The Long and Winding Road: Finding Disaster Preparedness Coordinators in a National Sample of Local Health Departments

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The Federal Emergency Management Agency's Whole Community framework¹ and the Centers for Disease Control and Prevention's Public Health Preparedness Capabilities² emphasize engagement between responding public agencies and community-based organizations (CBOs) as crucial in building community resilience to disasters. In considering an increased focus on cross-agency collaboration, community- and faith-based organizations, as well as other local or regional organizations that work with local health departments (LHDs) to improve community resilience, often view the public health department disaster coordinator as a partner in preparedness and response efforts. Local preparedness coordinators can be a valuable source for disaster readiness, response, recovery plans, and access to local resources.³ Therefore, it is crucial that these coordinators are easily reachable by the public and CBOs. To measure their accessibility, we examined how easy it was to find coordinator contact information for purposes of a national survey.

FINDING DISASTER PREPAREDNESS COORDINATORS

We conducted a national survey of disaster preparedness coordinators at local public health departments to study their engagement with community- and faith-based organizations in building community resilience. To survey the coordinators, we used the National Association of County and City Health Officials (NACCHO) database of 2,864 LHDs. We applied a probability-proportional-to-size sampling design to generate a stratified random sample of 750 LHDs.

The sample list of LHDs we used did not contain the contact information (e.g., name, telephone number, or e-mail address) of their disaster preparedness coordinators. Therefore, the project coordinator and six graduate student researchers conducted Internet searches of the target sample of LHDs to find their preparedness coordinators' contact information. Next, we confirmed the coordinators' contact information by calling the telephone numbers obtained online. Finally, we telephoned each LHD for which we were unable to obtain

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the disaster coordinator's contact information online. All attempts to identify the preparedness coordinators were made from March to December 2011.

Overall, we identified a website for 88% of the LHDs (660 of 750); contact information for disaster preparedness coordinators was available for only 34% ($n=226$) of these LHDs (data not shown). Forty-three percent of LHDs in jurisdictions serving <25,000 people (32 of 75) and 44% of LHDs in jurisdictions serving >250,000 people (82 of 187) had coordinators' contact information available online. In contrast, only 23% of LHDs in jurisdictions that serve populations of 25,000–250,000 (112 of 488) (i.e., middle-range jurisdictions) had their coordinators' contact information available online (Table).

Telephone calls were made to all sampled LHDs to confirm the coordinators' contact information. The overall success rate of obtaining this information was 87% (654 of 750). Again, the rate varied among the LHDs stratified by population size. For LHDs in jurisdictions serving <25,000 people, contact information was obtained for 95% of coordinators (71 of 75). For LHDs in jurisdictions serving >250,000 people, contact information was obtained for 96% of coordinators (179 of 187). In contrast, for LHDs in jurisdictions serving populations of 25,000–250,000, contact information was obtained for 83% of coordinators (404 of 488) (Table). Overall, the mean time spent on telephone calls with the LHDs per each successfully obtained disaster coordinator e-mail address was 42 minutes (data not shown).

DISCUSSION

Our findings describe an important barrier to reaching LHD disaster preparedness coordinators. Our results suggest that, overall, online contact information is available for only one-third of coordinators. Community members may have to undertake a significant and persistent effort to obtain this information in more than

two-thirds of the counties we surveyed from a stratified random sample of all LHDs in the NACCHO database.

Considering the recent transition in how we conceptualize preparing for disasters in this country toward a larger model characterized by proactive cross-agency collaboration for disaster resilience, this finding is a powerful reminder emphasizing that, to build disaster resilience in communities, there is a crucial need for greater proactive connectedness between CBOs and LHDs.

Although the final success rate of 87% may give an impression that local disaster preparedness coordinators are accessible to the public, succeeding in obtaining the contact information for those 654 coordinators was accomplished through considerable time and effort, requiring a mean of 42 minutes of telephone time. Specifically, one must be willing to make repeated phone calls to health departments, leave multiple messages with phone operators who might not know the department's disaster preparedness personnel, and be prepared to navigate a series of touchtone options during the majority of such calls.

