

# Integrating Emergency Management and Public Health for Local Hazard Risk and Vulnerability Assessment

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How should local public health officials prioritize preparedness efforts for future disasters?

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- Local health jurisdictions (LHJs) face **multiple potential hazards**, and have **limited resources**
- Most existing approaches to hazard and vulnerability assessment are **developed by emergency management agencies**
- **LHJs lack a standardized process** for assessing public health risk from disasters

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# DEVELOPING THE H<sup>2</sup>azaRDS TOOL

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UW & DOH  
Public Health  
Risk Assessment  
Project (the  
H<sup>2</sup>azaRDS Tool)

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- Develop a **web-based tool** that LHJs can use to assess public health risk from disasters & identify risk drivers
- LHJs throughout the state should be able to conduct **locally tailored risk assessments** using a consistent methodology and the best data available



# Project Timeline

The diagram is a horizontal timeline with a central line. The line is divided into seven segments by vertical tick marks. The segments alternate in color: gold, purple, gold, purple, gold, purple, gold. Each tick mark has a vertical line extending to a text box describing a step. The steps are: Step 1 (complete), Step 2 (complete), Step 3 (complete), Step 4 (in progress), Step 5 (in progress), Step 6 (mid- to late 2024), and Step 7 (early 2025).

**Step 2 (complete):**  
Partner focus groups  
to discuss  
needs/priorities

**Step 4 (in progress):**  
Interdisciplinary advisory  
committee workshops  
tool construction

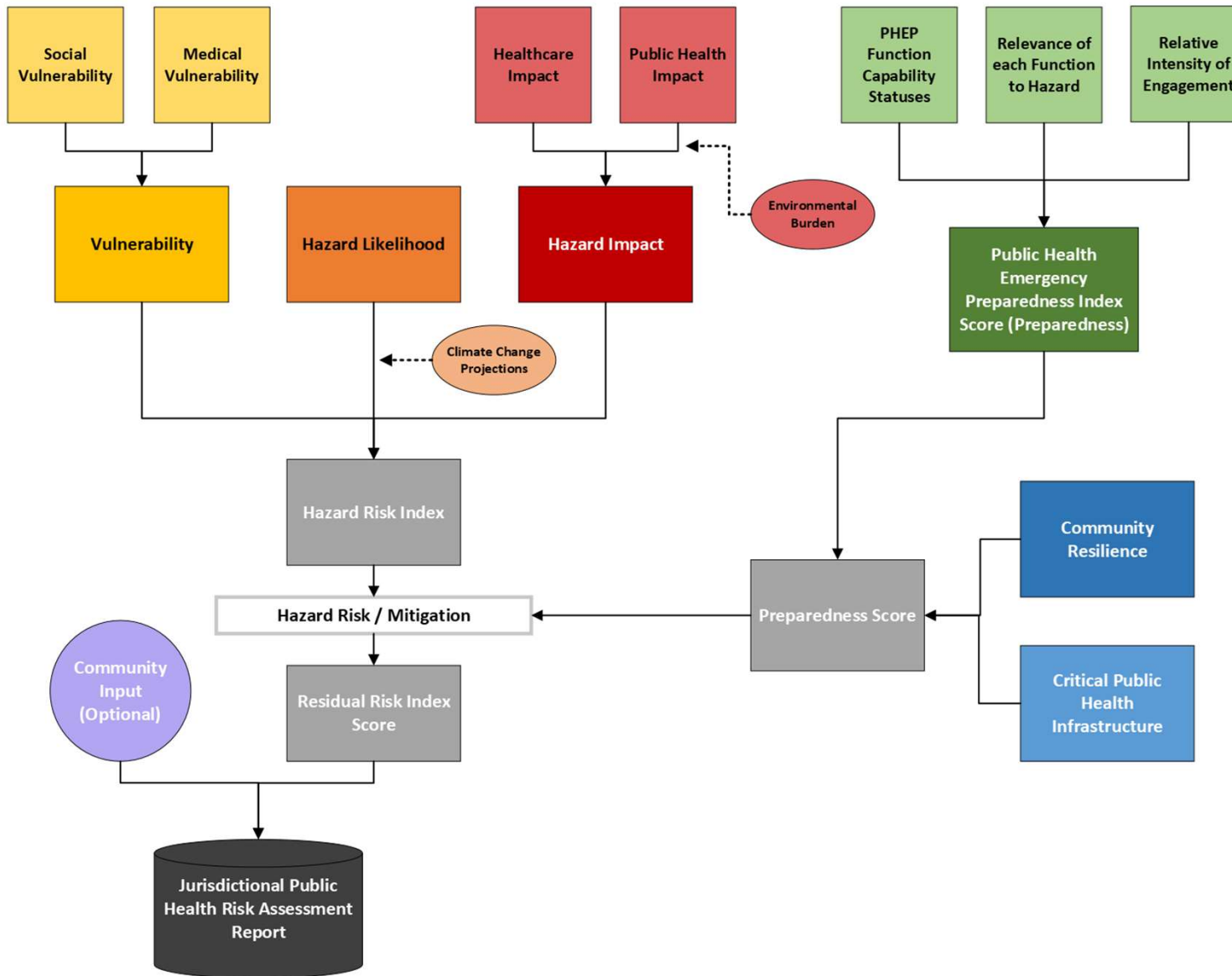
**Step 6 (mid- to late 2024):**  
Build and test tool  
prototype

