Introduction

The 2022 National Domestic Preparedness Survey marks the seventh year Healthcare Ready has conducted a nationwide poll to highlight the preparedness behaviors of US households and individuals for responding to the next natural disaster or emergency event. The poll is conducted annually to examine trends in perceived risk of disasters, preparedness behaviors, and vulnerabilities in preparedness. These data can inform targets for future programmatic interventions to improve individual and community level preparedness for those often hardest hit by disasters, including communities of color, low-income communities, communities enduring repeated disasters, persons living with disabilities and chronic conditions, among others.

This year’s poll marks the third year the poll was conducted during the COVID-19 pandemic and the first time poll questions were asked about the challenges households faced and continue to endure from the pandemic. The poll consisted of 13 questions on preparedness and three questions on the experiences of individuals during the COVID-19 pandemic. The 2022 poll was conducted with the largest sample size of respondents to-date – double from years past. The expanded collection of responses supported a more robust analysis, culminating in new data intended to help researchers, policymakers, government, and others in emergency management to better understand how certain demographic factors (age, race, geographic region and levels of education) may be associated with preparedness behaviors and beliefs.
This document provides highlights from an initial analysis of the 2022 poll.

**Survey Administration**
The 2022 poll was conducted via online survey to 2,596 adults (age 18+) residing in the US. Fieldwork was conducted by YouGov on behalf of Healthcare Ready between May 2 to May 4, 2022. Participants were selected at random from a base sample, with final figures weighted to be representative of all US adults.

The total sample size of 2,596 adults that responded to this study included respondents who self-identified as: 63% White, 12% Black, 16% Hispanic and 9% Other. Additional data was collected on race and ethnicity, but were categorized as "Other" due to their smaller sample sizes. Age ranges of respondents were categorized by three groups: 18-34 years (29%), 35-54 years (29%), and 55+ years (41%).

**Discussion of Key Findings**
This assessment builds on the significant body of evidence that exists already on systemic inequities that drive disparities in disasters and healthcare. Researchers, policymakers, government, and other stakeholders with equities in emergency management and response may leverage this research to identify potential targets for future investment to further reduce the disproportionate impacts of disasters on communities historically underserved or overlooked in healthcare and emergency management.

**Attitudes and Beliefs Towards Disaster Types**
Poll results indicate that the highest percentage of US adults remain most concerned that a natural disaster will affect their community (35%) compared with other types of disasters. This was a 10 percentage point increase since 2020 (25%). Due to factors associated with climate change, natural disasters are increasing in both frequency and severity. Younger generations appear to be growing more concerned than others about environmental disasters, such as oil spills and water crises according to the 2022 poll. Among Americans age 18 to 34, there was an increase of 6 percentage points in concern for environmental disasters (12% in 2022 versus 6% in 2021). This increased concern is reflected in social movements, such as research from the Pew Foundation that indicates younger generations being more active than older generations in addressing climate change.

In 2020, 19% of US adults reported exotic diseases as the disaster of greatest concern, which reduced to 7% in 2021, and 6% in 2022. This can be attributed to the COVID-19 pandemic novelty waning over the past two years.

Poll data also shows that terrorist attacks (mass shootings, bombings, other mass casualty events), have become the disaster of greatest concern for more Americans in recent years. In 2020, 8% of Americans cited a terrorist attack as the disaster of greatest concern, and in 2021 and 2022 that increased to 11 percent. In 2022, 14% of Blacks and 14% of Hispanics reported terrorist attacks as the disaster type of greatest concern compared to 9% of Whites, continuing an increasing trend in the numbers of Black and Hispanic Americans who are most concerned about a terrorist attack from 2020 to 2021 (8% in 2020 and 12% in 2021 for Hispanics, and 6% in 2020 and 10% in 2021 for Blacks). The rise
in racially motivated attacks and recent mass shooting events across the country may explain some of these increases.

