Planners4Health: A Renaissance between Planning and Public Health to Confront Disasters in Rural Areas

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Introduction

It is a rare and fortunate privilege for a practitioner of just about any discipline to find a project that captures not only the essence of why they got into their chosen profession, but also to find a project that changes their life forever. This is where I find myself as the Plan4Health/Planners4Health projects have come to their conclusions. There was no way for me to know in October of 2014, when I was formally introduced to the planning profession through the American Planning Association Texas Chapter, what an impact that introduction would have on my career and my life. The three projects we have collaborated on and the people I have met through those projects have forever changed the way I view and practice public health, and the trajectory of my career.

As a product of that partnership, I had the opportunity to compile this supplemental journal for you. In this special edition, you will read about the background of Plan4Health and the two projects in Texas that were funded by the first three rounds of grants. However, the majority of this issue focuses on the final round of grant funding, which was called “Planners4Health”. You will be introduced to the resilient people of Van Zandt County in Northeast Texas. Their night of terror in April of 2017 brought the planning professionals of the American Planning Association Texas Chapter and the public health professionals of the Texas Public Health Association together to work on a unique project that is the focus of this Texas Health Journal Spring 2018 Supplement. Not only is the work of this Texas group making an impact in our own state, but is also beginning to make an impact across the nation.

Although this supplement is focused on one disaster that occurred in one state, as you read these stories and meet some of the people involved in this project, think about your own communities and the opportunities that exist for these types of partnerships. The trend in funding now is based on collaboration and strategic partnerships. Identify those people or entities in your community to partner with to move your project forward. Let the information in this special edition ignite your imagination and spark your creativity. Your communities will be better!

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Photos used on the cover and throughout this document were taken and provided by the Planners4Health team and reproduced with permission.
Printed by Statehouse Printing Email: richard@statehouseprinting.com
Acknowledgements

As with the undertaking of a project of any significance, it takes a strong, cohesive team to bring that project from conception on a piece of paper to its birth into reality. The Planners4Health Team includes:

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The Planners4Health Team would like to extend our deep gratitude and heartfelt thanks to the following people and entities for their unselfish and tireless contributions to this project:
Russell Hopkins, Director, Northeast Texas Public Health District
Vicki McAlister, Emergency Management Coordinator, Northeast Public Health District
The City of Canton
American Planning Association
Kim Mickelson, JD, AICP, Immediate Past President, American Planning Association – Texas Chapter
Doug McDonald, AICP, CNU-A President, American Planning Association – Texas Chapter
Texas Public Health Association
The Van Zandt County Long Term Recovery Group
Chip Van Zandt, Brazos Valley Image
The Participants of the Disaster Recovery Round Table Event

And last but not least, to the wonderful people of Van Zandt County: Thank you so much for allowing us to tell your story. It has been an honor to get to know you and work with you. We wish you abundant prosperity!
Background

Melissa Oden, DHEd, LMSW-IPR, MPH, CHES, Planners4Health Project Manager

In the fall of 2014, a Centers for Disease Control (CDC) funding opportunity, called Plan4Health, became available to the state chapters of the American Planning Association. Plan4Health was a three-year project designed to strengthen the connection and create a renaissance between the planning and public health professions. Plan4Health connected communities across the country, funding work at the intersection of planning and public health. Anchored by members of the American Planning Association (APA) and the American Public Health Association (APHA), Plan4Health supported creative partnerships to build sustainable, cross-sector coalitions. Coalitions worked with communities to increase access to healthy food or increase opportunities for active living where residents live, work, and play. The Plan4Health project aimed to build local capacity to address population health goals and promote the inclusion of health in non-traditional sectors.

Coalitions were made up of APA chapters, APHA affiliates, local non-profits, schools, parks and recreation departments, universities – and more. These coalitions worked to launch and to strengthen strategies for healthy planning.

When this funding opportunity was made available in 2014, the president of the Texas affiliate of the APHA, Texas Public Health Association (TPHA) assigned a member of the leadership team to gather more information on how Texas could become involved. In October of 2014, a meeting between leadership for TPHA and the American Planning Association – TX Chapter, took place to discuss what that partnership would look like. Once the decision was made to partner in this venture, there were only thirty days in which to gather and submit a proposal for the first round of funding. In December of 2014, APA-TX was notified that the City of Austin would be awarded a grant to perform work in the areas of access to healthy foods and transportation in the Rundberg area of North Austin.

When a second round of grants became available, APA-TX and TPHA stepped up again and submitted several project proposals. Round two funding was awarded to the Healthy Tarrant County Collaboration (HTCC) to do work in the area of access to healthy foods. HTCC was also awarded a third round of funding to continue their work on the East side of Fort Worth.

