Strategic National Risk Assessment 2015 Qualitative Data Instructions

Introduction

The findings of the 2015 SNRA will be summarized for public dissemination in a product similar to the seven-page overview of the first SNRA published in December 2011. Qualitative data submissions will primarily be used to support new content in the unclassified 2015 SNRA summary document including evolving threats and climate change. If you have qualitative risk information that would be beneficial to this effort, please read the requirements and instructions below. Please keep in mind that our summary sections will be no more than ½ - 1½ pages long.

Please note, if you have previously submitted this data to FEMA for another data call (e.g. National Preparedness Report), then **there is no need to submit it again**. However, please provide us with the POC and specific data call channel to which you submitted and we will coordinate directly through appropriate.

Submit all input to PPD8-NationalPreparedness@fema.dhs.gov no later than **March 5th, 2015.**

Qualitative Data Requirements

The qualitative data requirements below explain what is needed in order for qualitative data submissions to be usable in the updated SNRA summary document.

Synopsis: Provide a synopsis of all your sources and the assessment based on your literature review in 150-words or less. Ensure that you cite sources of information using footnotes.

Literature Review: The Literature Review should follow the template provided. Source material should meet the following criteria:

- Should include 5 sources for each major topic area (i.e. fatality estimates from a tornado).
- Peer reviewed academic journals provide the best source for objective information.
- Government documents provide a good source for information.
- Trade journals provide an acceptable source of information, but the information is typically subjective.
- Source should be less than 5-years old. Sources over 5-years old could provide information that is no longer valid or relevant.

Source material: Submitted as either physical or electronic copies.

Literature Review Template and Example

What is a literature review?

A literature review goes beyond the simple summarization of an article, by actually providing a critical review of the article. A hypothesis relating to a specific topic provides the basis for the critical review. For example:

Topic: Hospital actions involving individuals with functional needs during disaster operations

Hypothesis: Hospitals currently lack an emergency management based framework for caring for individuals with functional needs during emergency operations.

The topic and hypothesis provide narrow guidelines for literature collection, helping to ensure the review of relevant literature. Additionally, since the literature review provides a focused objective, the number of pieces of literature is limited to a manageable amount (i.e. 30 instead of 300).

Limiting the literature to peer reviewed materials (i.e. scientific journals) is not necessary, but helps minimize bias and speculation. Minimizing bias and speculation assists in developing a factual understanding of the hypothesis. However, if materials other than peer reviewed sources are used such as industry journals, magazine articles, etc. the critique should mention potential biases and/or missing factual materials associated with the literature.

While it is important to write in "plain language", literature reviews should be accurate. At times, accuracy in language will require the use of language and terms typically not considered "plain language".

Helpful Questions:

- What is known about the subject?
- Are there any gaps in the knowledge of the subject?
- Have areas of further study been identified by other researchers that you may want to consider?
- Who are the significant research personalities in this area?
- Is there consensus about the topic?
- What aspects have generated significant debate on the topic?
- What is the current status of research in this area?
- What sources of information or data were identified that might be useful to you?

What is the benefit of a literature review?

Literature review provides an objective method for discovering relevant topics relating to a specific hypothesis. In addition, literature review provides a method for presenting vast amounts of information in a short, relevant format. By conducting a literature review more people are exposed to relevant materials in a manner that allows them to quickly familiarize themselves

with the material. Literature reviews also provide guidance on which documents are relevant to the stated subject and why.

Short, Descriptive Title

1. Introduction
    a. Describe the risk and provide a short (2 – 3 sentences) description of the unique nature of the risk.
    b. Identify themes (i.e. fatalities due to power loss), trends (i.e. increase in cyber-attacks), and provide a "big picture" of the literature.
2. First Theme (A theme is a broad word or phrase that synthesizes a narrow group of related findings. For example, a theme of "Resistance" would include types of resistance, resistance to whom, resisting what, etc.). Provide an overview of characteristics of the theme (commonalities, differences, nuances). *Try to keep to 2 or fewer paragraphs for each source.
3. Second Theme – follow a, b, c, and so on from above
4. Keep repeating with themes (only use identifiable themes; do not use non-relevant, minor themes)
5. Conclusion: ***An evaluation/critique of the existing literature. Write enough paragraphs tying everything associated with the hypothesis together.***
    a. What are the contributions of this literature to the field?
    b. What are the overall strengths?
    c. What are the overall weaknesses?
    d. What might be missing?

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Example: Hospitals, Individuals with Access and Functional Needs, and Emergency Operations

Introduction

Hospitals are a critical member of the whole community in many jurisdictions during and after emergency operations. However, the media often prints stories critiquing how hospitals treat individuals with functional needs during and after a disaster. Yet, the media does not always prove a reliable source for information. Often the media presents "facts" from unknown or unreliable sources. The Federal Emergency Management Agency (FEMA) benefits from researching available literature associated with the subject of emergency operations that involve and/or affect hospitals and those with functional needs.

The primary challenge when researching literature regarding hospitals, and functional needs persons during emergency operations is availability. Few academic sources study hospitals, individuals with functional needs, and emergency operations. While other sources such as magazines and trade journals exist, the bias often present in these sources make them unreliable and as a result sources that are not peer reviewed were not considered.

Three main themes emerged from the literature reviewed. First, hospital emergency plans do not take into account functional needs persons during emergency operations with the exception of evacuations. Second, plans often neglect losses of caregivers associated with disaster operations. Finally, terms such as "functional needs" and "special needs" are ambiguous requiring local determination to be useful.