**Step 1 (complete):**  
Environmental scan  
of existing tools  
from other states

**Step 3 (complete):**  
Develop conceptual  
framework and  
identify data sources

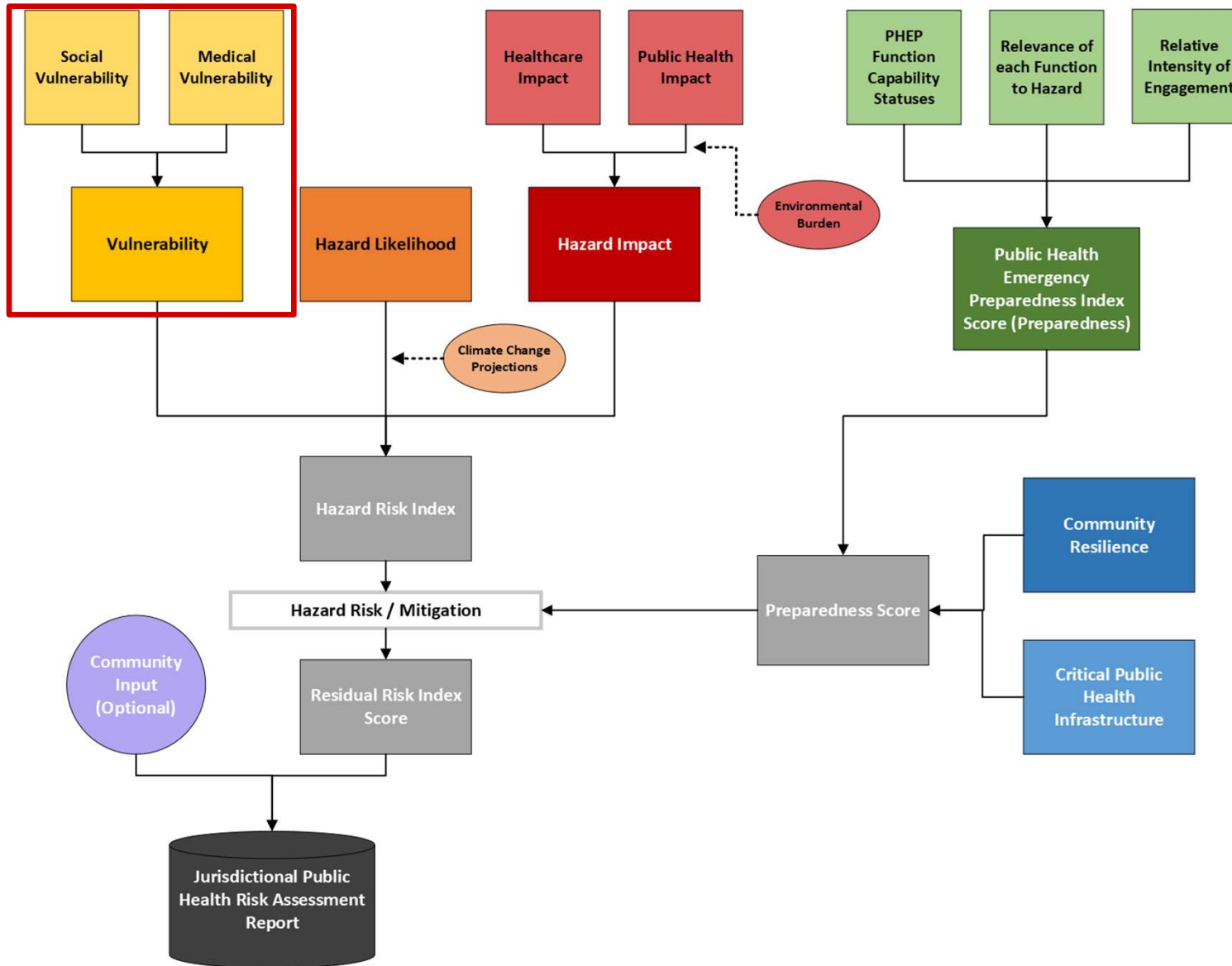
**Step 5 (in progress):**  
Create tool user guide

