

CRISIS EMERGENCY **RISK** COMMUNICATION

BE FIRST. BE RIGHT. BE CREDIBLE.

CERC: Understanding Roles of Federal, State, and Local Community Health Partners



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

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To help explore the interaction of multiple groups during a disaster, this chapter reviews the roles and relationships of health partner organizations.

The Many Players and Partnerships in Emergency Response

Understanding the communication roles and responsibilities of the federal government and its counterparts at the state and local levels can be challenging. Various stages of a crisis bring together many players, agencies, organizations, and interagency partnerships. Each one is responsible for different, and not necessarily distinct, components of emergencies.

Some of the key federal government agencies that may be involved¹ include the following:

- Department of Agriculture (USDA)
- Department of Defense (DOD)
- Department of Energy (DOE)
- Department of Health and Human Services (HHS)
- Department of Homeland Security (DHS), including the Federal Emergency Management Agency (FEMA)
- Department of Justice (DOJ)
- Environmental Protection Agency (EPA)
- Federal Bureau of Investigation (FBI)
- Nuclear Regulatory Commission (NRC)

Within each agency, separate programs or departments may handle different areas of a crisis, including the following:

- Planning
- Preparedness
- Training
- On-the-scene assistance
- Consequence management
- Coordination
- Communication



In addition, nongovernmental organizations (NGOs) and faith-based organizations (FBOs) play a critical role in most disaster responses. These agencies and groups often have distinct missions, capabilities, and resources. Each may have a unique “voice” in the crisis and emergency risk communication (CERC) process.

Change is a Core Factor

National, state, and local government administrations change. Threats change. New technologies are developed and deployed. New or re-emerging incidents occur. The way incidents are handled and the reactions to the way they are handled will vary. These and other factors lead to a constantly changing environment of roles and responsibilities:

- Most federal agencies will not be able to deploy assets during the first 48 hours following the onset of an event.^{2,3}
- Local, state, and territorial emergency communication managers will be first to respond to an emergency incident until federal assistance can be coordinated and deployed. This happens because they are close to the scene.
- The true “first” responders will be members of the community itself: friends, family, and neighbors.⁴

Existing practice emphasizes the role of local response capacity and the private sector as opposed to over-reliance on national, public assets.

Community-based Approaches to Emergencies

A basic principle of emergency management is that **all disasters are local**.^{2,5,6} They happen at a specific place and the place is an important factor in the response. Local resources will be the first deployed to an event. Other important local factors include:

- History
- Traditions
- Values
- Institutions

Most victims of a crisis, for example, are first helped by family, friends, neighbors, coworkers, or even strangers as opposed to professional first responders.⁷ Most of the injured or sick will likely be transported to medical facilities by private transportation. Initially, resources for a response, such as bottled water and food, will come from private sector organizations within or near the community.



While federal and state resources and support will arrive, they will not be on the scene for at least several hours and possibly much longer. People affected by a disaster should be prepared for a 72-hour delay before federal or state help arrives.

Most government response agencies seek to stabilize the crisis situation so communities can assume responsibilities. Long-term recovery and rebuilding most often become the primary responsibility of local and state stakeholders and partners, with some assistance from federal groups.

The realization of what federal agencies can and cannot do has led to new approaches. One example is community-based disaster preparedness (CBDP), which is increasingly used as a general framework for promoting local-level capacity building.⁸

CBDP seeks to develop the knowledge, resources, and capabilities of local communities. This approach builds on the abilities of NGOs, such as the American Red Cross, Salvation Army, and FBOs, as well as private-sector organizations, local governments, and businesses. CBDP is based on the realization that government agencies alone simply cannot achieve significant, sustainable risk reduction nor can they provide the level of support necessary to respond to major events.⁹

FEMA's Whole Community Framework

FEMA's whole community approach recognizes that FEMA is not the nation's complete emergency management team. Instead, FEMA regards itself as part of a larger team. In order to handle all phases successfully, from preparation through recovery, FEMA works "with the entire emergency management community."¹⁰

This whole community includes:

- FEMA and other U.S. federal agencies
- State, territorial, tribal, and local governments
- NGOs and businesses
- Individuals, families, and communities, who are the biggest assets in emergency preparedness and response

Another approach to emergencies is community resilience.¹¹ This approach suggests communities may develop features and resources allowing them to reduce risks, respond more effectively, and recover more quickly.



