fire. Mr. Hylton was determined to ensure that centers were open and capable of providing assistance to any community members that needed care. He credits their ability to remain open to health centers being ready and able to respond to an emergency. In this case, the ability to communicate internally and the flexibility of the centers and staff to embrace an alternative facility approach were key to remaining open and available for community members.

Like in Colorado Springs, residents in Southern California have become more familiar with wildfires since 2003. In October 2003 and October 2007, residents near San Diego in the East County region experienced wildfires firsthand. Mountain Health & Community Services (MHCS) played a vital role in providing disaster relief during both fires. MHCS is an organization that has been running health centers in San Diego and the surrounding rural area since 1975. MHCS has two urban health centers as well as two rural health centers that cover 900 square miles of rural country and 16 small communities in the east county area.

In October 2003, a wildfire called the Cedar Fire burned a large area of San Diego County, directly affecting residents of the area that MHCS served. The health center in Campo was designated as an emergency 24-hour shelter by the San Diego County Office of Emergency Services (OES) and provided primary care services for five days. The Campo area was cut off from urban supplies and without power for the first week, losing their water and gas supply. During that time the community center acted as a distribution center, dispensing 2,500 cases of water to small communities and serving over 2,000 meals to people at the community center. They were actively operating for 4 weeks but only served as a shelter to 14-25 people for the first week. The community did not have any assistance from the American Red Cross or Salvation Army because of the rural location.

While they had an extraordinary response to an unplanned emergency, Judith Shaplin, the CEO of MHCS, recognizes that there were a number of things that went wrong in 2003. When all the cellular towers in the area burned down, the center couldn't reach staff and because employees didn't know their role in an emergency, many didn't show up for work. Many employees that did have landlines only had cordless phones that relied on electricity. There was no back-up generator or bypass switch to connect a generator for both the health center and the community center, which resulted in the loss of thousands of dollars in vaccines and the inability to open the health center. The Center also did not keep accurate financial records of loss, such as inventory and the distribution of their supplies. Learning from their experience, automatic emergency generators were installed at the health center and the community center in Campo, a more resilient communication plan that included wired phones and radios was developed, and MHCS involved all employees in disaster education and trainings.

In October 2007, the wildfire was bigger and resulted in a larger displacement of community residents near Campo. When the fire was a mile away from Campo, the Sheriff designated MHCS as a drop off point, even though no formal agreement was in place. Although the health center was partnering with the American Red Cross and volunteers were sent to assist, the assistance was not initially functional because the volunteers were staying in hotels 75 miles away in downtown San Diego. Because there were no hotels closer, Judith arranged for their shelter. MHCS assisted with emergency operations for 6-8 weeks and for 14 days it served as a 24-hour evacuation center, responsible for sheltering 300 people, 30 dogs, 15 cats, and 24

wolves from 2 wolf packs. Some community residents couldn't return home after 2 weeks until housing assistance could be found for them.

During the wildfire, the Campo center served over 10,000 meals to evacuees, law enforcement, and fire fighters. Additional complications and considerations that health center staff had to deal with included an end-stage COPD patient that needed oxygen and arrived using the last bottle and an insulin-dependent diabetic patient who arrived with an insulin supply in a ziplock bag full of melting ice. Fortunately, Judith and OES had a good working relationship as a result of the 2003 fires and she was able to request and receive resources from OES. Sprint was the only cellular provider working and the company donated phones to the staff for 3 months, allowing them to coordinate communication more effectively than in 2003.

Like with the previous wildfires, Judith and the health center staff were able to take their experiences and improve their preparedness and emergency response capabilities. MHCS's disaster plan now includes all employees in their trainings and accounts for the loss of key staff members, a result of their experience in 2007 when the Chief Medical Officer was not present. Desiring to make healthcare reimbursement easier after a disaster, MHCS has procedures and trainings in place to improve supply tracking during an emergency. Determining who will pay for supplies and staff expenses at an alternate care site before an incident occurs is another pre-emptive step that can be taken. Mountain Health & Community Service advocates being prepared and expecting the unexpected. In their case, MHCS was faced with the challenge of sheltering not only people and domestic animals but also wolves. The question that represents comprehensive preparedness for them has become "how do you deal with two wolf packs, resulting in 24 wolves that each eat 50 pounds of dog food per day?"

