



OCTOBER 29, 2013: Residents of the Red Hook neighborhood of Brooklyn march through the streets after attending a candlelight vigil to commemorate the one-year anniversary of Hurricane Sandy. [Andrew Burton/Getty Images]

STRENGTHENING COMMUNITY RESILIENCE

With the City's help, neighbors helped neighbors after Hurricane Sandy.

The New York City Health Department doctor was on her bicycle. She wasn't commuting to her regular job; she wasn't out for fun. She was far from home, in the Rockaways, where a nor'easter had just walloped the neighborhoods that Hurricane Sandy had almost drowned nine days earlier, knocking out public transportation and most other basic services.

People needed prescription refills, first aid and dialysis, but primary care offices, dialysis centers and pharmacies were shuttered. Homeowners were worried about mold and toxic cleaning products, but they had no internet in order to find more information about the hazards.

It was a severe test of the community's resilience. It was also a test of the Health Department's ability to help communities use their own strengths and connections to get back on their feet after a disaster.

When the winds reach a certain speed, the bridges are closed. In a flood, the public transportation system is turned off. When an emergency occurs, resources are stretched to their limits. Communities need to be prepared to work together, on their own, before additional resources and help arrive.

The Health Department's community resilience team asks: What are the likely impacts of an emergency? What is the

Health Department planning to do and what are other New York City agencies doing? What are the things that the Health Department would need people to do to help their neighbors?

To these ends, the Health Department gave the doctor-on-a-bike a mission: Scope out the well-being of residents and responders; assess the status of available healthcare options; convey accurate, unified public health messages; and call in reports to the Health Department to aid decision-making throughout the day. The doctor was the agency's boots on the ground, its field agent.

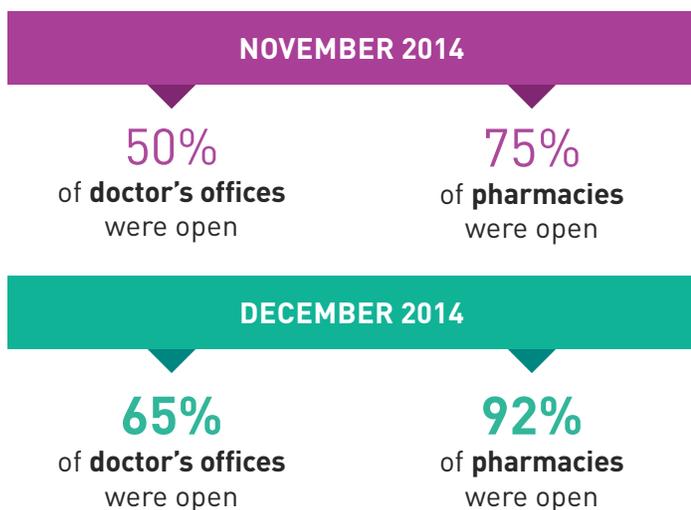
Each day she did "rounds" of mobile medical vans, recovery center tents and volunteer distribution sites, helping them coordinate efforts. There was no list of open primary care providers or pharmacies. So she cruised the streets, stopping at newly lit storefronts, adding open drugstores or

doctor's offices to lists, which were revised for distribution to responders and the public the next day.

It was clear that primary care centers needed to reopen as quickly as possible. The Primary Care Emergency Preparedness Network (PCEPN), a critical Health Department-funded partner, supported primary care centers by deploying mobile medical vans to provide care to the areas most impacted by the storm. Despite damage to infrastructure, staffing challenges and lack of utilities, many providers reopened as soon as possible, providing vaccinations, medication refills and continuity of care for patients with chronic illness. Primary care center staff also monitored home-based patients and provided services to shelter evacuees, giving much-needed assistance to vulnerable populations.

"The nuance of public health is figuring out the need. Don't use a high-tech solution where a low-tech one is appropriate," said the doctor. She realized that, in addition to flyers or lists, this meant showing the government's human face—for instance, accepting invitations from community groups to speak at meetings. If trust in government and its messages is important, then face-to-face contact has to be part of the solution. And whenever there is an emergency, trust is important. With the Health Department's help, neighbors were helping neighbors.

After Hurricane Sandy, the Health Department helped most healthcare facilities in the Rockaways reopen within a month to provide critical services.



Surveyed 148 doctor's offices and 24 pharmacies in the Rockaways

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NYC Public Health and Healthcare Preparedness and Response REPORT

Impact

- Deploying a Health Department leader to the disaster site enabled a better understanding of community needs to guide decision-making and prioritization of response actions.
- PCEPN helped primary care sites become more resilient by outlining the necessary steps to quickly reopen after disasters. One topic was maintaining post-disaster accessibility of Electronic Medical Records so that patient information was not compromised. Protection of vaccines and other pharmaceuticals during power outages was also emphasized.

Critical Need

- To ground its planning in lessons learned and ensure a successful "whole-community" response to an emergency, the Health Department needs to build and sustain relationships with community groups and work with them to best leverage their resources and connections during an emergency. In a city as large as New York, such engagement requires significant resources.
- New Yorkers rely on over 400 primary care providers and roughly 137 community health centers for medical care. Continued support of PCEPN will further efforts to develop effective emergency tools and resources to ensure providers and centers reopen as quickly as possible.
- There are approximately 2,600 pharmacies in NYC that provide critical and trusted services daily. Much work remains to keep them functioning throughout emergencies.