APA National announced a fourth and final round of funding in the winter of 2016, which they named Planners4Health. The goal was to have the chapters choose a project they felt held a high priority in their community, with the emphasis on the intersection between planning and public health. Once again, APA-TX was awarded funding, and discussions began about what project should be developed. The grant was scheduled to end September 29, 2017. By early April of 2017, a project still had not been chosen, and time was running out to make the decision and get a meaningful project underway. Little did the team know that a natural disaster just three weeks later would provide an opportunity to make a huge impact in one particular area of the state and...
provide the basis for a project destined to make a substantial contribution to preparedness efforts in Texas.

On April 29, 2017, seven tornadoes ripped through Van Zandt County in Northeast Texas, leaving in its wake nine million dollars in private property damage, and four fatalities. Two of the seven tornadoes were found to have caused the most damage, and were rated an EF-3 and EF-4. The areas that were affected the most were immediately to the East and immediately to the West of the city of Canton, Texas. A couple of weeks later, a member of TPHA, (later to also become a member of the Plan4Health Task Force), notified TPHA leadership and asked that the group contact the Director of the Northeast Public Health District in East Texas, where those seven tornadoes had touched down. Several phone conferences between the director and members of the Texas Planners4Health group took place in early June of 2017. By July 31st, the Texas Planners4Health team were on their way to Canton to view the damage, and to meet the survivors of the tornadoes.

After that reconnaissance trip, a project outline began to take shape. To begin, a Project Manager was identified to oversee the details of the project, potential task force members were identified, and five interns were quickly recruited to carry out the project. Two of the interns were from the UNT Health Science Center School of Public Health, and the other three interns were from the College of Architecture, Planning, and Public Affairs at the University of Texas at Arlington (UTA). A few weeks into the project, we also added an intern from the School of Social Work at UTA. The interns were an integral part of helping make decisions about the two deliverables we would produce as a part of the grant requirements. Those two deliverables were:

- Developing a Disaster Preparedness and Recovery Tool Kit for rural areas to use to help them prepare for disasters in their own areas; and
- Hosting a Round Table Event to roll out that Tool Kit.

The team decided to focus on development of a Tool Kit because, to our knowledge, there was nothing else like it in the United States. We determined a tool kit of this nature would fill a crucial gap that exists for rural communities. There is abundant information about urban communities and disaster planning, but a dearth instructing rural areas. There are many challenges in rural areas that urban areas do not face and our team felt like this tool kit filled a need that was not being met. The Tool Kit was released during the first quarter of 2018.

The Round Table event was held in Canton on October 26, 2017, with fifty-five people in attendance. The event itself was wildly successful, and the evaluations indicated that the information was well received by the participants. Unfortunately, the tool kit was not ready for dissemination by the time of the Round Table. To compensate, we had a nationally renowned planning professional from APA National come and be our keynote speaker, and we invited other speakers with expertise in disaster recovery work in Texas, to coordinate the presentation of the modules in the tool kit.
The first of the two deliverables of the Planners4Health grant is the Emergency Preparedness and Recovery Tool Kit for Rural Communities that the Team developed. The Planners4Health Intern Team spent countless hours researching and developing the Tool Kit to address a need for more comprehensive information for rural areas to assist them in planning for and recovering from a disaster. The contents of the Tool Kit include the following: Immediate Needs Assessment; Case Management; Unmet Needs; Volunteer Management; Public Relations/Information; Finance/Budget; Emotional and Spiritual Aftercare; Animal Care; and a Recovery Measurement Tool.

This section contains excerpts from the Tool Kit. The Tool Kit can be found in its entirety on the American Planning Association – Texas Chapter website, the Texas Public Health Association website, and the Planners4Health website. There is not a cost associated with downloading this valuable resource.

Additionally, the steps in this tool kit will help the LTRG arrive at the end of the first stage of recovery for those communities with physical impacts. Once this first stage is completed, the LRTG can move to addressing the underlying infrastructure and the health and well-being of all residents of the community.

Long Term Recovery Groups
One of the lessons learned after the Canton tornadoes was how critical it is to have an already-established Long Term Recovery Group (LTRG) in your community. Much time and money was unobtainable during the first few days after the tornadoes because this group was not already established in Van Zandt County.

