

Table 2. Articles included in systematic literature review

<b>Authors</b>	<b>Title</b>	<b>Study Characteristics</b>	<b>Emergency Management Role(s)</b>	<b>Summary</b>
Effects of Disaster on Mental Health Status and Services Use				
Constans et al (2012)	Pre-Katrina mental illness, postdisaster negative cognitions, and PTSD symptoms in male veterans following Hurricane Katrina	quasi-experimental quantitative	Recovery	Comparison of mentally ill vs. non-mentally ill veterans following Hurricane Katrina found that negative thoughts about the meaning of the hurricane and one's response to it strongly associated with post-trauma PTSD symptoms, as was previous mental illness
Copeland, Fletcher & Patterson (2005)	Veterans' health and access to care in the year after 9/11	pre-experimental quantitative	Recovery	Random sample of outpatients completed questionnaire effects of site, demographics, service and PTSD symptoms on health status, care seeking and health care satisfaction
Davis et al (2011)	Racial variations in postdisaster PTSD among veteran survivors of Hurricane Katrina	quasi-experimental quantitative	Recovery	African Americans more likely than Caucasian veterans to test for PTSD 2.5 years after Hurricane Katrina, controlling for demographics, vulnerabilities, disaster-related stressors and post-hurricane social support
Dobalian et al (2011)	Impact of the Northridge earthquake on the mental health of veterans: Results from a panel study	quasi-experimental quantitative	Recovery	For male veterans that used Sepulveda VAMC prior to its closing after the Northridge earthquake, post-disaster emotional stress was predicted by

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				pre-existing emotional distress and earthquake impact. Younger veterans, especially with poor physical/emotional health, particularly vulnerable to post earthquake emotional stress
Druss, Henderson & Rosenheck (2007)	Swept away: Use of general medical and mental health services among veterans displaced by Hurricane Katrina	quasi-experimental quantitative	Response	veterans with 1+ outpatient visits in New Orleans or Biloxi/Gulfport compared with cohort using outpatient services 2 years prior
Green, Lindy, Grace & Leonard (1992)	Chronic PTSD and diagnostic comorbidity in a disaster sample	quasi-experimental quantitative	Recovery	Compared PTSD in veterans with a community sample from Buffalo Creek dam collapse in 1972
Krinsley, Gallagher, Weathers, Kutter & Kaloupek (2003)	Consistency of retrospective reporting about exposure to traumatic events	pre-experimental mixed	Recovery	Veterans interviewed twice to determine consistency in reporting traumatic events
Reeves & Liberto (2001)	Reactions of VA psychiatric patients to the 9/11 terrorists attacks (letter to editor)	pre-experimental qualitative	Recovery	Unexpected reactions of 9/11 attacks
Rosen, Tiet, Cavella, Finney & Lee (2005)	Chronic PTSD patients' functioning before and after the 9/11 attacks	pre-experimental quantitative	Recovery	Pre-post 9/11 survey of veterans with existing PTSD regarding effects of vicarious exposure to 9/11
Rosenheck & Fontana (2003a)	Post-9/11 admission symptoms and treatment response among veterans	quasi-experimental quantitative	Recovery	Examination of clinical data on vets with PTSD regarding exacerbation of symptoms post

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	with PTSD			9/11
Rosenheck & Fontana (2003b)	Use of mental health services by veterans with PTSD after the terrorist attacks of 9/11	quasi-experimental quantitative	Recovery	pre-post 9/11 average daily VA service use for people with PTSD or other mental disorders
Tharp et al (2011)	Effects of pre- and post-Katrina nonviolent and violent experiences on male veterans' psychological functioning	quasi-experimental quantitative	Recovery	Violent and non-violent exposures post-Hurricane Katrina and violent exposures pre-hurricane associated with PTSD, panic and generalized anxiety disorder 2 years after the storm. Importance of assessing both pre- and post-disaster interpersonal violence to address mental health issues
<b>Effects of Disaster on General Health Services Use</b>				
Clark (2010)	Rebuilding the past: Health care reform in post-Katrina Louisiana	pre-experimental qualitative	Recovery	LSU worked with VA after Katrina to rebuild hospitals in the area as part of larger effort to revamp Louisiana's safety-net health care system
Fonseca et al (2009)	Impact of a natural disaster on diabetes: Exacerbation of disparities and long-term consequences	quasi-experimental quantitative	Recovery	For veterans with diabetes, Hurricane Katrina significantly affected diabetes management, specifically increasing health care costs and lowering life expectancy
Hogan et al (2011)	Disaster preparedness and response practices among providers from the Veterans Health Administration and	pre-experimental qualitative	Preparedness Response	Study of disaster experience of veterans with SCI/D revealed the importance of a flexible plan that can be adjusted to each unique

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	veterans with spinal cord injuries and/or disorders			situation. With this particularly vulnerable population, effective communication is critical as is need to recognize different needs of patients and hospital staff. Coordination of care deemed a priority
Jones & Kiefe (2002)	Anthrax attacks and practice patterns: A learning opportunity for health care systems	pre-experimental quantitative	Response Recovery	Retrospective study of anthrax related rx prescription rates for VA outpatients w/ no reported anthrax cases
LaFuente, Eichaker, Chee & Chapital (2007)	Post-Katrina provision of health care to veterans in a mobile clinic: Providers' perspectives	pre-experimental qualitative	Response	Descriptive interviews of healthcare providers regarding care provided after Hurricane Katrina
Potash, West, Corrigan & Keyes (2009)	Pain management after Hurricane Katrina: Outcomes of veterans enrolled in a New Orleans VA pain management program	pre-experimental qualitative	Response	Hurricane Katrina caused impediments to delivery of pain management services calling for improved coordination between emergency clinics and pain specialists
Teeter (1996)	Illnesses and injuries reported at disaster application centers following the 1994 Northridge earthquake	pre-experimental quantitative	Response	Describes injuries and illnesses sustained by public and Disaster Application Centers workers post EQ
Weiss, Weiss, Teeter & Geraci (1998)	Care provided by VA mobile clinic staff during Northridge earthquake relief	pre-experimental quantitative	Preparedness Response Recovery	Describes reasons for ambulatory care delivered through mobile clinics for a month following the Northridge earthquake