As a result of both fires, MHCS learned a variety of lessons related to emergency preparedness and community response. They recognize that developing redundant communication methods is critical during a disaster, MHCS has revamped their disaster training program, and they are actively working to reinforce and strengthen their collaboration with community partners. MCHS, OES, and other organizations that service the East County area now meet on a quarterly basis to review the county emergency response plan and they have a community resource matrix. The communities that MHCS serves are extremely rural, and Ms. Shaplin is proud to say that "MHCS gives the community members instant emergency response and a response that understands them. Rural is a culture."



Connecticut: The Coordination of Behavioral Health Needs After a Mass Shooting

On December 14, 2012, Americans experienced the second deadliest mass shooting by a single person in our history. Six years earlier, the country mourned the tragedy at Virginia Tech and the events at the Sandy Hook Elementary School in Newtown, Connecticut became a devastating reminder that educational institutions are, at times, targets for acts of violence. In the immediate aftermath, twenty children and six staff members were killed and a country came together to mourn and support Newtown. Americans struggled to cope with the senselessness of the tragedy. Behavioral health professionals and pediatricians alike were concerned with the long term effects of the Newtown tragedy.

In Danbury, Connecticut, twenty minutes from Newtown is the Connecticut Institute for Communities (CIFC) Greater Danbury Community Health Center. CIFC was organized in response to a growing number of children and adults who have little or no health insurance or medical home. CIFC provides affordable, accessible and comprehensive healthcare to the residents of the Greater Danbury area, regardless of their ability to pay or their insurance status. After the tragedy in Newtown, CIFC sought out ways in which they could leverage their expertise and capabilities to assist their neighbors, in this time of unified grieving.

In the immediate aftermath of Sandy Hook, pediatric behavioral health needs were identified as a priority. Area professionals understood that expanding the local capacity to meet the increased behavioral health needs would require a collaborative approach. The Newtown Health Department organized local behavioral health experts including members from local

hospitals, private practices and also sought the expertise of Dr. Thomas F. Draper, MD, MPH, the Medical Director of CIFIC and a highly regarded, long-practicing pediatrician.

A Coordinating Council was established of voluntary behavioral health providers including members from Newtown, New Haven, Danbury and Waterbury. Dr. Draper served as an Advisor for the Council. The Council met quite frequently after the shooting and was tasked with meeting the emergency behavioral health needs of the pediatric community. This required addressing families and children impacted by the shooting. The Council coordinated with schools, community based organizations and licensed behavioral therapists and helped families find services and provided referrals.

Though developed in the wake of a devastating tragedy the Coordinating Council continues to meet to further develop its preparedness campaign. CIFIC continues to expand its emergency preparedness and response capabilities in the event of another emergency not unlike Newtown. CIFIC in partnership with the Community Health Center Association of Connecticut (CHCACT) and NACHC participated in the Healthcare Security Officer Certificate Program. Sudden and unexpected acts of violence can happen anywhere and partaking in the training opportunity assisted them in becoming better prepared. CIFIC continues to attend quarterly Community Health Emergency Response Network (CHERN) meetings with the other health centers in Connecticut, coordinated by CHACT and actively participates in emergency preparedness activities.

Dr. Draper acknowledges that sudden, unexpected crises can happen anywhere and having close partnerships with local organizations and building the emergency preparedness capacity in peacetime is imperative for providing effective response in the wake of an emergency or disaster. While we cannot predict when the next crisis will happen, Dr. Draper points out “we can continue to establish ongoing relationships with our emergency preparedness partners and enhance our pre-incident preparedness levels to be as ready as possible for the next unexpected event.”



District of Columbia: Healthcare Preparedness during H1N1

In June 2009, a worldwide outbreak of a pandemic strain of influenza (flu) called H1N1 began to circulate through the United States. Nicknamed “Swine flu”, H1N1 was a new strain of influenza and the pandemic lasted until August 2010. With ordinary season influenza, the elderly, children, pregnant women, chronically ill, and immune-compromised individuals are typically considered high-risk. However, in addition to these high-risk individuals, many previously healthy individuals were presenting with complications and severe cases of H1N1 in 2009.