The following are some things to consider in setting up a LTRG:

- How to recruit members into the long term recovery group
• Develop the LTRG by incorporating best practices model.
• Have liability insurance for members
• Develop by-laws for the LTRG
• Process of succession – how are the members succeeded?
• When there is no LTRG, use foundations like a local Community Foundation. It is better for the County to form their own LTRG, however, because there tends to be increased trust from the members of the community.
• Establish a Case Management program and set up a protocol for attending to cases
• Set up a task force to help other counties plan their LTRG and plan
• Memorandum Of Agreement (MOA) between county and LTRG on funding, procurement, etc.
• All overhead costs (insurance, checks, furniture, stationery, administrative offices/ lease space) should be covered by the county.
• File for a non-profit, 501(c)3 status BEFORE a disaster occurs.
• Determine who will monitor the financials. Audits should be performed by non-executive committee members.
• Do committee members want to bring the recovery to an end quickly to the previous state of the community or to an upgraded normal (i.e., Social Determinants of Health)?
• Key to success - important to have “civic champions” in the LTRG.
• Plans have to be periodically updated, at the very least yearly.
• There is lack of staff in the rural areas. The LRTG will need to determine how to best leverage resources.

Immediate Needs Assessment
The primary goal of conducting the Immediate Needs Assessment (INA) is to determine the full extent of a disaster’s effects and impact on the community, and based on these findings, to produce an actionable and sustainable strategy for recovery. The 4 objectives of the immediate needs assessment include:
• Evaluate the effect of the disaster on infrastructure and assets, access to goods and services, delivery of healthcare services, educational services, and other basic amenities.
• Evaluate the effect of the disaster on citizen participation in the governance of the region.
• High-level description of the damage and loss.
• Provide the basis for mobilizing resources for recovery and reconstruction through local, state, and federal agencies as well as Volunteer Organizations Active in Disasters (VOADs) (United Nations Development Group, 2013).

The Immediate Needs Assessment (INA) is an approach to determine disaster effect and impact and to begin the identification of resources needed to begin the recovery process. It is an integrated process defined from a human, socio-cultural, economic, and environmental perspective that incorporates a collection of analytical methods, tools, and techniques developed for post-disaster assessments and recovery planning. The process ensures sector-to-sector comparability and homogeneity in the definition of basic concepts of damages, losses, and post-disaster reconstruction and recovery needs. The INA serves as a common platform for analysis and action, with common elements that weave sector methodologies into one approach, thereby providing a comprehensive picture of a post-disaster conditions and the distinct needs and priorities of different
Before an INA is performed, a collection of pre-disaster baseline data must have been completed to compare with post-disaster conditions. This is done to help evaluate the magnitude and scale of the disaster.

**Case Management**

Disaster Case Management (DCM) is a time-limited process that involves a partnership between case managers and disaster survivors to develop and carry out a plan for disaster recovery, which usually includes resources, services, decision-making priorities, progress reports, and the goals needed to achieve case closure. This partnership provides the survivor with a single point of contact to facilitate access to a broad range of resources. The process involves an assessment of the survivor’s verified disaster-caused unmet needs, development of a goal-oriented plan that outlines the steps necessary to achieve recovery, organization and coordination of information on available resources that match the disaster-caused need, and the monitoring of progress toward reaching the recovery plan goals, and when necessary, client advocacy. The Case Management Subcommittee of the Long Term Recovery Group (LTRG) is responsible for identifying local resources that can help support disaster survivors in the area.

Disaster Recovery Case Management services includes practices that are unique to delivery of services in the aftermath of emergencies and major incidents. These services are delivered under difficult environmental conditions that typically result in loss of infrastructure, disruption of operations, and special challenges for communication, record keeping, coordination, and efficiency. The main purpose of case management is to encourage disaster survivors to access and use resources and support that build on their strengths and meet their service needs.

**Responsibilities of the Case Management Subcommittee**

The subcommittee is responsible for instituting community outreach programs to educate the community about the benefits of the case management process. Members of the case management subcommittee play a crucial role as liaisons between case managers from agencies/organizations and the community, as well as promoters within the community to ensure that everyone who is in need of aid receives it. Arranging transportation to or providing for centrally located or mobile resource agency/organization representatives may be particularly helpful to community members.

**Unmet Needs**

Unmet needs represent the gap between available resources and needed resources. Communities affected by disaster may or may not be able to provide all the needed resources for immediate assistance and begin the long-term recovery process. If the community is unable to meet resource needs, the gap will be filled at the state or federal level. The Long Term Recovery Group (LTRG) can assist in filling unmet needs by serving as a liaison between resource providers, case managers, and community groups or individuals.

To request donations from possible donors, case managers will need to prepare case presentation forms that include clear descriptions of the case, the needs in the case to be addressed, and the type of funds and donations that have already been received from other sources to avoid duplicate donations.
Resource assistance may come from community members and representatives of businesses, non-profit, faith-based, and governmental agencies or organizations. The intent of assistance source needs to be clearly written in commitment forms or participation agreements. Donors can work closely with case managers and contribute their ideas and resource referrals to the community, which adds more practical inputs to the long-term recovery plan. In addition, donors are provided reports about the usage of their funds, the most successful services, and the types of needs that are funded by their donation.