Americans in the northeast also showed an increase in concern for terrorist attacks, with 13% of US adults in the northeast choosing terrorism as the disaster of greatest concern in 2020 compared to 16% in 2022. The American Public Health Association and the White House, view gun violence as a public health concern in need of holistic attention and response. The increase in concern in terrorist attacks, particularly among Black and Hispanic individuals, suggests a disproportionate burden of concern and perceived and real threats faced by communities of color, and warrants further investigation.

Impacts of Disruptions to Medication Access and Medical Equipment

Consistent with findings from previous years, results from this year’s poll found that nearly 40% of US adults could not go longer than one week without their regular medications or medical equipment. Furthermore, in the event of an evacuation, only 36% reported that they could list all information related to their medication and medical supplies. Nine percent could not list any information or selected “did not know.” Pharmacies play a critical role in disasters, often being the first healthcare facility type brought back online following a disaster. Recent trends in pharmacy closures among other investment declines for community resources that support populations that can’t access traditional social safety nets (including persons experiencing homelessness, people with undocumented status, immigrant or migrant populations, among others) paint a troublesome picture for how communities – especially communities living in areas where healthcare is more difficult to access (e.g., rural areas, regions with limited public transportation, fewer hospitals and clinics, or fewer healthcare providers) – will be able to withstand the next major disasters. The COVID-19 pandemic worsened systemic barriers to safe, coordinated care for all Americans, but also shed light on how certain populations are disproportionately impacted by disruptions to care due to disasters.

Household Preparedness and Emergency Preparedness Plans

When asked about beliefs towards expected disaster occurrence, more than half (56%) of US adults answered they believe it to be likely that a major disaster will impact them or their family in the next five years. Those that live in the South (63%) and West (60%) were more likely to believe it to be likely than those living in other US regions. Despite this, nearly half (49%) of Americans reported not having an emergency preparedness plan in place. Of those who do not have an emergency preparedness plan, over half (56%) are concerned about something happening. This data suggests greater need for initiatives supporting preparedness education, particularly in areas prone to disasters. Investments in this area may manifest in many ways. Community-based initiatives, such as Baltimore Resilience Hubs are an example of a local government-led intervention that can help individuals and households to be better prepared for and equipped to respond to emergency events.

Where Americans Turn to for Assistance

When asked about their opinion of whether local community-based organizations (CBO) had enough funding and resources to meet the needs of the community, nearly two-thirds disagreed (26%) or were unsure (37%). Community resources are especially vital during disasters that affect access and availability of basic needs, such as food, water, and shelter. Poll findings showed that about 17% of Americans would most likely turn to the federal government for support in the next two years and even fewer (6%) indicated they will be most likely to turn to CBOs (of the sources tested). While federal
and state level response networks tackle broad response issues in the event of disasters, CBOs often play an outsized role in closing the gap and reaching underserved and underresourced communities. These data suggest a need for greater public awareness for how and where individuals can access services provided by CBOs, and appropriate funding and collaboration from government for CBOs so they are equipped to maintain the critical services they provide to local communities before, during, and after disasters.

**Persistent Negative Impacts from COVID-19**

_When asked about how the COVID-19 pandemic impacted American households, 37% cited that their emotional, mental, or physical health was the one negative impact that was still affecting their household the most._ This is a consistent response across all demographics. The three most reported negative impacts were also consistent across demographics – health, expenses, and employment situation. Since the pandemic, multiple points of research indicate greater levels of anxiety and depression that may have downstream impacts for increased need for mental health services among the general population, including frontline healthcare workers and first responders who face a greater burden and exposure during disasters. The lasting effects of COVID-19 are particularly concerning as less Americans are reporting exotic disease (which includes the pandemic) as the disaster of greatest concern (from 19% in 2020, 7% in 2021, to 6% in 2022) and may result in their lack of preparedness against exotic diseases such as taking infection prevention measures, or mask wearing. As the impacts of COVID-19 continue to negatively impact American households, this reduces their ability to prepare for and respond to other ongoing disasters, as they are still responding to those sustained negative impacts, including the mental, physical and economic toll they experienced as a result of COVID-19.