Whitman-Walker Health is a culturally competent health center that serves Washington D.C.’s diverse urban community, including individuals who face barriers to accessing care, with a special expertise in LGBT and HIV care. Providing health care services to the community for nearly 40 years, the center recognized the impact that an H1N1 outbreak in D.C would have on their population and began to reach out to their community members, with increased emphasis on reaching and preparing their high risk population.

Although Whitman-Walker had no trouble stocking the seasonal flu vaccine, they encountered difficulties procuring the H1N1 flu vaccine. The health center was not on the DC Department of Health (DC DOH) list for distribution and they had to work on a regular basis with the DC Primary Care Association (PCA) and the federal Vaccines for Children Program to request vaccine. After vaccine from the DC DOH was allocated, Whitman-Walker’s Chief Medical Officer put out written guidance to medical staff to promote the availability of the H1N1 vaccine. Staff strongly encouraged any patient that came in for a medical appointment to get the vaccine and advertised that it was available. The center even posted information on their website to increase medical providers’ awareness of availability. During the pandemic, more people received the seasonal and H1N1 flu vaccines than would normally receive the seasonal vaccine by itself.

Tom Vosloh, the Facilities Manager, and Dwaine Gasser, the Clinic Operations Director for Whitman-Walker Health add that the center did more than just promote and provide vaccines to the local community. The health center protected both its staff and patients by taking preventative measures in the patient waiting room and throughout their facility. They took steps to flu proof the center with the addition of hand sanitizers in the entrance, waiting rooms, and staff areas. Other preventative measures like hand washing and sanitation were taught to staff and patients to minimize the risk of transmission and the staff becoming ill. Additionally, they increased the respiratory safety of staff by providing in-house services like fit testing training and N95 facemasks. Whitman-Walker purchased N95 facemasks to supplement personal protective equipment that a DC PCA grant had provided and they still have the training devices in anticipation of any future emergencies.

For Whitman-Walker, good working relationships with their PCA and local Department of Health allowed them to procure H1N1 vaccine when supplies were scarce. Coordinated by the DC PCA, Mr. Vosloh is the chair of the Emergency Preparedness Task Force. Open to all emergency managers from all HC members in DC, the task force meets quarterly and is dedicated to improving healthcare response capabilities, training healthcare responders, and planning to prepare the local healthcare system for an emergency. Mr. Vosloh is currently spearheading a major push to update Emergency Operation Plans (EOPs). Current EOPs are based on a template that the DC PCA provided health centers with in 2007, In addition to EOP updates, the task force conducts trainings and works on updating business continuity for members. As a part of the DC Emergency Healthcare Coalition, Whitman-Walker receives a portion of its funding from both the Coalition and the DC PCA, allowing them to partner closely together and increase their collective leverage for healthcare preparedness in the DC area.

Over the last several years, as the DC DOH has been exploring the concept of the closed Point of Distribution (POD), Whitman-Walker Health has embraced the planning process. Currently in the third and final stage of certification by DC DOH, the health center will be certified by the end of 2013 and will serve the community as a closed POD in the event of a public bioterrorism event. This forward thinking, in combination with strong regional partnerships and efforts to strength emergency response capabilities of nearby health centers, allows Whitman-Walker to be prepared for the next disaster, whatever it may be.



Iowa: The Utilization of Mobile Medical Assets after the 2008 Flood

The flooding that began in June 2008 in Iowa was often referred to as “Iowa’s Katrina.” This is not the first time the Hawkeye State experienced severe flooding. In 1993, Iowans experienced “the Great Flood” which resulted in 99 out of 100 counties receiving floodwaters. The flooding in 2008 proved worse for Southeastern Iowa.

The Community Health Centers of Southeastern Iowa (CHC/SEIA) provides affordable, comprehensive and cultural appropriate primary health care to residents of greater Southeastern Iowa, especially those with limited resources or with other barriers to healthcare. CHC/SEIA has six sites with several located not far from the Mississippi River. In 2008, raging floodwaters destroyed a new center in Columbus Junction when a temporary levee breached. With the Columbus Junction health center destroyed, CHC/SEIA’s CEO Ron Kemp, faced the daunting challenge of what to do next.