The National Strategy for Public Health and Medical Preparedness states: “Where local civic leaders, citizens, and families are educated regarding threats and are empowered to mitigate their own risk, where they are practiced in responding to events, where they have social networks to fall back upon, and where they have familiarity with local public health and medical systems, there will be community resilience that will significantly attenuate the requirement for additional assistance.”¹²

In a majority of cases, community members, family, friends, coworkers, neighbors, and even strangers will provide initial medical aid. In the case of severe disease outbreaks or epidemics, volunteers can run vaccination clinics, check in on home-bound neighbors and members of the community, and provide support to home-bound patients.

CBDP approaches are diverse because they must be matched to local community conditions. They can be facilitated through a number of activities. These activities should involve the community leaders, institutions, businesses, partners, and stakeholders.

Community Preparedness

Communities, local organizations, and community health partners can do a great deal to enhance preparedness, including developing plans and stockpiling resources such as water, food, and batteries. Significant efforts have been directed toward encouraging preparedness through communication such as the Ready.gov campaign.¹³ One of the first steps in building community preparedness is to collect information about risks, resources, and response strategies:

- Inventory of information about risks to the community:
 - Identify the risks a community is most likely to face.
 - Compile information about the geographic location, site-based risks, history of events, and vulnerable populations. All of these may influence CBDP strategies.
 - Use this information to help in developing risk communication strategies.
- Information and data about available community resources:
 - Inventory local resources, capacities, and expertise that might be needed in disaster response.
 - Use this inventory to help identify deficiencies and increase the speed with which community resources can be deployed.
- Strategies for risk reduction:
 - Make long-term plans to reduce risks, such as the following:
 - » Develop flood mitigation strategies.
 - » Build schools a safe distance from industrial sites.
 - » Undertake fire reduction activities.
 - Communicate about risks with stakeholders and partners.



Communities that are connected via networks are more resilient.¹¹ One of the most important components of community preparedness is building integrated communication networks, both formal and informal. Communities that have well-integrated networks are able to pass information more quickly and with greater efficiency. These networks also can withstand technological disruptions by passing information through alternative means. For example, word of mouth between trusted neighbors can be used to pass information when radio and television broadcasting is disrupted.

Developing networks between community groups, FBOs, NGOs, institutions, and businesses, as well as governmental agencies, can significantly bolster resilience.¹⁴ To help build, integrate, and sustain your community networks, involve these groups in your CERC preparedness activities, including the following:

- Planning activities
- Tabletop exercises and full-scale drills
- After-action debriefs

Japan's Disaster Prevention Day

Japan is known around the world as a leader in disaster preparedness. Every September 1 since 1960, Japan marks the anniversary of the Great Kanto earthquake of 1923 with Disaster Prevention Day.

Like the U.S. and other countries, this helps government agencies and other response partners practice using disaster response plans and communication warning systems such as earthquake early warnings and the tsunami warning service.

Unlike the U.S., the Japanese government involves its citizens and businesses in their nationwide drills. Disaster drills also include evacuation drills at schools. Public and private organizations practice transporting stranded commuters from the office to home.¹⁵ In 2010, the disaster drill contained a scenario in which three massive and simultaneous earthquakes struck a wide area in central Japan, involving 670,000 citizens in Tokyo and 34 prefectures around the country.¹⁶

Information learned at these drills has resulted in updates to response plans and building codes, and investments in early warning systems. These drills have also created a culture of preparedness and have kept people vigilant in realizing that the next “big one” could come at any time. Although the 2011 earthquake and tsunami resulted in tens of thousands of deaths, the public education program and annual drills most likely helped save many thousands of lives.¹⁷



While local- and community-based strategies are critical, it's important to understand and plan for national and international organizations to be involved in your response. These could include government agencies, NGOs, or FBOs. They will be among the primary groups you will be coordinating and communicating with during an emergency response.

The environment in which you will be assigning roles and responsibilities while developing a communication plan is constantly changing. The best CERC plans include adaptive strategies and flexibility.¹⁸ Federal, state, county, territory, and city agencies all adapt to changing environments, priorities, and budgets when it comes to CERC planning. While many organizations and agencies provide recommendations, sample plans, training, and assistance, there is no prescribed best way for departments of health to assign roles and responsibilities when generating communication plans. However, there are recommendations and tools that can help facilitate your assignment decisions.