**Volunteer Management**
The Volunteer Coordinator and Subcommittee play a vital role in coordinating and working with volunteers, resource providers, and agencies/organizations and serves as a liaison between all other subcommittees to address the immediate needs of the disaster survivors and the disaster area. The Volunteer Management Subcommittee has a range of responsibilities and duties that should be addressed before, during, and after a disaster.

The Volunteer Coordinator (VC) is engaged with most of the Long Term Recovery Group (LTRG) subcommittees. Since volunteer labor will be the medium for much of the initial work to be done, the VC must coordinate with other subcommittees to ensure there are volunteers available and ensure the volunteers are assigned to the areas of greatest need.

The Volunteer Coordinator and Subcommittee may oversee and work with other subcommittee chairs to accomplish several functions including, but not limited to, the following:
- Host community meetings to provide just in time training for volunteers
- Manage donations of supplies and equipment
- Receive and track requests for resources and services
- Coordinate assistance to individuals and businesses for debris cleanup and removal
- Develop job descriptions of tasks, timelines, expectations, and guidance related to carrying out assignments
- Match volunteer skills with jobs needed
- Establish and communicate the LTRGs volunteer policies, i.e. health and safety codes, rules of conduct, and job parameters
- Train and orient volunteers to the area, population and the LTRG mission and organization
- Communicate to the Public Relations Director regarding needed supplies and volunteers.

Taking the time to establish a network of trained volunteers can lead to a swifter recovery and has the potential to create better health outcomes for a community. The following exercises can help communities identify immediate health needs before and after a disaster, while simultaneously fostering a sense of community and individual self-worth.

**Public Relations/Information**
One of the most important jobs in the Long-Term Recovery Group (LTRG) is providing timely and accurate information to the public. Requests for funds, volunteers, and donations are all disseminated through the press, social networking, and various organizations and agencies. The county’s Public Information Officer (PIO), who plays a crucial role coordinating communications and disseminating information, on behalf of the county, to the general public, government
organizations, and news media, works with all subcommittees as needed, but most importantly with Donations Management, Volunteer Management, and Fundraising. It is crucial for the PIO to establish clear and effective messaging through all social media, printed, and televised or radio outlets. Additionally, in order to communicate timely and accurate messages, the PIO should establish a team with clear roles and responsibilities. Utilizing modern communication tools and processes can effectively help manage, streamline, and direct information throughout the disaster recovery process. Appendix D offers a list of technological communication resources that the Public Relations Committee and LTRG can incorporate in preliminary and post-disaster communication plans.

It is vital that the Public Relations and Information Subcommittee create a comprehensive communications plan that identifies the appropriate channels of communication to the community affected by a disaster, to the surrounding local and regional communities, to the press, and to supporting teams and organizations involved in the disaster recovery process. The plan should also establish internal communication lines within the committee and between all of the other LTRG subcommittees. Additionally, the committee should establish a set of best practices to ensure all communications are in line with the committee’s communication game plan.

The following are strategies and tactics that should be incorporated into a communications plan:

- **Credibility**: Design public information that builds trust and confidence in the recovery group and the community.
- **Context**: Communicate in environments that are comfortable for the audience; i.e. beyond the local newspaper, use of particular radio stations, flyers in the neighborhood grocery store.
- **Clarity**: Ensure the readability of the message. Messages should be crafted to an appropriate reading level. Ensure the message is available to those with langue, reading, visual, and hearing challenges.
- **Continuity and Consistency**: Communication may not occur instantly. Redundant communications are important in order to reach a majority of the community.
- **Content**: Develop messages that are meaningful to the intended audience and are compatible with their value system and relevant to their problems.
- **Channels**: Employ established channels of communication already used but the target audience.

The Public Relations and Information Subcommittee needs to identify action steps for the pre-disaster, emergency stage, and recovery stages of a disaster.

**Finance/Budget**

One of the lessons learned after the Canton tornadoes was the absolute necessity of having a 501(c)3, non-profit status and corresponding bank account open long before a disaster hits a community. Time and funding was lost in the first few days of the recovery process because Van Zandt County did not have an already-established Long Term Recovery Group (LTRG) with an associated 501(c)3 non-profit status and bank account. It is important to monitor and balance all financial matters concerning the community. It is crucial to note the significance that a community’s ongoing financial position represents to its long-term well-being. Regardless of the
disaster affecting a region, county, or city, securing the financial stability of the community is of paramount importance.

Some areas of concern requiring immediate attention after a disaster, include:

- Establish a fundraising or donation protocol
- Assess for damages
- Secure priority needs

Establishing a strong financial plan to manage a community’s funds and its long-term financial security is essential. At the same time, an effective plan to achieve those goals is mandatory. To facilitate disaster recovery and planning, funding plays a fundamental role. To cover lost income and properties, and to finance rebuilding efforts, the community requires funds. The Local governments are responsible for providing enough funds to repair the destroyed structures and recovery operations. They may not be able to provide the entire funds needed by the community so it is important that the Long Term Recovery Groups have information on available financing resources for disasters response and recovery. The need for proper documentation of all financial correspondence and transaction cannot be overemphasized.

