CASPER2023

Resilience & Emergency Preparedness

Community Assessment for Public Health Emergency Response Eastern Crescent, Travis County, April 14-15, 2023

Field Report

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Background

The City of Austin and Travis County have experienced multiple severe weather-related emergencies over the last five years. Residents throughout the City of Austin and Travis County have experienced freezing temperatures and ice accumulation from winter storms and summers with record setting, sweltering heat. In 2021, the Office of Resilience began to work with the community to form a Resilience Hub Network, a set of community-focused physical facilities that offer a variety of day-to-day services and support for the community before, during, and after a disaster. To better understand the experiences of community members during extreme weather events and learn how Resilience Hubs can be built programmatically to assist with severe weather emergencies, a Community Assessment for Public health Emergency Response (CASPER) was conducted in the Eastern Crescent of the City of Austin/Travis County in April 2023.

A CASPER is an effective method to assess public health needs in both disaster and nondisaster situations to inform emergency response and public health action. The CASPER methodology is a validated two-stage cluster sampling methodology developed by the Centers for Disease Control and Prevention (CDC) to rapidly obtain information about the health and resource needs of a community. The household-based information obtained during the assessment is generalizable to the entire sampling frame, providing population-based estimates. Austin Public Health has completed multiple CASPERs in the past in disaster and non-disaster settings with topics including community health assessments (CHA), Zika, flooding, and wildfires. This methodology is designed to be cost-effective, quick, and scalable, making it ideal for use in disasters. CASPERs can also be used to establish baseline preparedness levels and train the health department's workforce to conduct CASPERs after a disaster.

Objectives

Austin Public Health (APH), in collaboration with the City of Austin's Office of Resilience (OOR), conducted a community survey using the CASPER Methodology. APH and OOR were interested in learning about household experiences and impressions regarding severe weather, emergency preparedness, and resilience.

The specific objectives of this CASPER were:

- 1. Understand how a household receives and communicates information about disasters or emergencies,
- 2. Understand community experiences with heat and severe weather,
- 3. Identify basic household preparedness planning and type of medical special needs and equipment households need in a non-disaster setting (e.g., daily medication, oxygen supply, wheelchair/cane/walker, etc.),
- 4. Inform potential goods and services offered at Resilience Hubs.

Information gathered in this report will aid the City of Austin to improve and inform resilience planning, emergency preparedness, and response in Austin and Travis County.

Methods

Organization

The CASPER planning team utilized the homeland security exercise and evaluation program (HSEEP) and the incident command system (ICS) to plan the CASPER, acquire and track resources, organize volunteers and operations, ensure consistent communications with the teams, share important contact information, and keep track of resources for the event. Each team received a QR code to access the incident action plan (IAP) in their team folder. The IAP provided volunteers with an Incident Organization Chart (Appendix I), reinforced the objectives and safety messages received during their just-in-time training, and provided contact information for everyone during the event. The use of ICS documentation also allowed thorough check in and check out processes for accountability of people and resources.

Survey

Austin Public Health staff collaborated with the Office of Resilience and Resilience Hub planning stakeholders to develop a two-page survey with 24 questions, available in English (Appendix C) and Spanish (Appendix D). The survey utilized previously conducted CASPERs for example questions and included household level questions related to: (1) emergency communications preferences, (2) household perceptions and experiences with hazards that may impact health, (3) questions about household emergency preparedness, and (4) questions about Resilience Hubs. The survey tool was pilot tested prior to finalization.

The questionnaire was also implemented electronically via Survey123. Teams were given tablets to be able to complete surveys electronically. Tablets without a data connection saved completed surveys onto the device, which were then uploaded upon return to the incident command post.

Sampling

For our sampling frame, we defined the scope of the CASPER to the 15 zip codes of the City of Austin/Travis County's Eastern Crescent that reflected phase one of resilience hub planning. The selected zip codes were: 78757, 78752, 78753, 78754, 78723, 78724, 78721, 78742, 78744, 78725, 78719, 78758, 78702, 78741, and 78617. These zip codes were defined, as best possible, to match the census blocks within the ESRI Geographic Information Systems (GIS) Community Health Assessment tool as our boundary for the survey. Thirty clusters (Appendix B), with a total of 9,053 housing units, were randomly selected by the GIS tool for a representative sample of 210 households to interview in our defined census blocks. Clusters with zero households were filtered out to ensure they were not selected. One cluster was selected twice for 29 total clusters. The GIS tool utilizes probability proportional to the number of households within the cluster. In other words, the more households a cluster has, the greater chance of it being chosen twice.

Prior to the CASPER, planning team members visited identified clusters, to ground truth the locations and create information sheets for each cluster. Ground truthing consisted of identifying the types of housing within the cluster, possible places of respite for interview team members, and any barriers to accessing homes that may exist. Flyers (Appendix G) were

placed at popular locations to inform community members of the upcoming survey and the dates that the survey would be taking place. Team members also informed apartment complex offices about the survey to provide awareness and access to the communities. The APH public information office distributed a press release with the survey details to local media entities.

For the second stage of sampling, interview teams randomly selected seven households from each of the 29 clusters and 14 households from one cluster that was sampled twice. The interview teams were instructed to go to a pre-determined random starting point and go to every nth housing unit to select seven or fourteen housing units, respectively, to interview. The nth house was determined by the total number of housing units in the cluster based upon 2020 US census data divided by seven. Interview teams were instructed to follow the roadway left through their cluster following the roadway and cluster boundary to select each nth house.

Interview teams were comprised of two- or three- people. Volunteers recruited from city and county staff, local universities, local Medical Reserve Corps, and other health departments around the Austin Metropolitan area made up the 15 planned teams. Each team consisted of a City of Austin employee and community partner and/or university student. Each team had a bilingual speaker to the extent available.

The teams were provided a three-hour just-in-time training session on the overall purpose of the CASPER, household selection, questionnaire, interview techniques, language access use, safety, radio etiquette, and logistics on April 14 and 15, 2023. Each team received safety vests, radios, a tablet, and a folder containing maps, language access line information, translated surveys, public information officer contact information, and a CASPER leadership letter from the APH director, Austin-Travis County Health Authority, and Chief Resilience Officer which had been translated from English (Appendix E) into six common languages in Austin).

Each team attempted to conduct seven or 14 interviews per cluster, based upon cluster assignment, with the overall goal of completing 210 interviews. Interview teams were deployed to the field Friday, April 14 and Saturday, April 15, 2023. Interview teams were instructed to complete confidential referral forms whenever they encountered urgent medical or mental health needs, or when someone was interested in participating as a community member to inform Resilience Hubs. All respondents verbalized consent, were at least eighteen years old, and resided in the selected household. All respondents approached were given educational materials from Austin Public Health and City of Austin departments regarding health-related and emergency preparedness information (Appendix H). All educational materials were available in a minimum of English and Spanish.

Data Clean Up and Analysis

Paper tracking sheets and the electronic surveys completed by each team were compared to ensure data completion and accuracy. An analysis was conducted to estimate the percentage of households with a certain response in our sampling frame. During the data analysis, unweighted frequencies and percentages were calculated; however, weighted frequencies and percentages and confidence intervals were not calculated due to low survey response.