List of International Agencies, Federal Agencies, NGOs, and FBOs

The remainder of this chapter is devoted to providing more details about federal and international roles and responsibilities and related Internet resources you can use for developing CERC plans. Because of changes in the structures and staffing of agencies and organizations, websites are provided, but not detailed contact information. Use the following resources as the basis for preparing communication plans, but supplement these resources by gathering additional contact information and information about state-specific resources.

These agencies include international organizations, U.S. federal agencies, NGOs, and FBOs.

Table 12–1. Response Agencies (not an all-inclusive list)
Agencies

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- International Agencies**
1. World Health Organization (WHO) <http://www.who.int/en>
 2. Health Canada (HC) <http://www.hc-sc.gc.ca>
 3. The Public Health Agency of Canada (PHAC) <http://www.phac-aspc.gc.ca>

Continued...



Agencies

- U.S. Federal Agencies**
1. Department of Homeland Security (DHS) <http://www.dhs.gov>
 - a. Federal Emergency Management Agency (FEMA) <http://www.fema.gov>
 - b. U.S. Coast Guard <http://www.uscg.mil>
 - c. U.S. Customs and Border Protection (CBP) <http://www.cbp.gov>
 - d. Transportation Security Administration (TSA) <http://www.tsa.gov>
 2. Department of Health and Human Services (HHS) <http://www.hhs.gov>
 - a. Agency for Toxic Substances and Disease Registry (ATSDR) <http://www.atsdr.cdc.gov>
 - b. Centers for Disease Control and Prevention (CDC) <http://www.cdc.gov>
 3. Central Intelligence Agency (CIA) <http://www.cia.gov>
 4. Department of Agriculture (USDA) <http://www.usda.gov>
 5. Department of Defense (DOD) <http://www.dod.gov>
 6. Department of Energy (DOE) <http://www.energy.gov>
 7. Department of the Interior (DOI) <http://www.doi.gov>
 8. Department of Justice (DOJ) <http://www.justice.gov>
 9. Department of State (DOS) <http://www.state.gov>
 10. Department of Transportation (DOT) <http://www.dot.gov>
 11. Environmental Protection Agency (EPA) <http://www.epa.gov>
 12. Nuclear Regulatory Commission (NRC) <http://www.nrc.gov>
 13. U.S. National Response Team <http://www.nrt.org>

NGOs

1. American Red Cross <http://www.redcross.org>
2. Humane Society of the U.S. (HSUS) <http://www.humanesociety.org>
3. National Voluntary Organizations Active in Disasters (NVOAD) <http://www.nvoad.org>



International Health Regulations

(<http://www.who.int/ihr/en/index.html>)

International Health Regulations apply when countries face a “public health emergency of international concern.” These regulations provide a framework for affected nations to coordinate management of these events. For participating countries, these regulations are legally binding. They improve the ability of nations to do the following:

- Detect public health threats
- Assess the significance of public health threats
- Notify other nations who may be affected by a public health threat
- Respond to public health threats

Countries that participate are listed as States Parties to the International Health Regulations.¹⁹ When countries do participate, they have 2 years to accomplish two goals:

- Assessment of national capacity for public health surveillance and response
- Development of national action plans for implementing and meeting the requirements of these regulations

After these two goals are accomplished, participating countries have 3 years to meet specific requirements described by the regulations. These requirements address the following:

- National surveillance and response systems
- Rules regarding designated airports, ports, and certain ground crossings

If needed, participating countries may have their deadlines extended by 2 years. For exceptional circumstances, they may have their deadlines extended by up to an additional 2 years.



Federal Emergency Management Agency (FEMA)

(<http://www.fema.gov>)

FEMA is the federal agency charged with building and supporting the nation's emergency management system. FEMA's mission is to reduce the loss of life and property and protect communities nationwide from all hazards, including natural disasters, acts of terrorism, and other manmade disasters. FEMA leads and supports the nation in a risk-based, comprehensive emergency management system of preparedness, protection, response, recovery, and mitigation.