CHC/SEIA was not a newcomer to emergency preparedness. The organization had participated in area emergency preparedness training. Their training involved general planning for alternate facilities and continuity of operations. Mr. Kemp knew that the community needed medical and dental services and that they needed to set up a temporary facility to meet the demand.

CHC/SEIA’s Columbus Junction center was especially important to serving the non-English speaking population and their families who settle in the area to work at a large Tyson meat processing plant. After learning of the CHC/SEIA’s need for clinical space, the Ohio Primary

Care Association worked with the health centers in their state to locate and transport a mobile unit for temporary use. The unit was small and contained one exam room. It was placed on elementary school property as CHC/SEIA had a preexisting MOU with the school in Columbus Junction. CHC/SEIA began providing services within 10 working days of the flood.

Additional mobile units were procured. One was a “Ronald McDonald” mobile dental unit loaned to CHC/SEIA by One World Community Health Center in Omaha for one month. Within 3 weeks of use the one room mobile medical unit from the Ohio PCA was replaced by a larger mobile medical unit leased from a private vendor. By mid-August both a mobile dental and mobile medical unit were re-deployed to the parking lot of the flood site as the school location was no longer available with school starting.

The temporary mobile units were used from July 2008 until May 2010. With the assistance of American Recovery and Reinvestment Act and Community Development Block Grant funds, a new 8,000 square foot center was constructed in the adjacent community, Columbus City, on much higher ground to mitigate any further flood damages should flooding occur again.

Health centers serve society’s most vulnerable, hard-to-reach, and at risk communities. Despite the disaster being nicknamed “Iowa’s Katrina,” CHC/SEIA, through the leadership of Mr. Kemp, was determined not to allow their patients to go without needed medical services. “We are, after all, called community health centers. We serve the community before, during and after disasters.”

Health centers are interwoven into resource limited communities. These communities learn to depend on and trust health centers. Part of that trust requires health centers be ready and able to respond to emergencies and disasters. Without proper planning and training in advance of one of these events, health centers will struggle to meet the needs of their patients and the communities. Therefore, emergency preparedness is part of the inherit mission of health centers.



Massachusetts: Community Recovery after the 2010 Earthquake

On January 12th, 2010, a catastrophic earthquake occurred in the most populous area of Haiti. With the epicenter located just 16 miles outside of Haiti's capital city of Port-au-Prince, the 7.0 magnitude earthquake and aftershocks caused extensive damage, affecting as many as 3 million people and resulting in an estimated 159,000 deaths. Due to the lack of building codes and low construction standards in Haiti, many Haitians were left homeless or refused to return to their homes because of fear that aftershocks would collapse the structure. In the aftermath of the earthquake, many Haitians immigrants living in the United States struggled to cope with the disaster.

The Codman Square Health Center (Codman Square) in Dorchester, Massachusetts is a community-based, outpatient health care and multi-service center that has been serving the local community since 1979. Codman Square is the principal option for affordable, high quality, primary and preventive care in one of Boston's poorest and most vulnerable communities and they have more than 100,000 patient contacts each year. In response to the Haitian earthquake, Codman Square saw the opportunity to reach out to the local Haitian community and provide assistance to Haitians that were already living in the community and to refugees as they landed in the Dorchester area. The health center wanted to help alleviate the physical and mental health issues that Haitians were dealing with as a result of the earthquake. Codman Square was able to assist the community immediately after the disaster and over the long-term with continued mental health care.

For six months, the health center ran clinics to help the Haitian community manage the physical, mental, and emotional stress of the earthquake. At these clinics, providers ran blood pressure checks, tested blood sugar levels, provide mental health clinicians, and talked to residents about what to expect while they were waiting to hear from family members still in Haiti. As Haitian refugees began to arrive in their community, Codman Square ran more intensive clinics to ensure that the earthquake survivors were being cared for in every way. Because many refugees had visas that allowed them into the US but prevented them from working, the health center recognized that many were going to struggle to survive in their community without additional support. The HC provided physicals, immunizations, and intensive mental health care services to those who arrived in the Dorchester area from Haiti. They also provided resources to help Haitians receive food, find housing, and enroll their children in schools.