The Long Term Recovery Group should:
- Organize the types and sources of funding available
- Determine how they can reach these funding sources
- Have an inventory of the economic extent of damage of the disaster on their community
- Ensure accountability of the group’s finances

**Emotional and Spiritual After-Care**

Spiritual and emotional care after a disaster is a process through which individuals, families, and communities affected by disaster draw from their rich heritage of faith, hope, community, and meaning as a form of strength that bolsters the recovery process. They move through a grief process culminating in emotional recovery, although some may never attain full emotional recovery. The National Voluntary Organizations Active in Disaster (VOAD) Guidelines for Disaster Spiritual Care are provided for National VOAD members, emergency management, partners in disaster response and the public. These guidelines share the hallmarks of excellence to which National VOAD members aspire in disaster spiritual care, promoting confidence among partners and the public (National VOAD Disaster Spiritual Care Guidelines, 2014).

These guidelines may be foundations for organizations in envisioning disaster spiritual care by providing the following:

- Orientation and background to new organizations on how to develop these services.
- Helpful experience and learning while working in cultural and religious diversity.
- A sense of mutual accountability by collaborating with others.
- Parameters of mutual protection and safety for those receiving care and those providing care.
- A shared language and terminology regarding disaster spiritual care to enhance communication.

Spiritual/emotional care has an important role in all phases of a disaster, from short-term response through long-term recovery. Assessing and providing for the spiritual needs of individuals,
families, and communities can kindle important capacities of hope and resilience. Disaster Spiritual Care (DSC) is part of the broader crisis intervention process (National VOAD Disaster Spiritual Care Guidelines, 2014). It is not psychotherapy but an acute short-term helping process designed for reduction of symptoms, stabilization after the initial impact, promotion of resilience and coping and a return to adaptive functioning/referral.

Best practices in spiritual and emotional aftercare include:
- Respect for all expressions of belief regarding faith and non-faith.
- Respect for each person’s rich diversity of heritage, language and culture.
- Commitment to ethical practices that protect the vulnerable.
- Commitment to collaboration with all disaster spiritual care providers, local and deployed.
- Commitment to confidentiality.
- Spiritual assessments to determine perceived and real needs and assets.

**Responsibilities of the After-care Subcommittee**
- Form and train a spiritual and mental health taskforce in outreach techniques and providing resources to survivors and the community at large.
- Initiate or support special worship services, counseling, commemorative events, and other events that enhance the spiritual well-being of survivors.
- Offer security and appropriate human contact to survivors through information, gathering sites, and programs.
- A qualified mental health person can assess mental or spiritual needs of individuals and the community.
- Support and assist survivors with specific, tangible problems such as transportation and child care.
- Advocate for appropriate delivery of services where mental health issues are identified.

**Animal Care in Disaster Recovery**

In disasters, people often worry about their family pet(s), farmers are concerned about their livestock, and horse owners worry about their horses. It is critically important to include animal issues in emergency planning and preparedness. While the state and local governments take priority in caring and keeping people safe, it is up to animal owners to work with one another individually and in mutual interest groups to develop plans for their animals in times of disasters. However, a collaborative effort between emergency management and animal care providers can improve a community’s successful disaster preparedness and response. It is important to note that each community must adjust its plan to meet its own needs.
Groups to Consider

- Private owners - Pet owners, livestock producers
- Businesses - Veterinarians, pet stores, grooming parlors, animal accessory stores, feed stores, slaughterhouses, farmers cooperatives, department stores, boarding kennels, animal transport companies, pest control companies, circuses
- Educational institutions - Veterinary schools, zoos, animal science and agriculture schools, aquaria.

Animal Issues in Disasters

- After a disaster, familiar scents and landmarks may be altered. Pets may become confused and lost, so it is important to maintain close contact with pets and leash them when they go outside.
- Misinformed owners may leave animals to stray resulting in traffic accidents and an overloading of human shelters and veterinary practices.
- Snakes and other potentially dangerous animals displaced by the disaster may have migrated into the area (especially after flooding).
- Debris and downed power lines can be a hazard for people and pets.
- Disaster-related stress may change a pet’s behavior. Normally quiet and friendly pets may become defensive or aggressive. If you evacuate, take your pets with you.
- Mental health impact (feelings of guilt, bereavement and anger). Farmers may feel so grief-stricken by the loss of their animals that they leave agriculture completely; many victims are unhappy when they discover that they could not stay at public shelters if they had pets with them; animal owners in public shelters may show psychosomatic symptoms because of not knowing the whereabouts of their pets.
- Animal bites and outbreaks of zoonosis such as rabies.