**Where People Turn to for Trusted Information**

_Nearly one in three US adults (30%) reported receiving their primary information on COVID-19 from news outlets, which was the most cited resource (TV, radio, newspaper and online resources)._ The second most referenced source was federal agencies (21%) (CDC, HHS, FEMA, etc). Americans ages 18-34 cited that they turned to social media more significantly than any other age group (22% vs. 10% of those 35-54 and 4% of those 55 and older). The wide variability in where people turn to for trusted health information creates a challenge for public health departments and government institutions responsible for communicating health information. Government institutions have increasingly appeared to embrace and amplify the use of social media strategy in public health and emergency management\(^1\), but issues like combating misinformation and creating and sustaining pathways for trusted information will require long-term strategic investment and support.

**Call to Action to Improve Domestic Preparedness and Achieve Better Disaster Outcomes**

Data from this year’s poll are reflective of the varied experiences and outcomes people faced during the COVID-19 pandemic. The pandemic brought to the forefront long-standing issues surrounding systemic barriers to care, including social services that support basic needs (food, shelter, etc.) and other social determinants of health shapes how individuals and communities experience disasters response and

---

\(^1\) Examples of efforts in public health includes CDC’s guidance on [social media messaging](#) and resources created at the local level such as the [Social Media Resources](#) page from Oregon State.
recovery. While efforts to drive more equitable response to the pandemic has led to some advancements\(^2\) in incorporating elements of equity in disaster response, those investments will cease to exist without strategic, purposeful support from policymakers and government for maintaining and expanding long-term recovery.

Recovery from the pandemic is and will happen simultaneously alongside continued social, health, and economic responses to this catastrophic event. Leaders must plan for how to financially and operationally support response as well as recovery efforts so communities that were hit hardest by COVID-19 have an opportunity to rest, rebuild, and meaningfully recover. Building community resilience and providing resources for communities to better withstand the impact of the next disaster can be achieved through investments in community education, improved coordination and collaboration between government and private sectors, and greater funding for engaging trusted pillars within targeted communities.

To help ensure that continuity of care and access to medications for communities hardest hit during disasters are supported, future planning investments could be made towards staffing evacuation sites and special needs shelters with on-site clinicians to address the issue of care fragmentation that often occurs with disasters and evacuations. On-site clinicians can receive and prescribe medications to patients who lose access to their medication during a disaster or cannot recall the medications they are already taking (a concern for more than four in ten US adults\(^3\)). Pharmacies also play a role in helping their community stay healthy by educating them about their prescriptions and housing that information securely. Community pharmacies play an important role in helping Americans manage their medication adherence, and trends of pharmacies closing in less dense populations and in low-income urban areas are exacerbating pharmacy deserts.

Investments from the private sector will be necessary for building, testing, and implementing continuity plans that ensure healthcare facilities (e.g., hospitals, pharmacies, other ancillary facilities) are prepared for future disasters that could impact operating status of their facilities. Continuity training for facility staff, including clinicians\(^4\), are also examples of worthwhile investments in community preparedness training.

Enhancing and leveraging partnerships with CBOs is a sustainable strategy for amplifying these resources and operational activities typically operated by government or public health departments. During COVID, many organizations struggled with meeting the increased demand for public assistance with the same or less operating expenses. For these services to remain sustainable and to a certain extent feasible amidst competing elements (e.g., funding declines and waning public trust in government institutions), public and private sector institutions should consider ways to invest in partnerships with CBOs.

Disasters underscore the need for strong partnerships and trusted relationships within a community to help support those who may be most vulnerable in emergency situations. CBOs provide critical insights to the acute needs of specific communities and essential services before and during disasters, and should

---

\(^2\) Example of efforts from COVID include the Presidential COVID-19 Health Equity Task Force, and the National Academies’ Framework for Equitable Allocation of Vaccine for the Novel Coronavirus.

\(^3\) Values were derived from respondents who selected among the following options for this year’s poll question on the topic: "could list most" "could list some" "could not list any" "don’t know", totalling 43 percent.

\(^4\) Such as this training from the HDA Research foundation for pharmacy preparedness.
be strategically leveraged by local, state, and federal government to strengthen preparedness and improve disaster outcomes for communities that are often hardest hit by disasters.