Codman Square applied for and received a Substance Abuse and Mental Health Services Administration (SAMHSA) Emergency Response Grant that allowed the health center to have a clinician and a case manager continue working with Haitians who had received care and assistance at their clinics after the earthquake. From August 2011 through April 2012, France Belizaire, a clinician, and a case manager ran a group session every other Saturday and worked with some people in individual therapy sessions. They used these sessions to focus on mental health and assess how people had progressed emotionally since the earthquake. Ms. Belizaire and the case manager recognized that by running group sessions, they could make it easier to talk about mental health issues. Using the earthquake as an example of how conditions like depression, anxiety, and post-traumatic stress disorder can develop, they were able to educate people in the Haitian community without stigmatizing the issues. The group sessions were structured to cover a variety of topics that included mental health issues like depression, coping skills, and relaxing techniques, but also addressed topics related to life in the United States like hosting resume workshops and career centers. The center even had housing authorities come in to provide Haitian refugees with Temporary Protective Status with information about what kind of housing assistance they could receive and where to go for help.

Health centers play a vital role in providing physical care like checkups and immunization but the role they play in providing mental health care and health education should not be overlooked. Codman Square Health Center not only addressed the physical needs but also address the emotional and spiritual needs of their patients and the community. They realized

that the need arising from the earthquake required them to treat the whole person. This required services outside of medical care.

After the Haitian earthquake, the Codman Square Health Center was able to identify their available resources and provide for the immediate and anticipated needs of Haitians in their local area. By integrating physical care with education about mental and physical health issues, health centers are able to create an environment that promotes ongoing community and provider engagement, education, and communication. Codman Square Health Center served the existing and newly transitioning Haitian community in a comprehensive and integrated manner. Catastrophic disasters like the Haitian earthquake require healthcare providers to go beyond the physical wounds to address the outstanding needs of their patients and the community.



Mississippi/Missouri: Medical Surge Following the 2011 Tornadoes

In April 2011, a violent EF5 tornado struck Smithville, Mississippi. The damage stretched for over 37 miles and killed 23 people along its path of destruction. Unfortunately, Access Family Health Services' Smithville site was in its path and was destroyed.

The mission of Access Family Health Services is to provide affordable comprehensive healthcare and education to communities with superior service and care. Access Family Health improves patient care through a holistic approach in which the patient becomes a partner in their health maintenance.

The end result of the tornado was the devastation of the medical facility and the roof of the dental building was torn off. The day began with sirens; the sirens went off all day. Staff listened to the weather radio and a call from the Sheriff prompted staff, patients, and visitors to seek safe shelter in the facility.

Access Family Health is no stranger to emergency preparedness. They have emergency planning documents including a shelter-in-place and evacuation plan. Staff members are trained on what to do in a disaster and each staff member has assigned roles and responsibilities. Marilyn Sumerford, the Executive Director of Access Family Health Services, knows preparedness is key to a successful response to a tornado. "Our staff are trained with Incident Command System (ICS) and when activated they don their ICS vests and report for duty." Access Family Health also participates in training and drills. Not long before the devastating tornado, the center participated in a community wide tornado exercise.

Tornadoes are a threat in the springtime months and despite losing the medical facility no one was injured or killed. After the tornado, Access Family Health staff went into the community to assess the damages and need. They loaded up with supplies and went door to door, looking for community members to help. Their medical team assisted those who were injured as most roads were impassable to emergency vehicles. Community members used ripped off doors as makeshift stretchers and loaded the injured into pickup trucks.

Inside the dental facility, staff set up a triage area. Though there was no electricity, staff did what they could. Patients were provided first aid, intravenous fluids, and tetanus shots. Access Family Health has extensive partnerships with local health, local emergency management, healthcare and community organizations. The local health department tapped the center to serve as a closed POD after the tornado to assist with providing tetanus shots to first responders. Because of their partnerships before the disaster the local response network knew they could rely on Access Family Health to support first responders and communities after the tornado.

One month later, another devastating tornado made news for its widespread destruction in Joplin, Missouri. On a Sunday in May 2011, a catastrophic EF5 tornado reached a mile wide, cutting a 17 mile long swath through Joplin, injuring 1,150 and killing 158 residents. The Joplin tornado is the deadliest tornado to strike the United States since 1947 and ranks as the costliest single tornado in U.S. history.