Results

Fifteen interview teams attempted interviews at 365 households and completed 90 interviews with a completion rate of 42.86% (Table 1). Teams completed interviews at 24.6% of households approached during the two-day period. Of households with an eligible and consenting respondent, 40.54% of interviews were completed. Of the 90 households who completed surveys, 23 were interested in participating in continued resilience hub work (25.5%). Of households interviewed, 42% were single family homes, 48% were multiple unit homes, 8% were a townhouse or duplex, and 2% were mobile homes (Table 2).

Household Demographics

Respondents were asked a series of questions to understand the composition of their households in relation to work conditions and medical needs of residents. The majority of households interviewed had between two to five people living in the household, with 84% of household residents between the ages of 18 and 64 (Table 3). Households were asked about pets and service animals, with 48% indicating that they have a pet or service animal (Table 3). When asked about health needs, 42% of households had someone on a daily medication; however, only 1% of respondents needed dialysis or oxygen, and 7% needed medical equipment or supplies that require electricity (Table 4).

Respondents were then asked about working conditions related to air conditioning with 43% reporting a member of the household worked either outside or without air conditioning, with 31% of this work occurring during the day shift defined as 7:30am – 3:30pm (Table 3).

Emergency Communication

Six of the survey questions focused on emergency communication. The first two questions utilized the same list of ten sources to understand if respondents always, sometimes, or never receive emergency communication from that source (e.g radio, newspaper, etc.). The majority of respondents always receive emergency communication via phone call alerts (49%), text message alerts (50%), or the internet/online news (not counting social media) (46%) (Table 5). Meanwhile, newspaper and churches/places of worship were identified as a place where households never receive emergency communications by 77% and 66% of respondents, respectively (Table 5). When asked which source for emergency communication their household trusted the most, 41% responded that they trusted text message alerts followed by 37% trusting the internet/online news (Table 6). The questions also sought to understand their preferred language to receive communications in, where 76% responded English (Table 7).

The last communication questions asked about the 2023 ice storm alerts (Table 7). Seventythree percent responded that they received emergency alerts during the 2023 ice storm. Of those that responded yes to receiving the alerts, 76% noted that the emergency alerts were easy to understand. Respondents who received the alert and then took action based on the alert, indicated that they checked in on family and friends (58%), organized food and water (58%), and changed their schedule to stay home or off the roads (58%). Additionally, households were asked if they knew where to find information about the recent ice storm, 63%, answered yes that they knew where to find information, if needed (Table 13).

Perceptions of Hazards/Disasters that May Impact Health

Respondents were asked to rank their household's level of concern, high, medium, or low, for hazards that may impact health. Respondents noted the highest level of concern for extreme cold or winter storms (37%) followed by an epidemic or pandemic (31%), and a heat wave (31%) (Table 9). Of the hazards polled, survey respondents did not identify a single hazard as a major hazard of concern, however 56% and 52% of households noted low concern for floods/flash floods and wildfires, respectively (Table 9). After asking about concern for risk, respondents were asked about health conditions that may be worsened due to a disaster. Twenty-six percent of respondents noted they did have some sort of health condition that may be exacerbated in a disaster or environmental hazard. While twenty-six percent noted they had experienced symptoms related to heat-related illness since living in Austin/Travis County (Table 10), 18% of respondents noted that it did not stop them from completing their daily activities (Table 13). During the past summer (2022), 17% noted that they felt hot inside their home (Table 13). Meanwhile, 11% left their house to cool off in an air-conditioned location (Table 14), places of refuge from the heat included the homes of friends, family, or neighbors (70%) supermarkets (50%) and movie theatres (50%) being the next most popular locations. (Table 14).

Household Emergency Preparedness

Households surveyed were asked about their emergency preparedness. The majority (56%) of households answered that they felt prepared for emergencies (Table 13). Respondents answered positively that they had drinking water for three days (71%), had copies of important documents stored in a safe place (62%), enough medication for seven days (69%), a backup source of power (71%), supplies for their pet to evacuate (49%), and non-perishable food for at least three days (81%) (Table 11). When survey respondents were asked where they would evacuate due to a disaster or emergency, 73% said their household would go to the home of a friend or family member. Only 3% said they would not evacuate (Table 12).

Resilience Hubs

Resilience Hubs and the ongoing work around Resilience Hubs were described to each household. Respondents were first asked an open-ended question about what goods or services they would like to see at a Resilience Hub; respondents answered: food and water, diapers and formula, cots, pillows, and blankets. Top answers for services included: evacuation information and assistance, wi-fi and charging stations, medical clinic and medication, and a cooling shelter. Table 16 lists the most frequently requested goods and services. Additionally, respondents were asked if they were interested in being involved in Resilience Hub work, 37% responded yes and were given referral forms to be contacted for further engagement in their community.

Discussion

The data presented in this report represents a snapshot of respondent's experiences and perceptions of emergency preparedness and resilience from CASPER surveys conducted in the Eastern Crescent on April 14 and 15, 2023. Though we were not able to complete the necessary number of interviews to generalize the results to the sampled population (168), the

results still provided insights into the knowledge, attitudes, and behaviors of the households interviewed. Ninety interviews were completed despite the challenges of many people not being home during the two-day data collection period, interview refusals, and inaccessible households. It is hypothesized that the survey teams experienced difficulty due to changes in community trust following COVID-19 and an increase in violent events happening throughout the city, state, country, and world. The inclusion of bilingual team members increased acceptance rate throughout the survey, with many surveys conducted in Spanish.

The CASPER team attempted to gain insight into household experiences and perceptions in the Eastern Crescent to further Resilience Hub and emergency response planning. The households interviewed responded with a high level of emergency preparedness within their homes, illustrating that the community is preparing for emergencies. We know that many community organizations also work within the Eastern Crescent to ensure community members understand the importance of being prepared and thus building community resilience. The responses to this survey validate work that is being done within the households interviewed and will allow for the Office of Resilience to continue with more in-depth conversations around related topics.

Each question in the CASPER connected to actions and planning decisions related to emergency preparedness and community resilience. The households interviewed did not have a majority concern for any one hazard that could possibly affect health. Low concern around flash floods or wildfires highlights that continued work should be done to prepare community members in this area for these hazards, as these are both common hazards in Travis County. However, the composition of the households interviewed, a high percentage living in multi-unit complexes, and the recent winter storms, may have skewed perceptions of threats and concerns.

Several of the survey questions were written to assess how the community receives messages, their trusted ways of receiving messages, and preferred language. These questions were deployed to understand and reinforce that messages are being communicated through the right medium in the best received language. The high rate of use and trust in cellphone alerts highlights the work that is being done to register the community for Warn Central Texas, an emergency notification system that allows local officials in Central Texas to contact their communities by phone, email, and text during times of disasters or public safety events. The trust in cellphone alerts also prompted respondents to take protective actions prior to the 2023 winter storm, leading to increased resilience throughout the 2023 ice storm in the community. This demonstrates the effectiveness of the system when utilized for communication. Survey analysis illustrated a majority of survey respondents would like to receive communications in English, although this answer sometimes contrasted the language in which the survey was being conducted. Although preference is important, ensuring access to multiple languages is the City's goal and this will not change the number of languages messages are communicated in.