FEMA tools and resources include the following:

National Response Framework (NRF)

(<http://www.fema.gov/emergency/nrf/>)

This framework presents the guiding principles for all response partners to prepare for and provide a unified national response to disasters and emergencies. It applies for all disasters and emergencies, from the smallest incident to the largest catastrophe. It establishes a comprehensive, national, all-hazards approach to domestic incident response.

NRF, the Emergency Support Function (ESF) Annex #8

(<http://www.fema.gov/pdf/emergency/nrf/nrf-esf-08.pdf>)

For this component of NRF, FEMA works with HHS, the lead agency for ESF #8. This is the public health and medical services component. It provides the mechanism for coordinated federal assistance to supplement state, tribal, and local resources in response to the following:

- A public health and/or medical disaster
- A potential or actual incident requiring a coordinated federal response
- A developing potential health or medical emergency

NRF, Public Affairs Support Annex

(<http://www.fema.gov/pdf/emergency/nrf/nrf-support-pa.pdf>)

According to FEMA, "This Public Affairs Support Annex describes the interagency policies and procedures used to rapidly mobilize federal assets to prepare and deliver coordinated and sustained messages to the public in response to incidents requiring a coordinated federal response."



Excerpt from the NRF Public Affairs Support Annex

During an incident, federal, state, tribal, and local authorities share responsibility for communicating information regarding the incident to the public. These actions are a critical component of incident management and must be fully integrated with all other operational actions to ensure the following objectives are met:

- Delivery of incident preparedness, health, response, and recovery instructions to those directly affected by the incident
- Dissemination of incident information to the public, including special needs populations

The Joint Information Center (JIC) structure provides a supporting mechanism to develop, coordinate, and deliver messages. It supports the Incident Commander or Unified Command and the associated elements of the Incident Command System.

A federal core group develops, coordinates, and delivers information and instructions to the public related to:

- Federal assistance to the incident-affected area
- Federal departmental/agency response
- National preparations
- Protective measures
- Impact on nonaffected areas
- Federal law enforcement activities

Assignments to this core group are determined by the DHS Office of Public Affairs (OPA) in accordance with jurisdictional and statutory responsibilities, operational tasks, areas of expertise and responsibility, and the nature and location of the incident.



NRF, Incident Annexes

(<http://www.fema.gov/emergency/nrf/incidentannexes.htm>)

The Incident Annexes describe the concept of operations to address specific contingency or hazard situations. They also address elements of an incident requiring specialized application of the framework. Incident annexes include the following types of incidents:

- Biological
- Catastrophic
- Food or agricultural
- Mass evacuation
- Nuclear or radiological
- Terrorism

National Preparedness Directorate (NPD)

(<http://training.fema.gov/>)

NPD's online course catalog provides searchable, integrated information about courses provided or managed by FEMA's Center for Domestic Preparedness, the Emergency Management Institute, and the National Training and Education Division.

Department of Health and Human Services (HHS)

(<http://www.hhs.gov>)

HHS is the U.S. government's principal agency for protecting the health of all Americans. The operating divisions within HHS perform a wide variety of tasks including research, public health, food and drug safety, and emergency preparedness and response. HHS is the primary agency for coordinating health, medical, and health-related social services under the national response framework.

HHS provides the following tools and resources:

Office of the Assistant Secretary for Preparedness and Response (ASPR)

(<http://www.phe.gov/about/pages/default.aspx>)

This office was formerly known as the Office of Public Health Emergency Preparedness. ASPR was created under the Pandemic and All Hazards Preparedness Act in the wake of Hurricane Katrina. ASPR leads the nation in preventing, preparing for, and responding to the adverse health effects of public health emergencies and disasters.



ASPR is focused on the following:

- Preparedness planning and response
- Building federal emergency medical operational capabilities
- Countermeasures research, advance development, and procurement
- Grants to strengthen the capabilities of hospitals and health-care systems in public health emergencies or medical disasters.

The office provides federal support, including medical professionals, through ASPR's National Disaster Medical System, to augment state and local capabilities during an emergency or disaster. Although ESF #8 is part of DHS' National Response Framework, HHS is the lead agency for ESF #8 under the Pandemic and All Hazards Preparedness Act.²⁰ The Secretary of Health and Human Services delegates to ASPR the leadership role for all health and medical services support functions in a health emergency or public health event.