Providing community outreach, behavioral health, dental and medical services, the largest of four clinics run by ACCESS Family Care (no relation to Access Family Health Services in Mississippi) is located in Joplin, Missouri. Unlike the complete destruction in Mississippi, ACCESS Family Care's (ACCESS) clinic in Missouri sustained no damage. Debra Davidson, PhD., the Chief Operations Officer, rode the tornado out in her basement. After the all clear was given, Dr. Davidson began coordinating ACCESS's response.

ACCESS Family Care was prepared. Given their close relationship with the Missouri Primary Care Association and Janice Pirner in particular, ACCESS Family Care had the planning, equipment, and training to respond. ACCESS staff did not wait for the call roster to be implemented, as they had trained for, they went into auto-pilot and showed up at the clinic to see what they could do. That was fortunate, as phone towers were down and very few calls or

texts got through. Darlene Sarley, LPN, the Joplin clinic manager, organized staff to turn their large waiting room into a “MASH” unit. They grabbed the emergency cots, got first aid supplies, sutures, and stood by ready to address the walking wounded, which began arriving in large numbers by 8:00 PM. They provided medical services until 2:00 AM that morning only to reopen at 8:00 AM later that day.

Seeing that Ms. Sarley had the clinic under control, Dr. Davidson reported to the City’s Emergency Operations Center (EOC) and remained there for nine days. Acting as a facilitator, she manned the medical response health desk and helped coordinate requests and forward resource requests to the appropriate posts in order to match needs and resources. ACCESS Family Care is very active in the Joplin/Jasper County local emergency preparedness healthcare collaborative (LEPC). Teams from ACCESS went into the community to provide first aid services. Since one of Joplin’s two hospitals had been destroyed, the community’s LEPC acted upon their contingency plan. As patients came in to ACCESS’s clinic via all forms of transportation, staff triaged and treated. Patients with more serious injuries or complex orthopedic injuries were transferred to the functional hospital or the nearby orthopedic surgery center that had opened its doors that evening.

Dr. Davidson knew ACCESS had a vital role before and after the tornado. The community needed services. Ambulances were dropping the walking wounded off at ACCESS to offset the burden on the remaining local hospital. The Center served as an alternate site for community members with lower acuity injuries.

Following the lead and in collaboration with the public health departments, the LEPC recognized that there was a mass need for tetanus vaccinations. Dr. Davidson elicited the aid of AmeriCares and Direct Relief to supplement the tetanus vaccine supply of the local and surrounding health departments and provide medical and hygiene supplies in the wake of the tornado. Since the community’s cars were destroyed, eliminating adequate transportation, ACCESS Family Care and the health departments rolled out the “red wagon brigade” and set up tetanus vaccination stations in the neighborhoods. ACCESS staff piled wagons high with needed hygiene items, medical supplies, coolers loaded with tetanus vaccines and rolled out to communities. In all, over 18,000 documented tetanus immunizations were administered. ACCESS staff also treated the minor injuries community members and volunteers sustained

while they sorted through the rumble during the days, weeks, and months following the tornado's wrath.

Pharmaceutical needs were another priority. Pharmacies and medical offices were destroyed. Scripts, charts, and medications were lost. Many individuals needed access to their prescription drugs. ACCESS Family Care became the central hub for medications and served as a community pharmacy for replacement medications. Their makeshift pharmacy was staffed for one month by volunteer pharmacists.

ACCESS Family Care also received grants from multiple sources to provide services for survivors of the tornado. They assisted new and old patients in recovering from the aftermath for one year. While the Joplin Tornado destroyed lives, the community worked to rebuild and recover. ACCESS Family Care developed stronger relationships with local colleges, the Primary Care Association, community members, pharmacies, Non-Governmental Organizations, and the American Diabetes Association. ACCESS had supplies donated to them which lasted almost one year which they also shared throughout the community as needs were identified.

Looking back, Dr. Davidson thinks all their emergency preparedness efforts really paid off. "When the community needed us, we were there. When the hospital needed us, we were there. We utilized our plans, training and drills to guide our decisions and shape our response."

ACCESS Family Care's Medical Director, Dr. Charles Bentlage eloquently sums their preparedness efforts. "I never thought a community health center would have a major role in a disaster; a minor role, yes, but not a major role. Then the tornado struck and destroyed one of our two hospitals. We played a significant role in assisting the community. We were prepared. We were proud to be prepared."