Many of the survey questions focused on heat, heat impacts, and actions related to heat. These questions were important as 2022 was one of the hottest summers on record and many zip codes within the Eastern Crescent experienced the highest number of heat-related illness emergency department visits. These questions also complemented work already being done by the Office of Resilience related to heat in the area and were designed to help inform the goods and services of Resilience Hubs as well as inform policy, plans, and messaging around heat and severe weather. Analysis of the survey responses showed that many respondents stated that they will go to friends or family if they are experiencing heat in their homes; however, there may be additional vulnerabilities in the community given the percentage of those who work outdoors or without air conditioning during the daytime. A quarter of participating households indicated that a member of the household experienced symptoms of heat-related illness since moving to Travis County, highlighting the work that needs to be done around messaging for heat and continuing to understand exposure and where people may go to cool off. These questions utilized the lived experience of community members regarding how and where they go to cool off and will assist the city with planning for cooling centers and Resilience Hubs.

To understand how to continue serving the community through emergency preparedness, survey questions assessed general household preparedness, and medical needs. These questions were designed to:

- Determine gaps in knowledge or understanding,
- Assist with shelter planning,
- Inform food and water annex planning,
- Understand actions taken by the community during an emergency,
- Develop messaging around emergency kits and personal preparedness, and
- Understand the prevalence of medical needs within the community.

The perceptions and experiences collected illustrated that a high percentage of respondents were prepared for an emergency with food, water, and backup power and took action when informed about emergencies. Notably, many households did not perceive themselves as feeling prepared, despite the high percentage with items that are considered essential for household emergency preparedness. This lack of confidence in feeling prepared combined with approximately a quarter of respondents lacking non-perishable food or recommended stores of water is indicative of existing vulnerabilities and areas where progress can be made. The limited number of surveys reduces the ability to make statistically valid, community wide planning decisions, especially around the prevalence of medical needs, however it highlight these areas as topics for further community engagement.

Interview teams spoke with respondents about the work the Office of Resilience is leading related to Resilience Hubs and asked respondents if they would like to help with the continued work by offering their feedback on goods and services that should be available at a Resilience Hub. The CASPER team was surprised and delighted that many respondents shared their contact information to assist with Resilience Hub work. This highlights that the community wants to inform city and county decisions. Interview teams did report back that translations of Resilience Hubs did not flow as well in Spanish, which may have affected some answers by Spanish speaking respondents. All information gathered will be utilized for shaping and prioritizing work within Resilience Hub planning.

This assessment had several limitations. United States Census data (2020) was used to estimate the number of housing units in the City of Austin and Travis County. However, this data may not account for changes within the last three years due to COVID-19, new housing developments, and demographic changes in the population. The Eastern Crescent is a diverse community and the nature of clusters by census block may not have matched the diversity of the people living there. Although formal interpretation services were used, translation of the surveys from English may have changed the intent of the question or some terms may not have translated well to other languages making it difficult for respondents to answer. Austin has a large, unhoused population who are more vulnerable to severe weather, which due to the nature of the clusters and the CASPER methodology were not surveyed. Survey questions were asked in April, requiring recall about heat and other severe weather events. The timeline between the events or lack of current experience with a hazard (such as heat), may have biased responses about exposure to a hazard. Finally, selection bias could have been present since households that were inaccessible or refused participation may have been different from those that were interviewed.

Even with these limitations, this assessment successfully gathered important information to aid Austin Public Health, the City of Austin's Office of Resilience, and key community stakeholders to improve public health resources, inform resilience hub planning, and assist in shaping emergency response in the City of Austin and in Travis County. Conclusions from this report indicate that a large segment of the community is prepared for disasters, especially after the last few years. Additionally, many people receive text and phone alerts during an emergency. However, there is a prevailing existing need for community resilience-building. The questions and conclusions from this report provide a baseline to continue the work in these areas and ensure that public health services and Resilience Hubs serve the community.

Finally, it is believed that using the CASPER methodology to understand community emergency preparedness provides additional perspective and value to the Resilience Hub and emergency preparedness planning processes. By using the CASPER tool, APH completed a department wide full-scale exercise and demonstrated its competency and expertise in conducting community assessments in disaster and non-disaster settings.

Next Steps

This report will be distributed to partners, with survey data utilized to update and inform planning for emergency preparedness and resilience. The survey will be made available online and at community events for further data collection and engagement. This field report will be developed into a more simple report and will be disseminated to the community with a complementing ESRI Storymap.

References

- 1. CDC CASPER Website: https://www.cdc.gov/nceh/casper/default.htm
- 2. CDC CASPER Toolkit: <u>https://www.cdc.gov/nceh/casper/docs/CASPER-toolkit-3_508.pdf</u>
- 3. City of Austin Resilience Hub Information: https://www.austintexas.gov/resiliencehubs

- 4. City of Austin CHA CASPER 2017 Field Report: https://www.austintexas.gov/sites/default/files/files/Health/CHA-CHIP/CHA CASPER 2017 Final Report FINAL 003 .pdf
- 5. The Duwamish Valley Climate Resilience Survey: https://deohs.washington.edu/edge/duwamish-valley-resilience-planning
- 6. Maricopa County Heat Vulnerability and Emergency Preparedness Needs Assessment: <u>https://www.maricopa.gov/DocumentCenter/View/5366/Community-Assessment-for-</u> <u>Public-Health-Emergency-Response-CASPER-PDF?bidId=</u>

APPENDIX A: Data Tables

Table 1: Questionnaire Response Rates

Questionnaire response	Percent % (n=90)	Rate
Completion*	42.86%	90/210
Cooperation†	40.54%	90/222
Contact‡	24.66%	90/365

*Percent of surveys completed in relation to interview goal of 210.

†Percent of safe to approach and consenting households that completed an interview ‡Percent of randomly selected households that completed an interview

Table 2: Housing Structure Type

	Frequency (Percentage)
Single family home	38 (42%)
Townhome/Duplex	7 (8%)
Multiple unit (Apartment, etc.)	43 (48%)
Mobile home	2 (2%)
Other	

Table 3: Household Demographics

	Frequency (n=90)	% of households
People living in household		
1	24	27%
2	30	33%
3-5	34	38%
6+	1	1%
Don't know	0	
Refused/not answered	1	1%
Age groups in each household		
Less than 2	13	14%
2-17	27	30%
18-64	76	84%
65+	16	18%
Don't know	0	
Refused/not answered	2	2%
Household has pet or service animal		
Yes	43	48%
No	46	51%
Don't know	0	
Refused/not answered	1	
Households working without air condition or outdoors		
Day Shift (7:30am-3:30pm)	28	31%
Evening Shift (3:30pm-11:30pm)	8	9%
Night Shift (11:30pm-7:30pm)	3	3%
Don't know	0	
Refused/not answered	0	