**Step 7 (early 2025):**  
Plan tool rollout

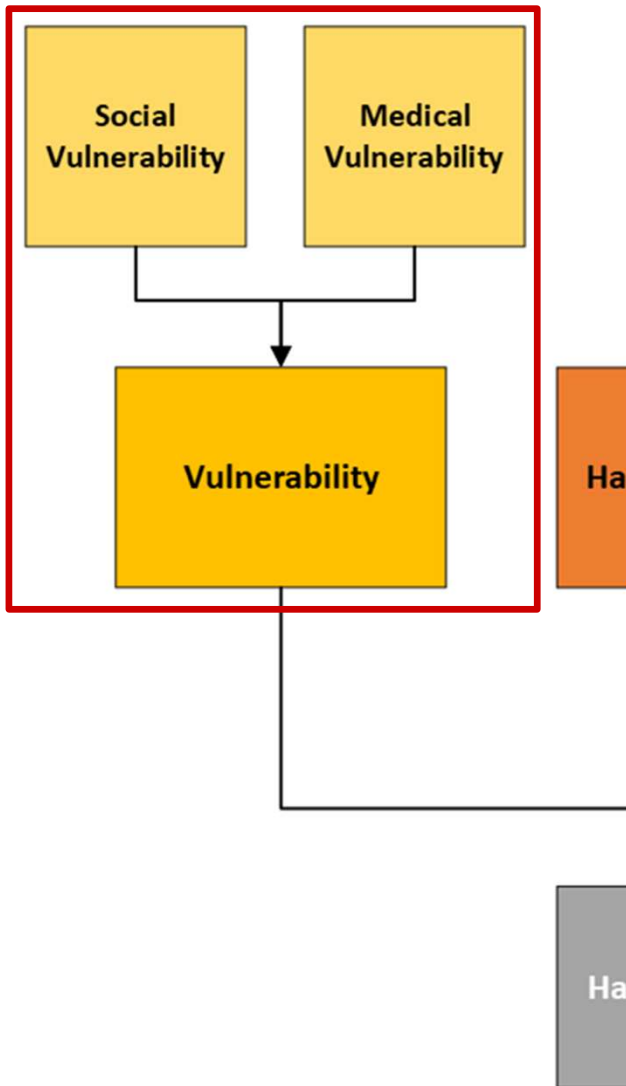


# H<sup>2</sup>azaRDS Tool Conceptual Framework





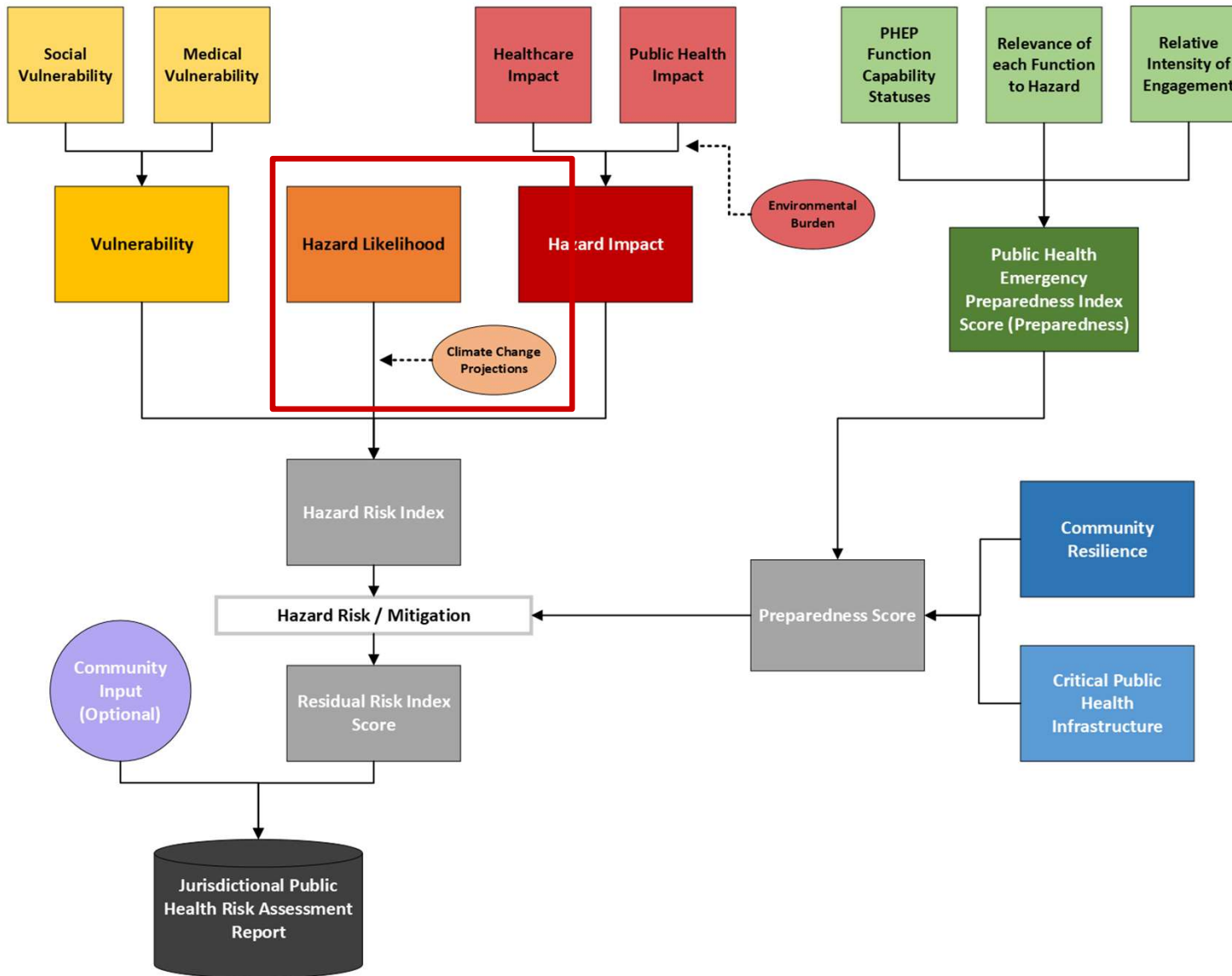
## Summary of Data Sources: Vulnerability



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- **Social vulnerability:**
  - CDC/ATSDR Social Vulnerability Index
- **Medical vulnerability:**
  - CDC/ATSDR Environmental Justice Index (Health Vulnerability)
  - HHS emPOWER Database