Our results demonstrated significantly different outcomes by LHD strata, in that the information on coordinators in midsize counties was less available online and less available overall compared with the smallest and largest strata. It is possible that the large LHDs have a well-developed, sophisticated organizational structure that includes a clearly defined disaster coordinator position. Based on a qualitative pattern that arose from our conversations with the coordinators, we speculate that it could be easier to identify a disaster preparedness coordinator within small LHDs, if the position exists, because their employees may be likely to know each other. In contrast, the organizational structure of midsize LHDs may make it more difficult to identify a preparedness coordinator because the department might not employ disaster preparedness staff, the LHD staff might be unfamiliar with the disaster coordinator position, or those who fill that role

Table. Success rates of obtaining contact information for disaster preparedness coordinators at LHDs ($n=750$) in the U.S., March–December 2011

Size of county served	LHDs in target sample N (percent of sample)	Disaster preparedness coordinator contact information found online N (percent)	Disaster preparedness coordinator contact information found by telephone or online N (percent)
<25,000 people	75 (10)	32 (43)	71 (95)
25,000–250,000 people	488 (65)	112 (23)	404 (83)
>250,000 people	187 (25)	82 (44)	179 (96)
Total	750 (100)	226 (30)	654 (87)

LHD = local health department

have other organizational roles and responsibilities for which they are more clearly recognized by staff.

Although we found that contact information for disaster preparedness coordinators in midsize LHDs was significantly less available overall compared with the smallest and largest strata, the range of midsize county populations we adopted for stratification and sampling purposes was rather wide. Therefore, although we analyzed the data in this group as a whole, a range of this width may contain patterns of differential success rates that we were unable to observe.

The primary purpose of our research was a national survey. The barriers to reaching local disaster coordinators were secondary findings. As such, we did not examine why coordinators' contact information was not available online. However, we can speculate. When we spoke with disaster coordinators, they often inquired about the purpose of us collecting their contact information and provided us with their e-mail addresses only after we explained in detail the purpose of our national survey. Further, the coordinators frequently requested that we do not share their contact information with outside parties. Thus, we speculate that some LHDs prefer not to make their coordinators' contact information available online to avoid being readily contacted by the public. Similarly, disaster coordinators may be wary of being targeted for sales and service calls from disaster preparedness and response companies. For example, 28 coordinators provided us with their e-mail addresses only after we promised not to send them marketing materials of any sort. Another reason for their hesitancy to share their e-mail addresses may have been to avoid the added burden of updating such information whenever staffing changes occur. On several occasions, the disaster coordinator that was listed online was not the current staff person responsible for disaster preparedness for the department. Finally, staff with other departmental titles, roles, and responsibilities may also perform disaster preparedness duties. Consequently, their contact information posted online may pertain to their primary role rather than their disaster preparedness responsibilities.

In times of disaster, there may be different ways of reaching out to responding agencies for help. Com-

munity members can contact their local emergency management departments for help. However, civilians, especially in times of disaster, might not know what the appropriate responding agency is. In situations such as pandemic preparedness, the LHD clearly appears as the most appropriate first contact. In other contexts, the decision about whom to contact first might be less clear, but community members do not know until they try.

PUBLIC HEALTH IMPLICATIONS

This barrier to reaching local disaster preparedness coordinators poses a potential problem for effective engagement between LHDs and CBOs for disaster readiness and for building community disaster resilience. From the point of view of a CBO, trying to identify someone at the LHD who is responsible for disaster preparedness could be too much work, and the CBO personnel might be inclined to give up in frustration.

These findings suggest a need to reevaluate the quantity of contact information for LHD disaster preparedness coordinators that is currently available on the Internet and, more importantly, to reassess the purpose of making disaster preparedness information available and easy to access by the public.

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