Table 4: Household Needs

	Frequency (n=90)	% of households
Daily medication		
Yes	38	42%
No	49	54%
Don't know	0	
Refused/not answered	3	3%
Dialysis		
Yes	1	1%
No	86	96%
Don't know	0	
Refused/not answered	3	3%
Home health care		
Yes	3	3%
No	84	93%
Don't know	0	
Refused/not answered	3	3%
Oxygen supply		
Yes	1	1%
No	85	94%
Don't know	0	
Refused/not answered	4	4%
Wheelchair/cane/walker		
Yes	9	10%
No	77	86%
Don't know	0	
Refused/not answered	4	4%
Medical equipment or supplies that require electricity		
Yes	6	7%
No	81	90%
Don't know	0	
Refused/not answered	3	3%
Other type of special care		
Yes	1	1%
No	84	93%
Don't know	0	
Refused/not answered	3	3%

Table 5: Types of Emergency Communications Received

	Frequency (n=90)	% of households
Community Health Clinics/Neighborhood Centers/Recreation Centers		
Always	4	4%
Sometimes	18	20%
Never	60	67%
Don't know	5	6%
Refused/not answered	3	3%
Newspaper		
Always	3	3%
Sometimes	13	14%
Never	69	77%
Don't know	2	2%
Refused/not answered	3	3%
TV		
Always	27	30%
Sometimes	30	33%
Never	29	32%
Don't know	1	1%
Refused/not answered	3	3%
Phone Call Alerts		
Always	44	49%
Sometimes	26	29%
Never	14	16%
Don't know	2	2%
Refused/not answered	4	4%
Text Message Alerts		
Always	45	50%
Sometimes	21	23%
Never	20	22%
Don't know	1	1%
Refused/not answered	3	3%
Radio		
Always	8	9%
Sometimes	25	28%

Never	50	56%
Don't know	4	4%
Refused/not answered	3	3%
Internet/Online News		
Always	41	46%
Sometimes	28	31%
Never	12	13%
Don't know	3	3%
Refused/not answered	6	7%
Friends/Family/Word of Mouth		
Always	25	28%
Sometimes	46	51%
Never	13	14%
Don't know	2	2%
Refused/not answered	4	4%
Social Media		
Always	25	28%
Sometimes	42	47%
Never	18	20%
Don't know	2	2%
Refused/not answered	3	3%
Church/Place of Worship		
Always	4	4%
Sometimes	21	23%
Never	59	66%
Don't know	3	3%
Refused/not answered	3	3%

Table 6: Most Trusted Sources of Information

	Frequency (n=90)	% of households
Which source of information does your household trust the most?		
Community Health Clinics/Neighborhood Centers/Recreation Centers	5	6%
Newspaper	3	3%
TV	22	24%
Phone Call Alerts	26	29%
Text Message Alerts	37	41%
Radio	8	9%
Internet/Online News	33	37%
Friends/Family/Word of Mouth	19	21%
Social Media	15	17%
Church/Place of Worship	4	4%
Don't Know	1	1%
Refused/not answered	0	

Table 7: Other Communication Information

	Frequency (n=90)	% of households
Preferred language for communications received during an emergency or disaster		
English	66	73%
Spanish	23	26%
Vietnamese	1	1%
Arabic	1	1%
Korean	0	
Chinese	0	
Other	0	
Don't know	0	
Refused/not answered	1	1%
Status of emergency alerts received via text, phone, or email during 2023 ice storm		
Yes	66	73%
No	16	18%
Don't know	7	8%
Refused/not answered	1	1%
If 2023 ice storm alerts received, they were easy to understand	(n=	:66)
Yes	50	76%
No	1	2%
Don't know	0	
Refused/not answered	15	23%

Table 8: Actions Taken After Emergency Alerts

	Frequency (n=90)	% of households
Checked on family and friends		
Yes	52	58%
No	12	13%
Don't know	0	
Refused/not answered	26	29%
Prepared an emergency kit		
Yes	34	38%
No	20	22%
Don't know	0	
Refused/not answered	34	38%
Organized food and water		
Yes	52	58%
No	12	13%
Don't know	0	
Refused/not answered	26	29%
Changed daily schedule to stay home or off roads		
Yes	52	58%
No	10	11%
Don't know	0	
Refused/not answered	28	31%
Other actions		
Yes	15	17%
No	0	
Don't know	0	
Refused/not answered	75	83%

	Frequency (n=90)	% of households
Drought or water shortages		
High	20	22%
Medium	24	27%
Low	40	44%
Don't know	2	2%
Refused/not answered	4	4%
Epidemic/Pandemic		
High	28	31%
Medium	25	28%
Low	31	34%
Don't know	1	1%
Refused/not answered	5	6%
Extreme cold weather or severe winter storms		
High	33	37%
Medium	34	38%
Low	19	21%
Don't know	1	1%
Refused/not answered	3	3%
Extreme heat or heat waves		
High	28	31%
Medium	38	42%
Low	20	22%
Don't know	0	
Refused/not answered	4	4%
Flood/Flash Floods		
High	19	21%
Medium	16	18%
Low	50	56%
Don't know	1	1%

Table 9: Perception of Concern for Hazards That May Impact Health

Refused/not answered	4	4%
Poor air quality/pollution		
High	20	22%
Medium	32	36%
Low	33	37%
Don't know	1	1%
Refused/not answered	4	4%
Tornadoes		
High	20	22%
Medium	23	26%
Low	41	46%
Don't know	2	2%
Refused/not answered	4	4%
Wildfires		
High	16	18%
Medium	22	24%
Low	47	52%
Don't know	1	1%
Refused/not answered	4	4%
Other extreme weather or environmental incidents		
High	11	12%
Medium	11	12%
Low	43	48%
Don't know	15	17%
Refused/not answered	12	13%

Table 10: Health Impacts of Disasters

	Frequency (n=90)	% of households
Household health conditions would be worsened in a disaster or environmental hazard (e.g., wildfire smoke, heat wave, etc.)		
Yes	23	26%
No	65	72%
Don't know	1	1%
Refused/not answered	1	1%
Household members experienced symptoms of heat or high temperatures (e.g., leg cramps, dizziness, fatigue, fainting, etc.)		
Yes	23	26%
No	48	53%
Don't know	4	4%
Refused/not answered	15	17%

Table 11: Household Emergency Preparedness

	Frequency (n=90)	% of households
Drinking water for 3 days (defined as 1 gallon of water per person per day)		
Yes	64	71%
No	25	28%
Don't know	1	1%
Refused/not answered	0	
Copies of important documents stored in a safe space		
Yes	56	62%
No	34	38%
Don't know	0	
Refused/not answered	0	
Enough medication for 7 days		
Yes	62	69%
No	11	12%
Don't know	1	1%
Refused/not answered	16	18%
Backup source of power		
Yes	64	71%
No	26	29%
Don't know	0	
Refused/not answered	0	
Enough non-perishable food for at least 3 days		
Yes	73	81%
No	16	18%
Don't know	1	1%
Refused/not answered	0	
Extra food, a crate, and other needs if evacuation is necessary		
Yes	44	49%
No	12	13%
Don't know	0	
Refused/not answered	34	38%