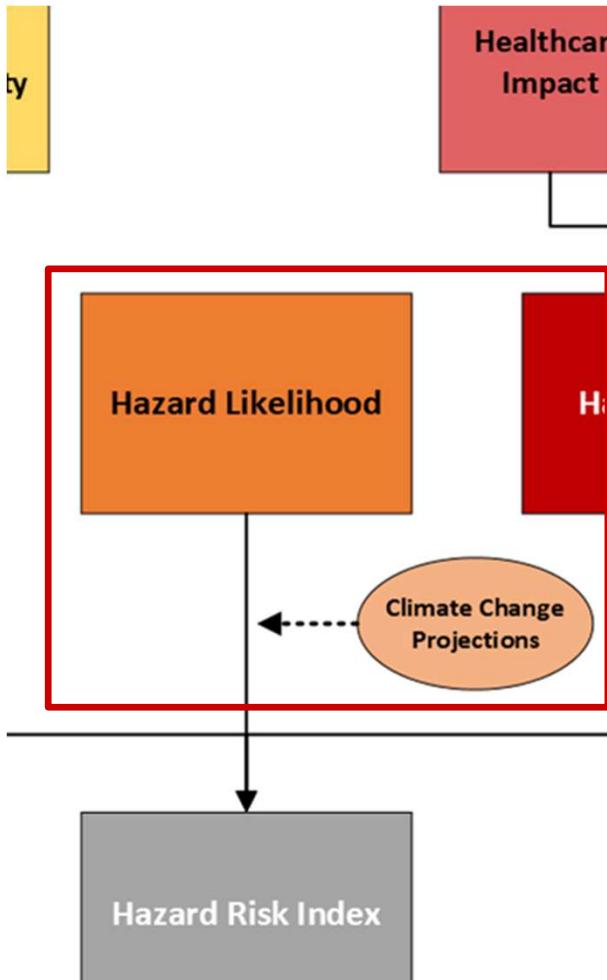


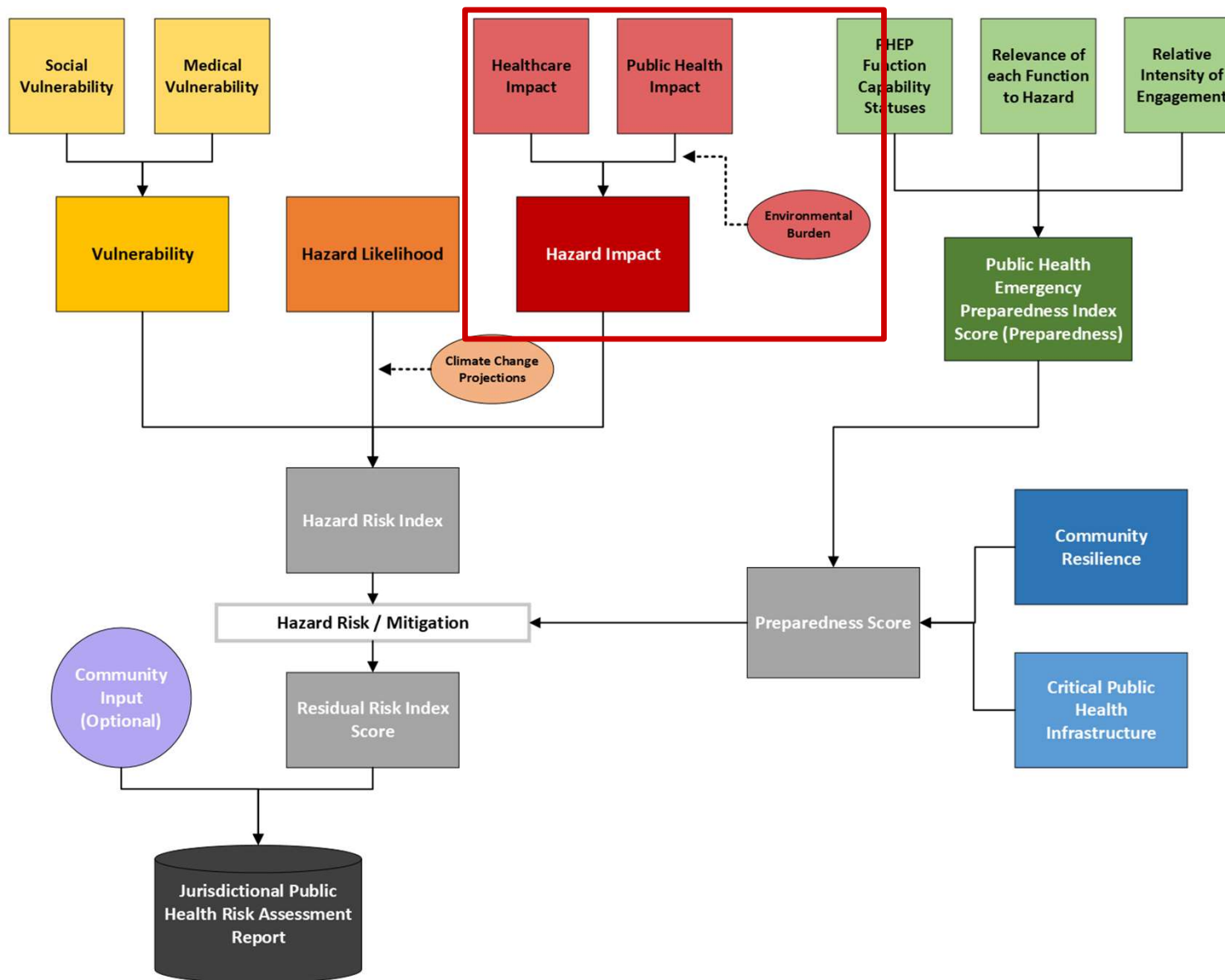
# Summary of Data Sources: Hazard Likelihood