Checklist for disaster preparedness for pets:

Do you have the following items ready?
- Your written family disaster plan
- Disaster preparedness kit
- Crate and bedding
- Food, water, manual can opener, and dishes
- Plastic bags, paper towels, newspaper (when shredded, can be used as cat litter)
- Disinfectant
- Collar, leash, harnesses
- Muzzles, gauze rolls
- Identification tags
- Current medical and vaccination records
- Extra bottles of daily medications or copies of prescriptions with current expiration date
- Current photos
- Pet comfort items: towels, blankets, toys
- A list of hotels, motels and boarding kennels that accept pets
- Detailed instructions for animal care and rescue workers
- First aid kit
- Flashlights, batteries
- Copies of health certificates
Out-of-state telephone contact list  
Flat tire repair kit

**Recovery Measurement Tool**

Disaster recovery should be monitored to ensure the community is making forward progress in achieving optimum disaster recovery goals set in the recovery process. Ongoing monitoring and assessment of progress will help the recovery oversight team to determine the need to make changes to the plan. Periodic updates to the community on the recovery plan and progress, to include before and after pictures, will assist the community at large in moving through the grief process and individual personal recovery. The inability to measure and evaluate the recovery process will limit the ability of the team to determine the status and impact of recovery efforts, which may lead to a revised recovery plans, policies and programs.

Every community affected by a disaster incident should achieve adequate recovery within a given time frame. During this time of recovery, a measurement tool is required to monitor the recovery process. The monitoring of recovery should be based on a pre-disaster baseline, understanding recovery may not bring the community back to pre-disaster, but rather back to the new normal for the community. Pre-disaster data of baseline conditions of the community is important, but not critical to the recovery process. Regardless of the availability of pre-disaster data, the need for recovery monitoring and assessment remains.

Some recovery measures, although underutilized, exist as a variety of assessments, scorecards, and toolkits. For example, the Rockefeller Foundation’s City Resilience Framework (see Appendix D) provides measures that help users relate resilience to 12 measurable aspects of health, economy, leadership, and systems. The Disaster Recovery Tracking Tool, developed by the University of North Carolina at Chapel Hill’s Coastal Hazards Center of Excellence and FEMA-New York (See Appendix D), provides users with 79 metrics for tracking recovery in ten focus areas. A community’s own pre-disaster recovery plan can also establish baseline conditions, define measures, outline monitoring programs, and design policies that support the use of data for assessing the effectiveness of recovery.

To measure the recovery progress, recovery indicators should be established. These indicators will be linked to recovery plans, and the information obtained when tracking indicators are used to evaluate the level of progress that has been attained towards the recovery plan goals. This information can be used as a basis to revise policies and recovery plan programs. For example, the percentage of homes rebuilt (by week or month) can be an indicator to assess the recovery goal set to replace/repair destroyed homes to pre-disaster conditions. Based on a comprehensive set of indicators, a recovery team can identify errors, limitations, and conflicts among plans and program implementation. This allows them to revise recovery policies and programs early on, thereby saving time and resources available.

Indices and measures in existence can be modified and used to suit any community recovery plan and high-quality plans can assist in the development of indicators, and guide the use of data in the recovery process. The indicators adopted should be suited to the recovery goals and needs of the community and recovery team responsible for planning the recovery. Two general classes of goals include transformative goals that deal with building back better and restorative goals that are aim to alleviate losses efficiently and quickly (Horney J., Berke P., and Van Zandt, S., 2014).
In developing a tool for tracking the recovery in Van Zandt County, the “Community Recovery Checklist” (CRC) was chosen. The CRC was created to assist practitioners, government agencies, and citizens in tracking recovery in their community following a disaster.

Benefits of Using the CRC:
• Motivates the community to think about the areas that need to be addressed in order to prepare for a potential disaster and facilitate a successful recovery following an event.
• Serves as a tool to drive the recovery team towards their set goals during disaster recovery.
• Assesses the community recovery capacity, including pre-disaster self-assessments generated from baseline data, or a means of measuring the adaptive capacity of a community to assess the ability to recover.
• Provides early estimates of the level of recovery assistance needed by the community.
• Promotes better accountability and transparency during disaster recovery.
• Assists states, counties, and regional planning councils by providing a standard set of metrics to better understand the recovery progress of multiple communities or jurisdictions.