Table 12: Other Emergency Preparedness

	Frequency (n=90)	% of households
Location household would evacuate to due to a disaster or		
emergency		
Friends/family/2 nd home outside your area	66	73%
Hotel or motel	6	7%
American Red Cross, church, or community shelter	13	14%
Vehicle/RV		
Would not evacuate	3	3%
Don't know	2	2%
Refused/not answered	0	
Types of food items most important to household during a disaster		
Food that meets dietary restrictions	30	33%
Food that meets religious restrictions	8	9%
Food that has appropriate language on packaging	42	47%
Other	10	11%

Table 13: Perceptions Related to Emergencies or Disasters

	Frequency (n=XXX)	% of households
Household feels prepared for an emergency		
Yes	50	56%
No	22	24%
Don't know	5	6%
Refused/not answered	13	14%
During the most recent storm, household knew where to go		
Yes	57	63%
No	18	20%
Don't know	1	1%
Refused/not answered	14	16%
Every person in Travis County is treated fairly		
Yes	24	27%
No	39	43%
Don't know	1	1%
Refused/not answered	14	16%
Extreme heat has prevented household from completing daily activities		
Yes	16	18%
No	57	63%
Don't know	3	3%
Refused/not answered	15	17%
In the past summer, you or members of your household felt hot inside your home		
Yes	15	17%
No	57	63%
Don't know	3	3%
Refused/not answered	15	17%

Table 14: Use of Cooling Centers

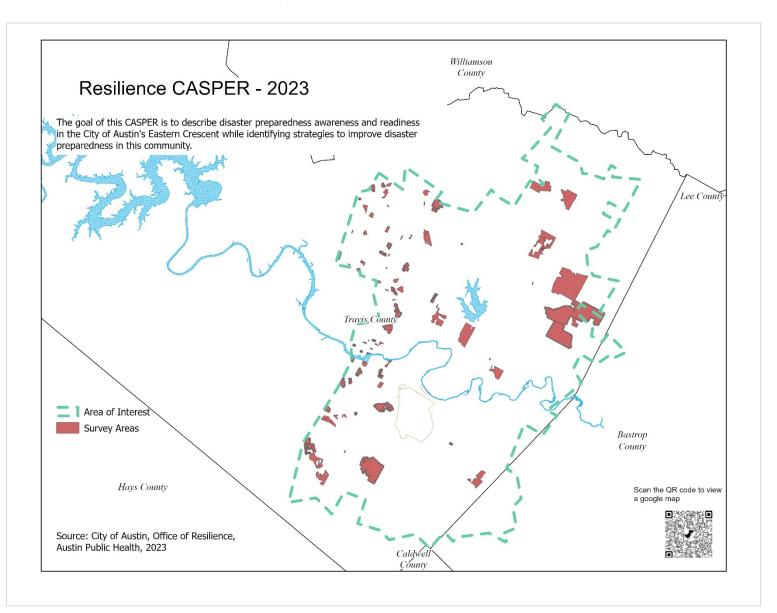
	Frequency (n=90)	% of households
Does household leave house to cool off in air-conditioned location		
Yes	10	11%
No	64	71%
Don't know	1	1%
Refused/not answered	15	17%
Locations households use to cool off	N=	=10
Mall	4	40%
Church	1	10%
Neighborhood, Community Center, Recreation Center	3	30%
Library	3	30%
Supermarket	5	50%
Movie theatre	5	50%
Friends, Family, Neighbors	7	70%
Shelter	2	20%

Table 15: Interest in Resilience Hubs

	Frequency (n=90)	% of households
Household interest for involvement in resilience hub work		
Yes	33	37%
No	47	52%
Don't know	7	8%
Refused/not answered	1	1%

Selection of top responses for goods
Food & Water
Cots, Pillows & Blankets
Diapers & Formula
Firewood
Portable Lights
Hygiene Products
Selection of top responses for services
Evacuation Information & Assistance
Wi-Fi & Charging Stations
Medical Clinic & Medication
Cooling Shelter
Bathing Facilities
Community Information Services

APPENDIX B: Map of Survey Areas



APPENDIX C: CASPER Survey - English

HH=Household DK=Don't <u>Know Ref</u> =Refused NA=Not Applicable	
Date: / / Cluster Number: Interview Number: Team Name:	
Type of structure _ Single family _ Townhome/Duplex _ Multiple unit _ Mobile home _ Other:	_
Demographic Information	
Q1. Including yourself, how many people live in your HH? # Q4. Does your household have a pet or service animal?	
Q2. Including yourself, how many people in your HH are in Yes No DK Ref	
each of these age groups? Q5. Including yourself, how many people in your household w	ork
Less than 2 years old? <u>#</u> 2-17 years? <u>#</u> without air conditioning or outdoors during:	
18-64 years? <u>#</u> 65+ years? <u>#</u> DK Ref a. The Day Shift (7:30am-3:30pm) <u>#</u>	
Q3. Do you or does any member of your household need any of b. The Evening Shift (3:30pm-11:30pm) #	
the following? c. The Night Shift (11:30pm-7:30pm) #	
a. Daily medication	
b. Dialysis 🗆 Yes 🗆 No 🗆 DK 🗆 Ref	
c. Home health care DYs D No D K D Ref	
d. Oxygen supply	
e. Wheelchair/cane/walker	
f. Medical equipment or	
supplies that require electricity	
g. Other type of special care DYes DNo DK DRef	
Communications Q6. Next, we are going to read you a list of ways you may receive information about disasters or emergencies in your neighborh	od Of
these, please tell us if you always get information form the source, sometimes get information for the source, or never get information form the source. You can answer with Always, Sometimes, or Never as I read each option. a. Community Health Clinics/ Always Sometimes Never DK Ref weighborhood Centers/Recreation Centers Always Sometimes Never DK Ref b. Newspaper Always Sometimes Never DK Ref c. TV Always Sometimes Never DK Ref d. Phone Call Alerts Always Sometimes Never DK Ref e. Text Message Alerts Always Sometimes Never DK Ref g. Internet/Online News Always Sometimes Never DK Ref h. Friends/Family/Word of Mouth Always Sometimes Never DK Ref j. Church/Place of Worship Always Sometimes Never DK Ref Q7. Of the information sources I just listed, which does your household trust the MOST? (Check all that apply) Sometimes Never DK Ref Centers Newspaper TV <	y alerts p to
Church/Place of worship Get Person No DK Ref	
Q9b. Did you or your household take any of the following acti	ons after
Q8. In what language would you prefer to receive	
a. Checked on family and mends Test_ NoDK Ref	
annly)	
C. Organized food and water □ Yes □ No □ DK □ Ref English □ Spanish □ Vietnamese □ Arabic	
□ English □ Spanish □ Vietnamese □ Arabic d. Changed daily schedule to stay home or off roads □ Korean □ Chinese □ Other □ DK □ Ref □ Yes □ No □ DK □ Ref	
e. Other actions? Please describe.	