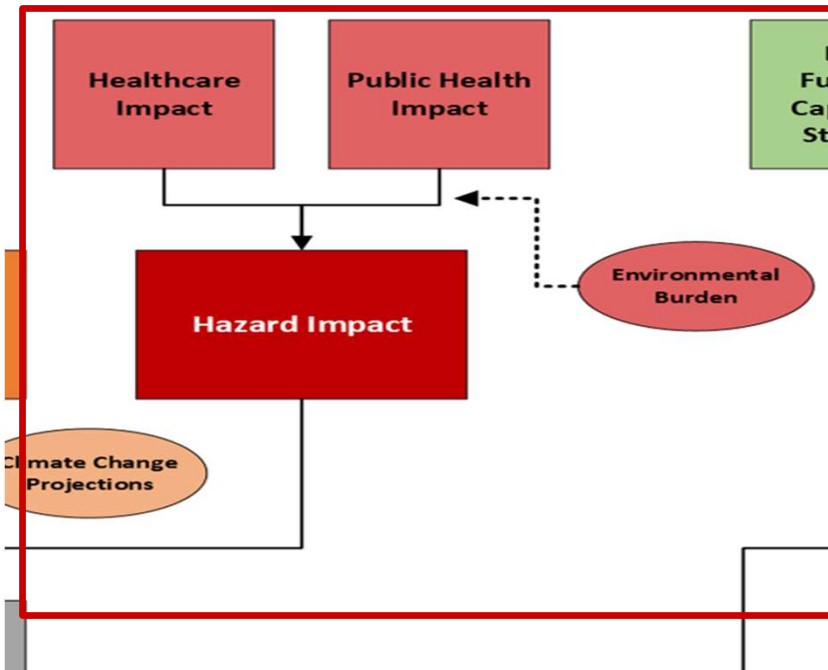
## Summary of Data Sources: Hazard Likelihood

- **Hazard likelihood:** User ranked
  - Climate burden modifier: UW Climate Impacts Group Biophysical Climate Risks and Economic Impacts



