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Building Back Healthier: The Role of Public Health in State Disaster Recovery Law

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Disasters pose a significant risk to public health, and require robust preparedness, response, and recovery support from all levels of government.¹ Disaster recovery activities include operational coordination, stabilizing infrastructure, supporting economic recovery, and restoring health and social services.² The scope of disaster recovery calls for public health to be explicitly involved in disaster recovery policy and decision making.³

Disaster recovery strategies in both health and non-health sectors have the potential to positively impact the health and wellbeing of communities affected by disaster. Recent disaster recovery guidance and framework documents from the National Academy of Medicine⁴ and the Federal Emergency Management Agency⁵ emphasize the need to integrate health considerations with recovery decision-making.

Laws are core elements of public health legal preparedness,⁶ and may also equip public health entities with the tools and resources needed for effective disaster recovery. This brief summarizes the results from our [study published in *Health Security*](#), in which we used standard public health legal research methods to examine how state statutory law requires or authorizes public health entities' role in disaster recovery. We identified codified state laws that authorize or require state or local public health entities to execute disaster recovery planning, implementation, or evaluation in July 2018. Our study results show that few states have such laws. This may have implications for disaster recovery during the COVID-19 pandemic.

State Laws Address Disaster Recovery, but are Often Silent on the Role of Public Health

We identified laws that explicitly addressed disaster recovery in a majority of states (n=47). These laws included a range of recovery-related requirements or authorities for state and local governments, including planning and funding recovery activities or creating programs and committees to oversee, implement, or evaluate disaster recovery. However, only 17 states had one or more laws that specifically addressed the public health role in disaster recovery planning, implementation, or evaluation. Out of those 17 states, we identified seven states with more than one such law.

KEY FINDINGS

- We identified 47 states with explicit disaster recovery laws.
- Only 17 states have laws that specify a public health role in disaster recovery.
- State disaster recovery laws include a range of requirements or authorizations for public health entities.
- Legal requirements for public health involvement in disaster recovery may benefit COVID-19 recovery efforts.

State laws that *did* address the public health role in disaster recovery specified five requirements or responsibilities for health entities. These included:

- Requiring state or local health departments to serve on a standing committee, appoint a liaison, or coordinate with other agencies or organizations about recovery pre-disaster (15 states)
- Requiring state or local health departments to develop a recovery plan or include a recovery element in an emergency or health emergency plan (13 states)
- Assigning responsibility to a state or local health department during recovery implementation (10 states)
- Assigning recovery oversight authority to a Board of Health (2 states)
- Requiring the state health department to develop a recovery educational campaign (1 state)

More Explicit Involvement of Public Health in State-level Disaster Recovery Activities is Warranted

Laws explicitly requiring health department participation on disaster recovery committees provide an opportunity to strengthen disaster recovery. Public health actors can lend insight into the potential health impacts of recovery decisions, promoting a “Health in All Policies approach” to recovery.⁷

Future research is needed to identify the most effective public health requirements in state disaster recovery laws. Once identified, model laws and legal guidance can be created to help states incorporate public health promotion activities into their own disaster recovery laws. The model legislation could feature requirements for public health entities to engage in recovery activities pre and post-event. For example, future state legislation could require health department participation in community rebuilding and redevelopment planning.⁴ Integrating public health into disaster recovery planning, implementation, and evaluation is essential to improve population health in disaster-impacted communities.

Laws Requiring a Public Health Role in Disaster Recovery May Benefit COVID-19 Recovery Efforts

States whose current disaster recovery laws require public health involvement may have developed collaborations and recovery protocols that better equip government leadership to mobilize a comprehensive recovery effort that prioritizes public health in its decision-making as well as addresses the pandemic’s significant social and economic impacts. Also given the unique challenges of response and recovery to natural hazards such as hurricanes and wildfires amid the COVID-19 pandemic,⁸ states with legal requirements for public health involvement in disaster recovery may have a more robust capacity for navigating this complex recovery environment.

Data and Methods

Standard public health legal research methods were used to assess state statutory laws in the 50 U.S. states and the District of Columbia. In July 2018, Nexis Uni was used to identify codified state statutory laws across these jurisdictions that addressed disaster recovery. Investigators reviewed all disaster recovery laws to identify key elements and variations related to the law’s discussion of public health activity or responsibility during disaster recovery. Recovery laws that addressed a health role were assigned to one or more of five categories of specific requirements or authorities for health entities during disaster

recovery. For more information on research methods, see <https://www.liebertpub.com/doi/10.1089/hs.2020.0070>

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