Community Assessment for Public Health Emergency Response (CASPER) 2023 HH=Household DK=Don't <u>Know Ref</u> =Refused NA=Not Applicable		
Emergency Preparedness & Experiences with Severe Weather		
Q10. Please Tell us whether your household has as high, medium, impact your health.	or low level of concern about each of the following hazards that may	
 a. Drought or water shortages High Medium Low b. Epidemic/Pandemic High Medium Low c. Extreme cold weather High Medium Low or severe winter storms d. Extreme heat or heat waves High Medium Low e. Flood/Flash Floods High Medium Low f. Poor air quality/pollution High Medium Low g. Tornadoes High Medium Low h. Wildfires High Medium Low i. Any other extreme weather or environmental incidents H 	DK Ref DK Ref DK Ref DK Ref DK Ref DK Ref DK Ref DK Ref	
 Q11. Do you or does anyone in your household have a health condition that you think could be worsened in a disaster or an environmental hazard (e.g., wildfire smoke, heat wave, flooding)? Yes □ No □ DK □ Ref Q12. If you or your household had to evacuate due to a disaster or emergency, where would your household go? [Only check one] Let person answer first, if they cannot, you can read options □ Friends/family/2nd home outside your area □ Hotel or motel □ American Red Cross, church, or community shelter □ Vehicle/RV □ Would not evacuate □ DK □ Ref Q13. The next set of questions is to understand general emergency preparedness. I will ask a few questions and you can answer with yes, no, or don't' know. Does your household have: a. Enough drinking water for 3 days? This is defined as 1 gallon of water per person per day or 3 total gallows of water per person □ Yes □ No □ DK □ Ref b. Copies of important documents stored in a safe space, such as a waterproof bag □ Yes □ No □ DK □ Ref c. Enough medications for 7 days □ Yes □ No □ DK □ Ref e. Enough non-perishable food for at least 3 days. This is defined as food that will not spoil without power □ Yes □ No □ DK □ Ref f. Extra food, a crate, and or other needs for your pet if you had to evacuate □ Yes □ No □ DK □ Ref 	Q14. If your household needed an emergency box of food during a disaster, what types of food items would be most important to you? a. Food that meets dietary restrictions □ Yes □ No □ DK □ Ref b. Food that meets religious dietary restrictions □ Yes □ No □ DK □ Ref c. Food that has appropriate language on packaging □ Yes □ No □ DK □ Ref d. Other For the next set of statements, we would like you to share if you agree or disagree by answering yes or no to each one. Q15. Your household feels prepared for an emergency □ Yes □ No □ DK □ Ref Q16. During the most recent winter storm, your household knew where to go for information. □ Yes □ No □ DK □ Ref Q17. Every person in Travis County is treated fairly □ Yes □ No □ DK □ Ref Q18. Extreme heat has prevented your household from completing daily activities □ Yes □ No □ DK □ Ref Q19. In the past summer, you or members of your household felt too hot inside your home. □ Yes □ No □ DK □ Ref Q20. Since you have lived in Austin/Travis county, have you or a member of your household had symptoms related to heat or high temperatures such as leg cramps, dry mouth, dizziness, fatigue, fainting, rapid heartbeat, or hallucinations? □ Yes □ No □ DK □ Ref Q21. When the weather is very hot, do you or members of your household place to cool off? (If No, DK, Ref, Skip to Q22) □ Yes □ No □ DK □ Ref	

Community Assessment for Public Health Emergency Response (CASPER) 2023 HH=Household DK=Don't Know Ref=Refused NA=Not Applicable

Q21a. If yes, where do you or members of your household go to cool off?

- a. Mall 🛛 Yes 🗆 No 🗆 DK 🗆 Ref
- b. Church 🛛 Yes 🗆 No 🗆 DK 🗆 Ref
- d. Library 🗆 Yes 🗆 No 🗆 DK 🗆 Ref
- e. Supermarket 🛛 Yes 🗆 No 🗆 DK 🗆 Ref
- f. Movie theater 🛛 🗆 Yes 🗆 No 🗆 DK 🗆 Ref
- g. Friend/Family/Neighbors 🗆 Yes 🗆 No 🗆 DK 🗆 Ref
- h. Shelter 🛛 Yes 🗆 No 🗆 DK 🗆 Ref

Q22. A Resilience Hub is a series of community-focused physical facilities that offer day to day services and support the community before, during, and after a disaster. What types of goods and services do you think should be offered at Resilience Hubs? (Open ended, capture goods and/or services discussed)

Wrap Up

As we move forward with Resilience Hub and emergency preparedness work in the community, there will be opportunities to get involved, including by providing feedback at virtual and in-person meetings, and serving an a community advisory group.

Q23. Would you or any member of your household like to be involved in this work? Provide a referral card if Yes or Don't Know □ Yes □ No □ DK □ Ref

Q24. Those are all the questions we have for you, however we'd like to know if there is anything else your household would like to share with us? (Open ended, capture goods and/or services discussed)

Thank you

APPENDIX D: CASPER Survey – Spanish

	Evaluación comunitaria para la preparación ante emergencias de salud pública (CASPER) 2023		
HH=Hogar NS=No se			
•		de Entrevista: Nombre del equipo:	
1 IF	Tipo de <u>estructura _</u> Vivienda unifamiliar _ Casa adosoda/duplex _ Unidad multifamiliar _ Casa móvil _ Otra:		
		n demográfica	
	. Incluyéndose usted mismo, ¿cuántas personas viven en su	Q4. ¿Tiene su hogar una mascota o animal de servicio?	
\vdash	gar en este momento?		
	. Incluyéndose usted mismo, ¿cuántas personas en su hogar		
	y en cada uno de estos grupos de edades?	Q5. Incluyéndose usted mismo, ¿cuántas personas en su hogar	
1	enos de 2 años <u>#</u> entre 2 y 17 años? <u>#</u>	trabajan sin aire acondicionado o al aire libre durante las siguientes	
⊢	tre 18 y 64 años? _ # _ 65 años o más? _ # _ DNS DNC	horas?	
	. ¿Usted o alguien en su hogar tiene una condición médica que diera empeorar en un desastre o con un peligro ambiental (por	a. Turno del día (7:30am-3:30 <u>pm)</u>	
	mplo, humo de incendio forestal, ola de calor, inundación, etc.)?	b. Turno de la tarde (3:30pm-11:30pm) #	
a.		c. Turno de la noche (11:30pm-7:30 <u>pm)</u>	
		d. DNSDNC	
	Cuidados de salud en el hogar 🗆 Si 🗆 No 🗆 NS 🗆 NC		
1	_		
1	Suministro de oxígeno 🛛 Si 🗆 No 🗆 NS 🗆 NC		
	Silla de ruedas/bastón/caminadora □ Si □ No □ NS □ NC		
f.	Equipo o suministros médicos 🛛 Si 🗆 No 🗆 NS 🗆 NC		
	que requieren electricidad		
g.	Otro tipo de cuidado especial 🛛 🗆 Si 🗆 No 🗆 NS 🗆 NC		
-		nicaciones	
	Le voy a leer una lista de las maneras en que puede recibir il is, por favor díganos si usted siempre recibe información de es	nformación sobre desastres o emergencias en su vecindario. De	
		empre, algunas veces o nunca a medida que voy leyendo cada	
opc			
a.	-	□ <u>Alguna veces</u> □ Nunca □ NS □ NC	
	/centros comunitarios/centros recreativos		
		□ <u>Alguna veces</u> □ Nunca □ NS □ NC	
c.		□ <u>Alguna veces</u> □ Nunca □ NS □ NC	
		□ <u>Alguna veces</u> □ Nunca □ NS □ NC	
		Alguna veces Nunca DNS DNC	
		□ <u>Alguna veces</u> □ Nunca □ NS □ NC □ <u>Alguna veces</u> □ Nunca □ NS □ NC	
-		<u>Alguna veces</u> Nunca NS NC <u>Alguna veces</u> Nunca NS NC	
i.			
j.		□ <u>Alguna veces</u> □ Nunca □ NS □ NC	
1	· · · · · · · · · · · · · · · · · · ·		
	. De las fuentes de información que acabo de enumerar, ¿en	Q8. ¿En cuál idioma preferiría recibir comunicaciones sobre	
cui	ál confía MÁS su hogar? (Marque todas las que apliquen)	emergencias o desastres? (Marque todo la que corresponda)	
	Clínicas comunitarias de salud/centros comunitarios/centros	Inglés	
rec	reativos 🗆 Periódico 🗆 TV 💷 Alertas por teléfono	Coreano Chino Otra NS NC	
	Alertas por mensaje de texto 🗆 Radio 🗆 Internet/noticias en		
	ea _ Amigos/familiares/comentarios DRedes sociales (por		
-	emplo, Facebook, Twitter) 🗆 Iglesia/Iugar de culto		
	DtraDNS □ NC		