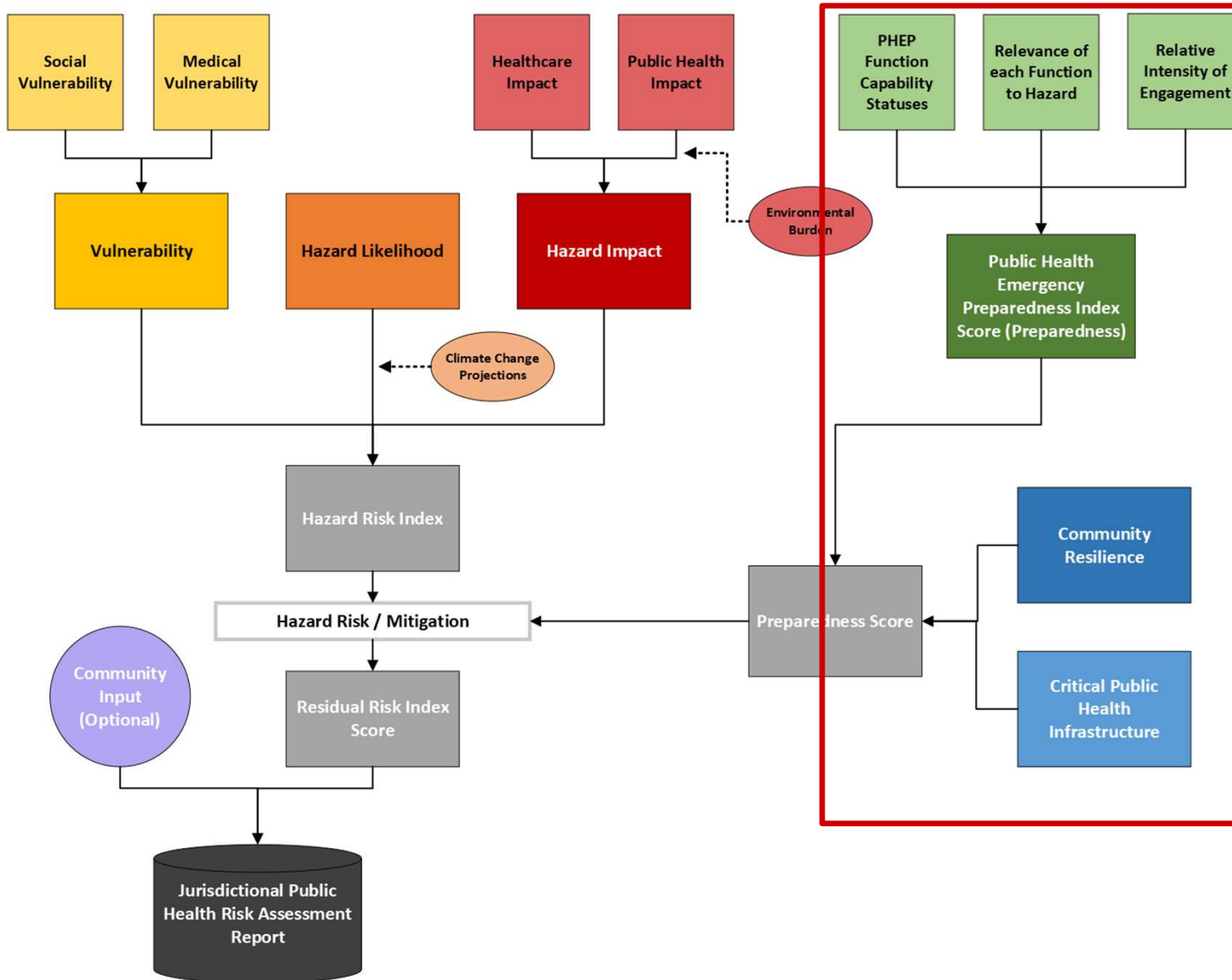


## Summary of Data Sources: Hazard Impact

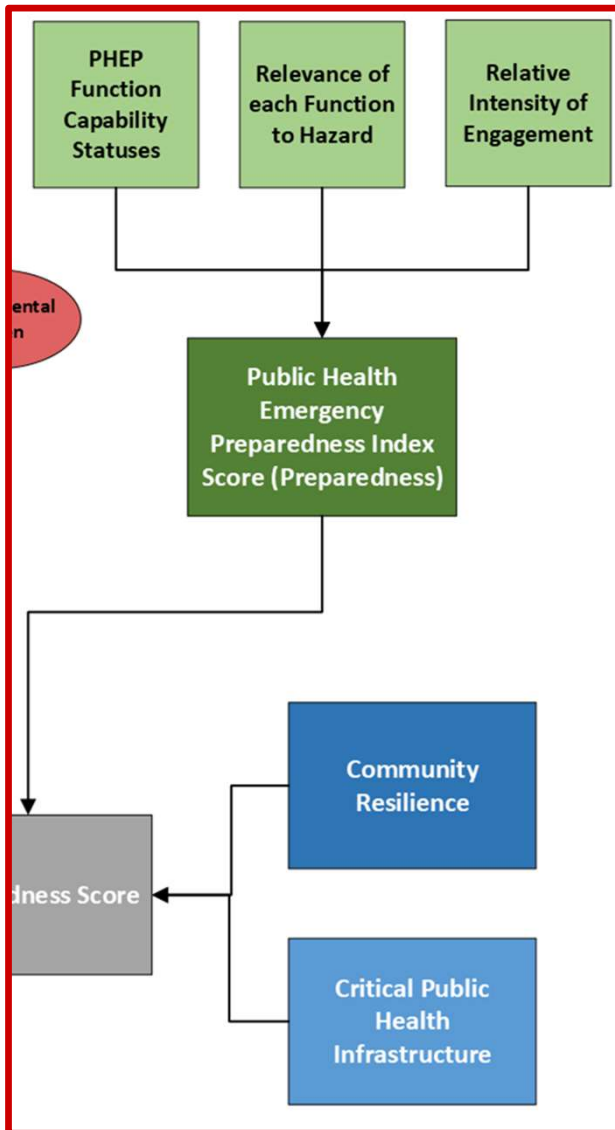


## Summary of Data Sources: Hazard Impact

- **Public health impact:** Custom modeling
  - Environmental burden modifier: CDC/ATSDR Environmental Justice Index
  
- **Healthcare impact:** Custom modeling



## Summary of Data Sources: Preparedness & Resilience



## Summary of Data Sources: Preparedness & Resilience

- **Community resilience:**
  - Hazards Vulnerability & Resilience Institute BRIC Index
- **Critical infrastructure:**
  - Washington Tracking Network
  - CDC/ATSDR Minority Health Social Vulnerability Index
- **PHEP capabilities:**
  - PHEP function capabilities: IPPW worksheets
  - Function relevance: Binary indicator
  - Engagement intensity: User ranked

# Limitations of the Tool

## User-ranked inputs

- Increases user workload
- Ranking hazard likelihood measures only perceived relative likelihood, not actual likelihood of occurrence

## Climate modeling uncertainty

- Complexity and range of possible outcomes make this very difficult to predict over time

## Resolution versus accuracy

- Inherent tension between geographical resolution and measurement accuracy

# HOW H<sup>2</sup>azaRDS INTEGRATES PUBLIC HEALTH AND EMERGENCY MANAGEMENT

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## What We Learned at WSEMA 2023

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*How can LHJs collaborate with EMs to build on existing risk assessments?*

- While some jurisdictions have formal systems in place, **many rely on informal discussion and/or personal relationships**; some have no history of collaboration
- In many cases, **information flows primarily from public health officials to EMs**, not the other way

## What We Learned at WSEMA 2023

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*How might public health risk assessment findings be incorporated into EM plans?*