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Patient Tracking				
Brown et al (2007)	Use of electronic health records in disaster response: The experience of Dept of VA after Hurricane Katrina	quasi-experimental quantitative	Preparedness Response	Retrospective study using cross-sectional panels of data collected sequentially over time to examine use of electronic health care data pre and post Katrina
Leonard, Stringer & Alson (1995)	Patient-data collection system used during medical operations after the 1994 San Fernando Valley-Northridge Earthquake	pre-experimental qualitative	Response	Description of patient-data collection system used post Northridge EQ
Russum (2006)	Responding to Katrina: A VA pharmacist's experience	pre-experimental qualitative	Response	Katrina experience from pharmacists POV
Evacuation				
Blaser & Ellison (1985)	Rapid nighttime evacuation of a veterans hospital	pre-experimental qualitative	Response Recovery	Case study of evacuation of Denver VAMC due to loss of utilities in subfreezing temps
Chavez & Binder (1996)	A hospital as victim and responder: The Sepulveda VA Medical Center and the Northridge earthquake	pre-experimental qualitative	Mitigation Preparedness Response Recovery	
Dobalian, Claver & Fickel (2009)	Hurricanes Katrina and Rita and the Department of Veterans Affairs: A conceptual model for understanding the evacuation of nursing homes	pre-experimental qualitative	Response	Using VA nursing home evacuations post-Hurricane Katrina as case examples, expands upon well-known conceptual framework to go beyond preventive evacuation to include permanent evacuations. Calls for development of more appropriate evacuation plans for

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				vulnerable nursing home residents
Geraci et al (2008)	Hurricane Katrina: The Jackson VAMC	pre-experimental qualitative	Preparedness Response Recovery	Case study about Jackson VAMC experience during Hurricane Katrina
Disaster Planning/Preparedness				
Bradley, Rolka, Walker & Loonsk (2005)	BioSense: Implementation of a national early event situational awareness system	pre-experimental qualitative	Preparedness Response	Describes implementation of BioSense, which collects & analyzes VA data about biosurveillance
Brown et al (2004)	Planning for hospital emergency mass-casualty decontamination by the US Dept of VA	pre-experimental qualitative	Mitigation Preparedness	Case study about how VA developed mass-casualty decontamination program
Dobalian, Callis & Davey (2011)	Evolution of the Veterans Health Administration's role in emergency management since September 11, 2011	pre-experimental qualitative	Mitigation Preparedness Response Recovery	VHA can provide support to the general community during local emergencies or federally-declared disasters. Further work needed to more strongly connect VA medical centers with the local community to increase community resilience
Knapp, Okamoto & Black (2005)	ASHP survey of ambulatory care pharmacy practice in health systems – 2004	pre-experimental quantitative	Preparedness	National survey (VA one participant) to characterize pharmacy practice in ambulatory care settings
Leidholdt, William & McGuire (2003)	A reassessment of radioactive material security in health care and biomedical research	pre-experimental qualitative	Mitigation	Post 9/11 reassessment of security of radioactive materials at VA

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Locatelli, LaVela, Hogan, Kerr, & Weaver (2012)	Communication and information sharing at VA facilities during the 2009 novel H1N1 influenza pandemic	quasi-experimental qualitative	Response	Facilitators to communication during 2009 H1N1 epidemic included timely, organized information disseminated in various ways and the inclusion of educational materials. Barriers were feeling overwhelmed by the amount of information, contradictory information and restriction of information sharing due to information uncertainty and inconsistency
Lucero et al (2011)	Enhanced health event detection and influenza surveillance using a joint Veterans Affairs and Department of Defense biosurveillance application	pre-experimental qualitative	Mitigation	Describes a VA/DoD collaboration regarding biosurveillance, which was successful in improving surveillance in a population including veterans. Agencies agreed to continue collaboration
Lurie et al (2008)	Community planning for pandemic influenza: Lessons from the VAHCS	pre-experimental qualitative	Preparedness	Describes lessons learned from tabletop exercises
Santos, Helmer, Fotiades, Copeland & Simon (2006)	Developing a bioterrorism preparedness campaign for veterans: Using focus groups to inform materials development	pre-experimental qualitative	Preparedness Response	Focus groups guided development of bioterrorism preparedness materials
Schirmer, Lucero, Oda, Lopez & Holodniy	Effective detection of the 2009 H1N1 influenza pandemic in U.S. Veterans			

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(2010)				
Schult, Awosika, Hodgson & Martinello (2011)	2009 influenza pandemic impact on sick leave use in the Veterans Health Administration: Framework for a health care provider-based national syndromic surveillance system	pre-experimental quantitative	Mitigation	Use of a surveillance system to track sick leave use during H1N1 influenza pandemic may be a sensitive indicator of emerging strains
Sokolow et al (2005)	Practice and experience deciphering data anomalies in BioSense	pre-experimental qualitative	Mitigation	Report of CDC analysts' role in identifying and deciphering data anomalies