HH=Hogar NS=No Q9. ¿Usted o un miembro de su hogar recibió alertas de	Q9b. ¿Usted o su familia realizó alguna de las siguientes acciones
nergencia por mensaje de texto, por teléfono o por correo ectrónico durante la tormenta de hielo de 2023? (Si la respuesta NO, NS, o NC, saltar a 10) Bi Do DS DC	
	b. Preparar un kit de emergencia
Q9a. Si la respuesta es sí, ¿fueron esas alertas de emergencia	
fáciles de entender?	c. Organizar agua y comida
	d. Cambiar el horario diario para quedarse en casa y lejos de las calles
	e. ¿Otras acciones? Por favor describa.
Preparación para emergenci	as y experiencias con clima severo
Q10. Por favor díganos si su hogar tiene un nivel de preocupació peligros que pudieran afectar su salud.	ón alto, medio o bajo con respecto a cada uno de los siguientes
a. Sequías o escasez de agua 🛛 🗆 Alto 🕫	■ Medio 🗆 Bajo 🗆 NS 🗆 NC
· -	Medio 🗆 Bajo 🗆 NS 🗆 NC
c. Frío extremo o tormentas invernales severas 🛛 🗆 Alto 🕫	□ Medio 🗆 Bajo 🗆 NS 🗆 NC
	🗆 Medio 🗆 Bajo 🗆 NS 🗆 NC
	⊐ Medio 🗆 Bajo 🗆 NS 🗆 NC
	⊐ Medio □ Bajo □ NS □ NC
5	□ Medio □ Bajo □ NS □ NC
 Incendios forestales Cualquier otro clima extremo o incidente <u>ambiental</u> Alto 	□ Medio □ Bajo □ NS □ NC
i. Coalquier ou o clima extremo o incluente <u>ambientar u</u> Alto	
Q11. ¿Usted o alguien en su hogar tiene una condición médica que pudiera empeorar en un desastre o con un peligro ambiental (por ejemplo, humo de incendio forestal, ola de calo inundación, etc.)?	`Q13. El próximo grupo de preguntas es para comprender la preparación general para emergencias. Le haré algunas preguntas 7, y usted puede responder sí, no o no sé. ¿Tiene su hogar?:
	a. Suficiente agua potable para 3 días. Esto significa 1 galón de
Q12. Si usted o su hogar tuvieran que evacuar debido a un desastre o emergencia, ¿adónde irían? [Marque una] Permita que la persona responda primero, si no puede entonces	agua por persona por día o un total de 3 galones de agua por persona D Si D NOD NSD NC
vede leer las opciones	 b. Copias de documentos importantes guardados en un lugar
Amigos/familiares/segunda casa fuera del área	seguro, como una bolsa a prueba de agua
Hotel or motel	
Cruz Roja Americana, iglesia o refugio comunitario	c. Suficientes medicamentos para 7 días
vehículo/casa rodante	
No evacuaría	 Una fuente de electricidad de emergencia
□ NS	□ Si □ No □ NS □ NC
□ NC	 Suficientes alimentos no perecederos para al menos 3 días. Esto significa alimentos que no se van a dañar sin electricidad Si Do NS DNC
	 Alimentos extra, una jaula y cualquier otro artículo necesario
	para su mascota si necesita evacuar

Evaluación comunitaria para la preparación ante emergencias de salud pública (CASPER) 2023 HH=Hogar NS=No se NC=No deseo contestar
Q14. Si su hogar necesitara una caja de alimentos de emergencia durante un desastre, ¿qué tipos de alimentos serían más importantes para usted?
 a. Alimentos que cumplen requisitos médicos o las necesidades nutricionales relacionadas con la salud Si No NS NC b. Alimentos que cumplen las necesidades nutricionales religiosas Si No NS NC c. Alimentos que tengan el idioma que usted habla en el empaque Si No NS NC d. Other
Para el próximo grupo de declaraciones, nos gustaría saber si usted está de acuerdo o en desacuerdo respondiendo si o no.
Q15. Su familia se siente preparada para una emergencia
□ Si □ No □ NS □ NC Q16. Durante la tormenta invernal más reciente, su familia sabía dónde conseguir información
Q17. En el Condado de Travis cada persona es tratada de manera justa
Q18. El calor extremo ha evitado que su familia haga sus actividades diarias
Q19. El verano pasado, usted o miembros de su hogar sintieron demasiado calor dentro de su casa □ Si □ No □ NS □ NC
Q20. Desde que vive en Austin/Condado de Travis, ¿usted o algún miembro de su hogar ha tenido síntomas relacionados con el calor o temperaturas altas como calambres en las piernas, boca seca, mareos, cansancio, desmayos, frecuencia cardíaca rápida o alucinaciones? □ Si □ No □ NS □ NC
Q21 Cuando el clima está demasiado caliente, ¿usted o los miembros de su hogar alguna vez han salido de su casa y se van a un lugar con aire acondicionado para refrescarse? (Si la respuesta es No, NS, o NC, Saltar a Q22)
Q21a. Si la respuesta es sí, ¿a dónde van usted o los miembros de su hogar a refrescarse?
a. Centro comercial 🛛 Si 🗆 No 🗆 NS 🗆 NC
 b. Iglesia
d. Biblioteca DS D NS D NC
e. Supermercado 🛛 Si 🗆 No 🗆 NS 🗆 NC
f. Cine 🛛 Si 🗆 No 🗆 NS 🗆 NC
g. Amigos/familiares/vecinos 🗆 Si 🗆 No 🗆 NS 🗆 NC
h. Refugio 🛛 Si 🗆 No 🗆 NS 🗆 NC