New Jersey/New York: Mass Care Outreach after Hurricane Sandy

Hurricane Sandy is the second costliest hurricane in U.S. history—second only to 2005's Hurricane Katrina. In October 2012, the hurricane affected 24 states including the entire eastern seaboard from Florida to Maine and left behind crippling damage in New Jersey and New York.

The William F. Ryan Community Health Network has a proud tradition of providing affordable and comprehensive healthcare since 1967. The network of health centers' inspiration is former Congressman William F. Ryan who promoted healthcare as a right and not a privilege.

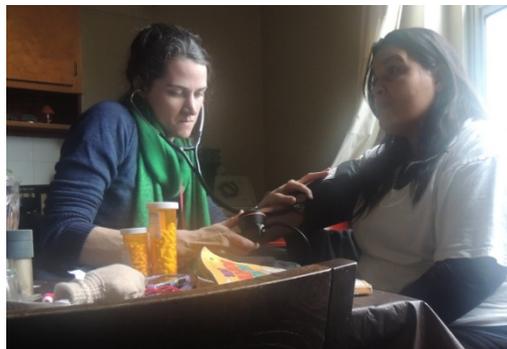
Besides providing quality healthcare, William F. Ryan Community Health Network has a long track record of engaging in emergency preparedness and response. Prior to Hurricane Sandy, the Ryan Centers provided a vital role in the wake of September 11th by providing medical and mass care services to first responders as they began a rescue effort at the World Trade Center that turned into a prolonged recovery mission. The center also provided behavioral health services to school children in lower Manhattan. In addition, the Ryan Centers engaged in exercises and drills to test their emergency preparedness and response capabilities. They served as a closed POD during a mock smallpox outbreak and triaged injuries after a simulated vehicle crashed through their large glass window.

Hurricane Sandy was another looming disaster that needed to be prepared for. Most preparations began on October 26, 2012 for New Jersey and New York. Most facilities

expected to be closed for one day and reopen the next. What was expected and happened on October 29, 2012 diverged greatly for many communities in New York and New Jersey.

In the immediate aftermath, all of Ryan's sites but one on the Lower East Side were opened on a very limited basis. Staff could not get in to work and the facilities operated on a skeleton crew for days. By the end of the first week, most facilities had staff back and most transportation systems were back online.

However, the Rockaways suffered extensive damage. With the reputation for assisting in times of crises, the New York City Office of the Mayor asked Ryan's CEO to assess the unmet needs in the community. The William F. Ryan Network offered boots on the ground assistance in the Rockaways with the use of their medical van and multiple canvassing teams. The canvassing teams including administrative, medical and behavioral health professionals. Their assessment included unmet lodging, food, pharmaceutical and medical needs. The teams reported back on what they were seeing and this information assisted City officials in understanding the unfolding situation and mobilizing the needed resources for the community.



Above is a photo of Sarah Gniadek, a Family Nurse Practitioner, treating a resident in one of the housing developments on Far Rockaway. Far Rockaway was one of the hardest hit areas by Hurricane Sandy and Ms. Gniadek was one of the main medical personnel that manned the Ryan Network Mobile Medical Van for the entire time they were out in the field.

The canvassing teams had a lot of assistance from the community. Neighbors were helping neighbors and informed the teams on who in the community needed the most help. The teams would then go and check in on those individuals.

By the second week, Ryan's mobile unit was in the community and providing ambulatory medical care. The unit parked near community reception centers that were giving out food and water. The canvassing teams, van and mobile unit continued to engage the local community caregivers and faith-based and community-based organizations. Ryan's assets moved location to location based on the need and became part of the trusted grassroots network that was assisting in relief efforts post Sandy.

The William F. Ryan Network is cognizant of their status as a trusted resource. The organization's External Affairs Officer, Lorraine Leong and Chief Administrative Officer, William Murphy articulate who really calls the shots on responding after a disaster. "Our role is articulated by the patients who come in after a disaster and ask what we can do. So, our role is defined by the community. Our patients are affected and need our help. Therefore, we are part of the response and response is a natural role for a community health center."