- Can help identify, locate, and communicate with **populations with specific needs**
- Can **inform decisions to prioritize** different mitigation and response actions

## Promoting Collaboration Between Local Health Officials and Emergency Managers

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- The development and use of the H<sup>2</sup>azaRDS tool are **organized around collaboration** between LHJs and emergency managers
- This is an opportunity for LHJs and EMs to **understand** each other's responsibilities, **contribute expertise** to each other's processes, and **work more closely together**



# Promoting Collaboration

## Design & Development

The tool **merges data measurements** normally associated with **public health** with those normally associated with **emergency management**

**Modeling, interface, & tool outputs** are all being iterated with **input from an interdisciplinary committee**

## Implementation & Use

User-ranked hazard likelihood **encourages LHJs to consult EMs when using the tool**, promoting formal collaboration, relationship-building, and communication

Integration of domains **encourages interdisciplinary thinking** about hazard vulnerability and preparedness

# **DISCUSSION QUESTIONS**

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# **Discussion Question 1**

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**How are you willing/able to help your LHJ in hazard ranking?**

## **Discussion Question 2**

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**What resources does your agency offer and/or use in your own planning processes that your LHJ could use itself?**

## **Discussion Question 3**

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**Are there other ways the tool could promote integration between EMs and LHJs?**



# QUESTIONS OR COMMENTS?

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