Recovery Focus Areas
The areas of focus for recovery include, but may not be limited to:
• Business and Economy
• Disaster and Recovery Management
• Mobilization of Recovery Funding
• Communities and Social Services
• Households
• Population Characteristics
• Public Sector Recovery
• Public Buildings and Infrastructure
• Cultural Sites and Resources
Disaster Planning and Recovery Round Table Event
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One of the deliverables the Planners4Health grant planned was a Round Table Event that would bring together Emergency Management professionals to disseminate the Tool Kit that the Planners4Health Team had created. Given that the Tool Kit was not ready in time to distribute at the Round Table Event, the Team turned this delay into a positive endeavor by successfully gleaning important information from the attendees at the Round Table Event that could be used in the final version of the Tool Kit.

The Event was held in Canton on Thursday, October 26, 2017 at the Senior Citizens Building. Scheduled as an 8-hour, daylong program, with a goal to have 50 people in attendance. The final head count ended up at 55 attendees. The participants represented many different roles in the planning and public health professions, and the diversity of this group made for very interesting discussions as they worked through their small group activities throughout the day.

The Keynote speaker of the day was Jim Schwab. Mr. Schwab recently retired from the national offices of the American Planning Association, where he spent many years working in the Hazards Planning Center, which is part of APA’s National Centers for Planning. Other speakers during the day were David Leary, [what is his affiliation?]; Lisette Osborne and Lori Upton from the Texas Department of State Health Services; and David R. Gattis, Interim Planning Director for the City of Bastrop.

The morning’s workshop with Mr. Schwab guided the participants through a series of assessment questions about where they currently were with their disaster plans, and where they wanted to be with disaster planning for their areas. It was during the morning workshops that the Planners4Health Team uncovered important information from the small group work that was done that helped inform and guide the development of the final iteration of the Tool Kit.

The afternoon’s activities took the participants through a verbal overview of the contents of the Tool Kit, including Pre-Disaster Planning, Immediate Response Post-Disaster, and the Recovery Process.
Reflectons from Key Collaborators

A Public Health Solution to Long Term Recovery from a Severe Weather Event
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The Northeast Texas Public Health District (NET Health) has provided Public Health Emergency Preparedness (PHEP) and Disease Surveillance services to the residents of Van Zandt County since 2002. In the last three years the County has had four declared disasters. Severe weather has visited the area with alarming frequency. This started the PHEP department at NET Health on a mission to address the issue of Community Recovery as this has been a core capability that never seemed to offer easy solutions when creating annual work plans. This article will describe the early efforts to address the difficulties in establishing a Long Term Recovery Group (LTRG), and the solutions that have been adopted as well as planning for future actions that NET Health and the local community can use to target funding and volunteer time to any rural community that experiences a disaster.

On Mother’s Day 2015 an EF3 tornado struck the unincorporated areas of Van Zandt County and moved into the town of Van. The tornado killed two people and hospitalized 48 with many more people less severely injured. The immediate response to the tornado worked reasonably well with plenty of opportunities for improvement identified in After Action Reports. This event did meet the damage threshold for FEMA to provide assistance, and over $500 thousand was donated from across the country. The long-term recovery need was recognized early and a working group was formed to start addressing the unmet needs of the community. The group relied on two volunteer Case Managers and began setting priorities and distributing funds. The group worked for 18 months before running out of clients to assist. They used the remaining funds to provide scholarships to children affected by the tornado. The group disbanded after the final disposition of funds.

The County was again hit by Tornadoes on April 29, 2017. Seven tornadoes were spawned that evening with five tracks in Van Zandt County. One tornado, an EF3, touched down in Henderson County and crossed Van Zandt County before lifting back into the sky in Rains County 50.5 miles away. Four people were killed and a similar number transported to the hospital as with the Mother’s Day tornado in Van. There was a small amount of damage that occurred in an incorporated portion of Canton Texas. By far the most damage occurred in unincorporated areas of the County. The initial response was even better this time. Lessons learned regarding curfews, security, donations management and material handling was implemented earlier and more clearly in the early days of this disaster. By the third day the County Judge, NET Health and the director had agreed to reorganize the Long Term Recovery Group (LTRG) with some specific goals in mind.

Of primary concern was that the LTRG become a permanent feature for the County. This would mean the creation of a Non-profit Foundation incorporated as a 501(c)3 entity. In the interim the LTRG was graciously allowed to use the non-profit status of a local church. Secondarily, it was
decided that 100% of the donated funds would be spent on the survivors of the storm. The next action item was to actually staff the LTRG with volunteer citizens from Van Zandt County.

We decided that in order to achieve a representative cross-section of the County we would have individual representatives from each of the County precincts and from the incorporated Cities within the County. These twelve voting members and a non-voting Executive Director now comprise the Van Zandt County Long Term Recovery Group. As the members began to be identified and seated on the Group several weeks of workshops began with the purpose of creating a mission statement, writing by-laws, defining terms of service for the members, developing policies and procedures (especially non-discrimination policies) and job descriptions.