HHS National Disaster Medical System (NDMS)

(<http://www.phe.gov/preparedness/responders/ndms/Pages/default.aspx>)

NDMS is a federally coordinated system that augments the nation's emergency medical response capability. The overall purpose of NDMS includes the following:

- To supplement an integrated national medical response capability for assisting state and local authorities in dealing with the medical impacts of major peacetime disasters
- To provide support to the military and the Department of Veterans Affairs medical systems in caring for casualties evacuated back to the U.S. from overseas armed conventional conflicts

ASPR Response Playbooks

(<http://www.phe.gov/Preparedness/planning/playbooks/Pages/default.aspx>)

These playbooks provide strategic guidance for ESF #8 responses. They outline key options and recommended actions to support the HHS Secretary (or designee) in directing and coordinating the response to disasters and public health emergencies.

They are written at a strategic level to highlight key decision points, actions, capabilities, and assets that may be required to support an incident response. The playbooks contain a concept of operations that outlines the phases of the response and identifies specific action steps for each phase. All federal ESF #8 partners are included in identifying how the synchronized federal capabilities might be used to support a state response. The playbooks' primary focus is the following:

- To enhance preparedness for response



- To enhance the transition to recovery, including the following:
 - Alert
 - Activation
 - Deployment
 - Deactivation and demobilization of federal ESF #8 resources

Agency for Toxic Substances and Disease Registry (ATSDR)

(<http://www.atsdr.cdc.gov/>)

ATSDR is an agency of the U.S. HHS. It serves the public by using the best science, taking responsive public health actions, and providing trusted health information to prevent harmful exposures and diseases related to toxic substances.

ATSDR is directed by congressional mandate to perform specific functions concerning the public health effects of hazardous substances in the environment. These functions include the following:

- Public health assessments of waste sites
- Health consultations concerning specific hazardous substances
- Health surveillance and registries
- Response to emergency releases of hazardous substances
- Applied research in support of public health assessments
- Information development and dissemination
- Education and training concerning hazardous substances

Centers for Disease Control and Prevention (CDC)

(<http://www.cdc.gov>)

CDC is recognized as the primary federal agency for protecting the health and safety of people, at home and abroad. It provides credible information to enhance health decisions and promote health through strong partnerships. CDC activities include the following:

- Disease prevention and control
- Environmental health
- Health promotion and education

In addition, CDC serves as the national focal point for improving the health of Americans and supporting specific global health efforts, such as aid to Haiti following the earthquake in 2010, assistance to Japan following the tsunami in 2011, and global support for the eradication of polio.



CDC Tools and Resources include the following:

CDC Public Health Emergency Preparedness and Response website

(<http://emergency.cdc.gov/>)

This is an Internet resource that provides information addressing the following:

- Public health emergencies
- Training for specific emergencies and for public health officials
- CDC contact information for emergencies
- Other important information dealing with the public health aspects of emergency preparedness and response

Funding, Guidance, and Technical Assistance to States, Localities, and Territories

(<http://www.cdc.gov/phpr/coopagreement.htm>)

All response to public health emergencies begins at the local level. Shortly after the terrorist attacks on September 11, 2001, and the subsequent anthrax attacks, Congress appropriated funding to CDC to support preparedness for emergencies at public health departments nationwide.

CDC plays a pivotal role in ensuring that state and local public health systems are prepared. This is based on CDC's unique ability to respond to infectious, occupational, or environmental incidents that affect the public's health.

CDC's Office of Public Health Preparedness and Response, Division of State and Local Readiness, administers this funding through the Public Health Emergency Preparedness (PHEP) cooperative agreement. Through the PHEP agreement, CDC helps public health departments strengthen their abilities to respond to all types of public health incidents and build more resilient communities.