Q22. Un Centro de Resiliencia es una serie de instalaciones físicas enfocadas en la comunidad que ofrecen servicios diarios y apoyo a la comunidad antes, durante y después de un desastre. ¿Qué tipos de bienes o servicios cree usted que se deberían ofrecer en los Centros de Resiliencia? (Pregunta abierta. Registre los tipos de alimentos y/o servicios de los que hablaron)

Evaluación comunitaria para la preparación ante emergencias de salud pública (CASPER) 2023 HH=Hogar NS=No se NC=No deseo contestar

Conclusión

A medida que continuamos con los Centros de Resiliencia y el trabajo de preparación para emergencias en la comunidad, habrá oportunidades para participar, incluyendo proveer su opinión y comentarios en reuniones virtuales y en persona y servir en un grupo asesor de la comunidad

Q23. ¿Le gustaría a usted o algún miembro de su hogar participar en este trabajo? PARA ESTA PUEDE OFRECER UNA TARJETA DE RECOMENDACIÓN SI LA RESPUESTA ES SÍ O NO SÉ

□ Si □ No □ NS □ NC

Q24. Esas son todas las preguntas que tenemos para usted; sin embargo, nos gustaría saber si hay algo más que su hogar quisiera compartir con <u>nosotros</u> (Pregunta abierta. Registre los tipos de alimentos y/o servicios de los que hablaron)

Thank you

APPENDIX E: CASPER Leadership Letter - English





Austin Public Health

April 14, 2023

Dear Austin/Travis County Community Member:

To better serve our city and communities, the City of Austin, (COA), is conducting a Community Assessment for Public Health Emergency Response (CASPER) for Eastern Travis County (Eastern Crescent). Through the CASPER, community members can actively participate to guide City departments and partners in resilience-building and future disaster planning, response, and recovery efforts.

The CASPER has two objectives: understanding the experiences and needs of community to inform and improve resilience hubs and emergency preparedness; and providing community members with disaster preparedness information and resources to enhance community preparedness. Simultaneously, the CASPER helps identify long-standing underlying challenges that continue to burden communities and limit their capacity to thrive. As part of these efforts, the COA will be conducting door-to-door surveys of community members on April 14 and April 15, 2023.

Staff and volunteers in teams of two or three will ask randomly selected households about their level of disaster preparedness and needs. The survey will not collect any personal-identifying information from community members. Volunteers and staff will wear APH/COA vests and will have identification cards.

Participation in this survey is voluntary, and you may decline to participate or end the survey at any time. If you have any questions about this door-to-door survey, please contact Austin Public Health at 512-972-5555. Thank you for your participation.

Sincerely,

m

Desmar Walkes, M.D Medical Director/Health Authority Austin Public Health P.O. Box 1088 Austin, Texas 78767

Adrene

Adrienne Sturrup Director Austin Public Health P.O. Box 1088 Austin, Texas 78767

Laura Patiño Chief Resilience Officer Office of Resilience 301 W. 2nd St. Austin, Texas 78701

APPENDIX F: Referral Form

Name:	Date: _ / _ / Time: _ :
Address:	Cluster No ·
Contact Information:	Interviewer's initials.
Home telephone:	
Cell phone:	
E-mail:	
Notes:	

APPENDIX G: Ground Truthing Flyer - English







The Austin Public Health and Office of Resilience are working together to understand lived experiences of our community members who live in the Eastern Crescent. This effort will help the City better understand emergency preparedness needs in our community and help us design resilience hubs to uplift and support community resilience efforts.

On Friday, April 14, and Saturday, April 15, volunteers will visit homes in the Eastern Crescent to survey community members. The survey is completely voluntary.

We're excited to meet with our neighbors and create a more resilient community together.





APPENDIX H: List of items in goody bags

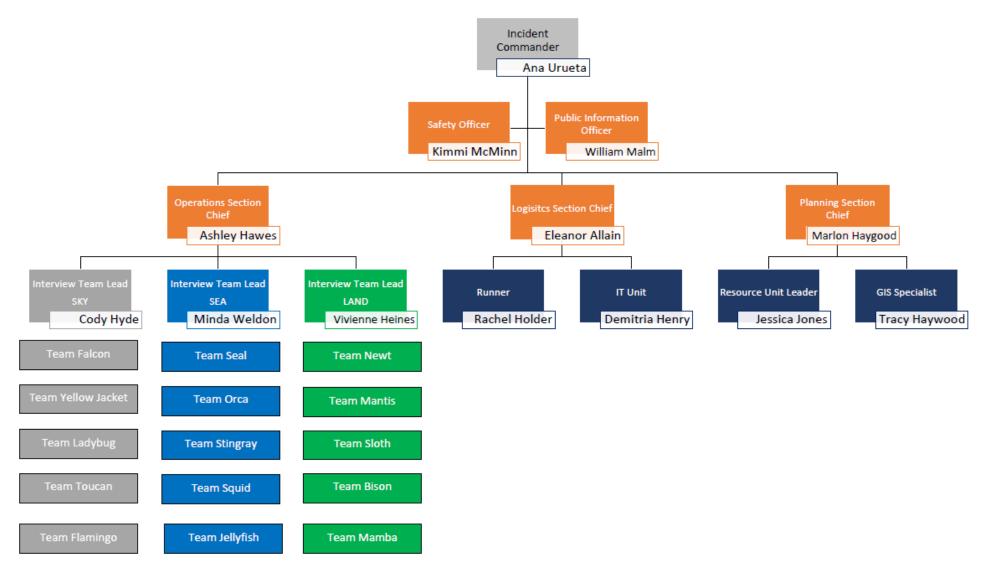
The following items (in English and Spanish) were included in goody bags given to households that completed surveys:

- Austin Public Health
 - o Laminated Emergency Kit Information and Personal Emergency Preparedness Plan
 - o <u>Health Hero</u> coloring book in <u>English</u> and <u>Spanish</u>
 - Waterproof "Important documents" bag
 - COVID-19 at-home test kits
 - o Hand Sanitizer
 - Hand crank flashlight
- Office of Resilience
 - Drawstring Build-a-kit bag
 - o Neighborhood Preparedness Guide
- Austin Homeland Security and Emergency Management
 - Pet Preparedness Checklist
 - Make an Emergency Supply Kit checklist & magnet
 - Warn Central Texas Sign Up flyer
 - Battery-operated mini flashlight
- Austin Fire Department Wildfire Division:
 - Reusable grocery bag
 - Wildfire action guide
 - o Door hanger with "10 simple steps to protect your home from wildland fire"
- Austin Water
 - o Sponge
 - MyATX Water Overview
 - o Winter Weather Tip Sheet
- Austin Energy
 - <u>Weatherization program information</u>
 - Plan for the medically vulnerable
- Assorted agency pens





APPENDIX I: Incident Command Chart



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APPENDIX J: CASPER Command and Field Team Group Picture, Day 1