Like the Ryan Network, the North Hudson Community Action Corporation (NHCAC) is dedicated to providing quality healthcare services to community residents. With locations throughout northern New Jersey, NHCAC has been committed to promoting and improving quality of life for residents by providing comprehensive health and social services for over 43 years.

With the arrival of Hurricane Sandy, the immediate priority for North Hudson's health centers was to secure their locations and provide as much assistance to the community as possible. With a strong emergency communication plan in place, they were able to institute an Incident Command System and establish a command officer to make operational decisions for the corporation. There were problems with emails and texts but they were able to rely on their emergency plan to reach out and contact staff members. The first priority was to get as many staff members as possible to the sites and because they found that every NHCAC site had lost power, signs were set up saying that the health centers were closed.

The NHCAC's CEO and senior staff decided that the largest facility, the West New York, New Jersey site, would be the best location to reach community members. By utilizing a generator and two mobile units, a medical van typically used for community outreach and a licensed and self-contained dental unit traditionally used at sites lacking dental facilities, North Hudson was able to keep one site operational and provide care during the emergency. The senior staff were concerned about critical health issues like pregnant mothers and wanted to have a beacon in

the community that said “We’re here for you” even if the health center did not have a large capacity. As power began to come back into the local communities, the mobile units moved to another site.

Vin Urgola, West New York’s Director of Operations, notes that having a pre-existing relationship and Memorandum of Agreement (MOA) with the local hospitals were critically important pieces of their emergency preparedness plan that Hurricane Sandy tested. Widespread power outages threatened to compromise the integrity of vaccines at medical facilities across the region and there was competition at many hospitals for space to store vaccines. North Hudson’s pre-existing relationship and MOA allowed the site to transport their vaccine supply to a hospital with power and secure the space for its storage and preservation. After the initial chaos, the Chief Financial Officer and CEO of NHCAC were able to make decisions about the emergency response to Hurricane Sandy and their employees. They decided to pay all of their staff, whether the employee didn’t or couldn’t come in to work, and they let the staff that had responded during the emergency have extra time off afterwards.

Mr. Urgola recognizes that North Hudson’s strong communication abilities played a big role in their emergency response. It allowed them to reach into the community and offer a beacon of hope in an otherwise devastated area. Learning from Sandy, Mr. Urgola and Tom Turner, the Director of Security, have applied for grant funding to outfit a flatbed truck with a large generator and they hope to have a mobile power source for the future. They see it being utilized during future emergencies to power facilities and cellular phone towers, or even to supplement a spotty electrical grid.

After disasters like September 11th and Hurricane Sandy, communities expect organizations to help out. An organization’s reputation is on the line and standing idly by can negatively impact the organization’s statue in the community. When organizations respond and provide leadership, communities are proud. And, in order to respond, one needs to be prepared. How prepared an organization is before an event will dictate how effectively they can respond. This is something the William F. Ryan Network and North Hudson Community Action Corporation understand and embrace.

Conclusion: The Foundation of Communities

Health centers are not only vital establishments for comprehensive medical services and medical homes; they are community pillars and trusted friends to the patients and communities they serve. As such, it is important that health centers be there for their patients and the communities they serve in good times and bad. There is probably no time worse than a major disaster.

The stories in this compendium represent just a sliver of the amazing work of health centers in response to disruptions in their communities. These health centers, as highlighted, provided critical and diverse services after emergencies and disasters. And, in order to provide these services, the health centers engaged in emergency preparedness activities before the disaster struck.

These health centers established partnerships and coalitions. They also arranged MOUs and MOAs and wrote emergency plans. Staff completed trainings and participated in drills and exercises. These health centers took valuable time and invested it in emergency preparedness not knowing if their investment would pay off.

The return on investment for a health center's preparedness may be hard to quantify in dollars and cents but it can be easily quantified in lives impacted. In the greatest times of need, these health centers were there. They provided services to their patients and the communities in the worst times. Many staff showed up to work despite also being impacted by the same disaster. These health centers made the choice to be there in a meaningful way and as this compendium reveals, they provided invaluable services. The measureable return on investment is measured in communities cared for and in communities that recovered from the disaster. That is the role of health centers. They are and will be pillars of the community for the foreseeable future.

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