The CDC Interim Recommended Notification Procedures for Local and State Public Health Department Leaders in the Event of a Bioterrorist Incident Public Health Emergency Preparedness and Response

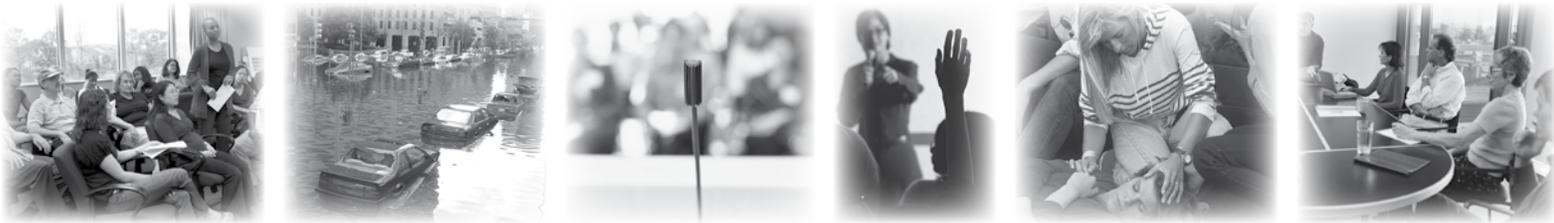
(<http://emergency.cdc.gov/eMContact/Protocols.asp>)

This is a Web resource that provides a flowchart of recommended notification procedures. It begins with a local health official either learning of or suspecting a bioterrorist threat or incident.



Conclusion

All disasters are local. People must first rely on local community resources. Well-integrated local communication networks are critical to creating resilient communities. A variety of response agencies will likely be involved in any disasters or crises as communicators and response partners. The variety of agencies and NGOs can be overwhelming and confusing. However, each brings unique resources and a distinct voice to the response. Including these organizations in your CERC plan is one important key to a successful response.



References

1. USA.gov. Disasters and emergencies [online]. 2012 Apr 26. [cited 2012 Jul]. Available from URL: <http://www.usa.gov/Citizen/Topics/PublicSafety/Disasters.shtml>.
2. Federal Emergency Management Agency (FEMA). Are you ready? A message from Regional Administrator MaryAnn Tierney [online]. 2012 Jan 6. [cited 2012 Jul]. Available from URL: <http://www.fema.gov/about/regions/regioniii/ready.shtm>.
3. Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Health care at the crossroads: strategies for creating and sustaining community-wide emergency preparedness systems [online]. 2003. [cited 2012 Jul]. Available from URL: http://www.jointcommission.org/assets/1/18/emergency_preparedness.pdf.
4. American Red Cross. More Americans using social media and technology in emergencies [online press release]. Washington, DC; 2011 Aug 24. [cited 2012 Jun]. Available from URL: <http://www.redcross.org/portal/site/en/menuitem.94aae335470e233f6cf911df43181aa0/?vgnnextoid=7a82d1efe68f1310VgnVCM10000089f0870aRCRD>.
5. Pittman E. Remember: all disasters are local, says FEMA deputy administrator. Emergency Management [online]. 2011 Nov 22. [cited 2012 Jul]. Available from URL: <http://www.emergencymgmt.com/disaster/Remember-All-Disasters-Are-Local-Says-FEMA-Deputy-Administrator.html>.
6. Singleton C. Johns Hopkins Bloomberg School of Public Health. Developing an emergency preparedness plan: one local health department's approach [online course]. 2012. [cited 2012 July]. Available from URL: http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-public-health-preparedness/training/online/develop_health_dept_plan.html.
7. Auf der Heide E. Common misconceptions about disasters: panic, the “disaster syndrome,” and looting. In: O’Leary M, editor. *The first 72 hours: a community approach to disaster preparedness*. Lincoln: iUniverse Publishing; 2004. p. 340–80. Available from URL: http://www.atsdr.cdc.gov/emergency_response/common_misconceptions.pdf.
8. Office of the Assistant Secretary of Defense for Nuclear, Chemical, and Biological Defense Programs. Chemical and Biological Defense (OASD[NCB/CBD]) [online]. [cited 2012 Jul]. Available from URL: <http://www.acq.osd.mil/cp/>.
9. Troy DA, Carson A, Vanderbeek J, Hutton A. Enhancing community-based disaster preparedness with information technology. *Disasters* 2008 Mar;32(1):149–65.
10. U.S. Department of Homeland Security (DHS). Statement of Craig Fugate, Administrator, Federal Emergency Management Agency, before the U. S. House Transportation and Infrastructure Committee, Subcommittee on Economic Development, Public Buildings, and Emergency Management on “improving the nation’s response to catastrophic disasters: how to minimize costs and streamline our emergency management programs” [online]. 2011 Mar 30. [cited 2012 Jul]. Available from URL: http://www.dhs.gov/ynews/testimony/testimony_1301491494739.shtm.
11. Gurwitsch RH, Pfefferbaum B, Montgomery JM, Klomp RW, Reissman DB. Terrorism and Disaster Center. Building community resilience for children and families [online]. Oklahoma City (OK): Terrorism and Disaster Center at the University of Oklahoma Health Sciences Center; 2007 [cited 2012 July]. Available from URL: http://www.nctsn.org/nctsn_assets/pdfs/edu_materials/BuildingCommunity_FINAL_02-12-07.pdf.