For this literature review, the foundational hypothesis is as follows: Hospitals currently lack an emergency management based framework for caring for individuals with functional need during emergency operations. While the preceding seems broad based on the ambiguity of "emergency operations" for this paper, "emergency operations" refer to any significant event that either directly or indirectly affects a hospital. Whether an event is an emergency operation relies on the capacity and capability of a hospital. For example, a 6-car accident in a rural community could severely stress the capacity and capability of a rural hospital. Conversely, a similar accident in a major metropolitan area could easily absorb such an accident.

Function based definition required for emergency management and planning

Simple, accurate language often presents a challenge to those who write plans and doctrine. Kailes and Enders noted that the term "special needs" appears simple and accurate, but lacks specific guidelines for inclusion or exclusion.[1] For example, "special needs", also known as "access and functional needs" can include not only those in wheel chairs or the blind, but pregnant individuals and those without motor vehicles.[2]

Kailes and Enders conducted a review of literature including common definitions from sources including FEMA and Census 2000.[3] The materials reviewed indicated that upwards of 49.99% of

[1] Kailes, J. I. (2007). Moving beyond "special needs". *Journal of Disability Policy Studies, 17(4),* 203 – 237.
[2] Ibid.
[3] Ibid.

the population of the United States falls in the broad category of "special needs" or "access and functional needs". Kailes and Enders stated that with such a large portion of the population meeting the definition, created a situation where planning becomes impossible.[4]

One proposed method to correct issues associated without having a clear definition of "access and functional needs" is to use a flexible framework based on five essential functional needs. Kailes and Enders contended that using communication, medical needs, maintaining functional independence, supervision, and transportation (C-MIST) plans, which overcome issues associated to an imprecise definition become possible.[5] However, Kailes and Enders fail to consider the local nature of emergencies.

While Kailes's and Enders's point about the imprecision of terms associated with individuals with access and functional needs, their approach fails to incorporate the critical local factor.[6] Hogarth and Neil supported the preceding by noting that local capabilities are a critical consideration in any emergency.[7] According to Hogarth and Neil (2001) when an emergency occurs, the resources you have will limit how you respond.[8] For example, when their hospital ran an exercise that included an estimated 600 casualties the hospital discharged 48 patients deemed stable.[9] Additionally, the staff converted several non-traditional areas (i.e. recovery rooms) into operating rooms.[10]

Hogarth and Neil's article present potentially biased information given only a single exercise forms the foundation for their information.[11] However, Hogarth and Neil's information does reinforce the notion of the effect of limited resources.[12] Griffies further reinforced the notion that resources are limited in emergencies.[13] According to Griffies, in the aftermath of Hurricane Katrina the number of psychiatrists in New Orleans went from 196 to 22.[14] Although the population in New Orleans dropped from approximately 480,000 to 240,000 the loss of psychiatric capability was significant.[15] Overall, the psychiatrists went from one psychiatrist for approximately every 2,449 to one psychiatrist for approximately every 10,909.[16]

One of the key elements in the article comes from quantitative research conducted involving non-return factors involving physicians.[17] Griffies (2010) reported that based on research, one of the major factors for physicians not returning after a major emergency is the perception of the effort required to reestablish a practice.[18] While physician availability and return is not

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[4] Ibid.
[5] Ibid.
[6] Ibid.
[7] Hogarth, W. D. & Neil, G. F. (2001). Anatomy of a disaster: One hospital's experience and recommendations. *CJEM: Journal of the Canadian Association of Emergency Physicians, 3(1),* 38 – 40.
[8] Ibid.
[9] Ibid.
[10] Ibid.
[11] Ibid.
[12] Ibid.
[13] Griffies, S. (2010). Health care infrastructure Post-Katrina: Disaster planning to return health care workers to their home communities. *Psychiatric Services, 61(1),* 70 – 73.
[14] Ibid.
[15] Ibid.
[16] Ibid.
[17] Ibid.
[18] Ibid.

necessarily associated with planning for hospital emergencies involving those with access and functional needs, it is a critical factor. A hospital that loses a significant portion of specialized care providers severely affects the ability to evacuate or care for those with "access and functional needs".

Conclusion

In conclusion, the three articles reviewed provided three major themes. First, the ambiguity of who is included or excluded from the "access and functional needs" definition creates problems with planning for emergencies. It is possible to mitigate the ambiguity surrounding "access and functional needs" by providing an explicit definition. Another method for approaching the question of ambiguity is to reinforce the notion that local planners need to develop an understanding of their community. The first method could result in overlooking a population, while the second method ensures a tailored approach.

The second theme of limited resources is a familiar theme. However, two of the articles indicate that while the theme is common planners still overlook it when planning or conducting exercise. Moreover, in hospitals it is critical to understand that often those working in the hospital are the ones who will respond. Additionally, those in the hospital could be the only medical personnel available for several operational periods. The aforementioned factors limit the ability of a hospital to provide services to those requiring specialized care.

The final theme of loss of specialized health care professional relates closely to the second theme. Just like with the second theme, the final theme is a critical planning consideration since replacement of those medical personnel lost is unlikely. In the event replacements for medical personnel do not occur, planners would have to account for the ability to transport and/or care for those with special needs.

Overall, the articles reviewed provide a strong foundation for conducting more research. Yet, the articles often lack quantifiable data. To develop a better understanding of the real situation of hospitals when it comes to emergency planning incorporating those with access and functional needs requires quantifiable data.

References

Griffies, S. (2010). Health care infrastructure Post-Katrina: Disaster planning to return health care workers to their home communities. *Psychiatric Services, 61(1),* 70 – 73.

Hogarth, W. D. & Neil, G. F. (2001). Anatomy of a disaster: One hospital's experience and recommendations. *CJEM: Journal of the Canadian Association of Emergency Physicians, 3(1),* 38 – 40.

Kailes, J. I. (2007). Moving beyond "special needs". *Journal of Disability Policy Studies, 17(4),* 203 – 237.