12. Bush GW. Homeland Security presidential directive 21 (HSPD-21): national strategy for public health and medical preparedness [online press release]. Washington, DC; 2007 Oct 18. [cited 2012 Jul]. Available from URL: <http://www.fas.org/irp/offdocs/nspd/hspd-21.htm>.
13. Ready.gov [Internet]. Be informed, make a plan, build a kit, get involved, business, kids [online]. 2012 Jun 11. [cited 2012 July]. Available from URL: <http://www.ready.gov/>.
14. CDC Foundation. Meta-Leadership Summit Resource Center. An organizing guide for planning a meta-leadership event in your community [online]. [cited 2012 Jul]. Available from URL: <http://www.cdcfoundation.org/meta-leadership>.
15. Rauhala E. How Japan became a leader in disaster preparation. Time [online]. 2011 Mar 11. [cited 2012 Jul]. Available from URL: <http://www.time.com/time/world/article/0,8599,2058390,00.html>.
16. The Yomiuri Shimbun. Govt holds 1st triple-earthquake drill. Daily Yomiuri [online]. 2010 Sep 2. [cited 2012 Jul]. Available from URL: <http://www.yomiuri.co.jp/dy/national/T100901006244.htm>.
17. Glanz J, Onishi N. Japan's strict building codes saved lives. The New York Times [online]. 2011 Mar 11. [cited 2012 May]. Available from URL: <http://www.nytimes.com/2011/03/12/world/asia/12codes.html?pagewanted=all>.
18. Reynolds B. Crisis and emergency risk communication: pandemic influenza [online]. 2007. [cited 2012 Jul]. Available from URL: <http://emergency.cdc.gov/cerc/pdf/CERC-PandemicFlu-OCT07.pdf>.
19. World Health Organization (WHO). States parties to the international health regulations 2005 [online]. 2012. [cited 2012 Jul]. Available from URL: http://www.who.int/ihr/legal_issues/states_parties/en/.
20. U.S. Department of Health & Human Services (HHS). Public Health Emergency.gov. Pandemic and All Hazards Preparedness Act (PAHPA) [online]. 2010 Aug 11. [cited 2012 Jul] Available from URL: <http://www.phe.gov/preparedness/legal/pahpa/pages/default.aspx>.



Resources

- Nolte J. Enhancing interdisciplinary collaboration in primary health care in Canada. EICP Initiative [online]. 2005 Apr. [cited 2012 Jul]. Available from URL: <http://www.eicp.ca/en/resources/pdfs/enhancing-interdisciplinary-collaboration-in-primary-health-care-in-canada.pdf>.
- Pfefferbaum BJ, Reissman DB, Pfefferbaum RL, Klomp RW, Gurwitch RH. Building resilience to mass trauma events. In: Doll LS, Bonzo SE, Mercy JA, Sleet DA, Haas EN, editors. Handbook of injury and violence prevention. Atlanta (GA): Springer Science+Business Media, LLC; 2007. p, 347–358. DOI: 10.1007/978-0-387-29457-5_19.
- Reid M. Survivors’ perceptions of federal and non-governmental responses to Hurricane Katrina [online]. 2007 Apr. [cited 2012 Jul]. Available from URL: <http://www.colorado.edu/hazards/awards/paper-competition/reid.pdf>.
- Williams JR, Edwards JC, Silenas R, Kang JE, Akins R. Study of disease surveillance policy issues across the international borders of the United States [online]. 2006 Apr. [cited 2012 Jul]. Available from URL: http://www.borderhealth.org/files/res_760.pdf.
- World Health Organization (WHO). Working for health: an introduction to the World Health Organization. Geneva, Switzerland: WHO; 2007. Available from URL: http://www.who.int/about/brochure_en.pdf.



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