Lacking any previous experience the LTRG began reaching out to the former members of the Van 2015 Recovery Group, Texas Department of Emergency Management and the City of Rowlett for ideas and lessons learned from other Groups that had been formed in the wake of other disasters in Texas. Ideas were liberally borrowed from many agencies across Texas. It was immediately evident that we needed to know much more about our community than what was believed to be true by the group. How we came about that information was though contacts at the University of Texas Northeast, Texas Department of State Health Services (DSHS) and the University Of North Texas Health Science Center School Of Public Health. It was quickly apparent that we could use the Social Vulnerability Index to address the needs of the County. So began the effort to build the LTRG in a manner that would provide for the needs of the survivors and develop infrastructure projects that would increase the resilience of the population. The agencies listed above, and the American Planning Association, have provided a roadmap to make decisions far into the future.

As the LTRG approaches the point of transition between expending funds on unmet needs and projects that encompass the County’s health, economic and social needs we will need even larger amounts of data for evaluation and action. Already unexpected information has played an important role in how we carry out our funding allocations. It became evident that nearly 60% of the affected households were uninsured or under insured. This severely affected our ability to help all the survivors of the tornadoes by limiting the LTRG’s ability to help renters, insured property owners, the injured and those with economic losses. Also, data on exactly who was affected has not been as accurate as hoped. Prior to Christmas a family was found to be living in a tent, and they had not heard of the availability of assistance. As we approach the five year anniversary of the tornadoes, the LTRG will begin collecting data, experience and resources to evaluate the effectiveness of our efforts and to prepare for the next event. This timeline will be adjusted depending how quickly, or slowly, goals are achieved.

The Van Zandt County Long Term Recovery Group would like to publicly thank all the agencies mentioned in the article for the hard work and compassion provided to our community.
Planning for Public Health: A Personal Journey
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Although planners have advocated for community facilities and features that have health benefits for decades, such as parks, sidewalks and trails, it is only recently that planners have placed more attention on the public health benefits of urban forms. After building automobile-oriented development from the 1950s through the 1980s, planners have become more focused on designing communities that promote physical, social and mental health and well-being. By providing insights into my journey and pointing out tools I have used along the way, I hope to pave the path toward our common goal for future planners and public health professionals.

My own journey toward this approach has occurred in three phases. Although I have long advocated for more and wider sidewalks, I first began to focus on public health through my exposure to “health impact assessments (HIAs)”. Similar to environmental impact assessments, HIAs are used to evaluate projects and plans with regard to their positive and negative effects on public health. Since the first HIA was conducted in 2004, the use of the tool increased to a peak of 29 nationwide in 2012 (Ricklin, et al, 2016) and is continuing to be used as a tool to promote public health in plans and projects. The Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and the Pew Charitable Trusts, is a proponent of its use. Although I have not used the process personally, I did participate in training to use the process and it has informed my approach to planning ever since.

The second step in my journey was my involvement with the preparation of the Healthy Communities Policy Guide in 2017 as a member of the American Planning Association (APA)’s Legislative and Policy Committee (American Planning Association, 2017), and as a member of the Healthy Communities Policy Guide Task Force. I had previously served as Chair of the Hazard Mitigation Policy Guide Task Force in 2014 (American Planning Association, 2014). The Healthy Communities Policy Guide provides guidance to APA’s policy advocates in Washington, DC and in the States to advocate for better legislation to promote healthy communities, and to practitioners who may wish to incorporate the principles of planning for healthy communities into their local planning efforts. The Policy Guide outlines specific policy goals to engage and empower the public. These goals promote cross-sector collaboration, support a “health-in-all-policies” framework and use of evidence-based practices that promote design for healthy communities, funding and incentives. The Policy Guide was adopted by APA’s Chapter Delegate Assembly in Washington, DC in late September 2017.

The most recent step in my journey was my participation in the Planners4Health Emergency Preparedness & Recovery Workshop in Canton, Texas in October 2017. Canton (population of 3,600) was selected as a site to develop a tool kit for rural communities following their recent experience with four tornados. During the meeting in Washington, DC in September 2017, leaders from the Texas Public Health Association and the Texas Chapter of the American Planning Association) approached me about assisting in the October workshop as a panelist to discuss post-
disaster recovery. I am currently serving as Interim Planning Director in Bastrop, Texas, which has had its own share of disasters including two major wildfires and four major floods since 2011 and had just weathered Hurricane Harvey. The intent was that Bastrop (population of 8,500) may offer some lessons that could be used by Canton and other rural communities in responding to disasters.

There is a natural tendency for communities to want to rebuild their community as it was as fast as they can. Unfortunately, short-term responses can have long-term recovery implications. The natural impulse to waive building codes and floodplain regulations during recovery can cause future problems by putting people back in harm’s way. The City may want to waive permit fees or streamline the permit process, but I advocate for maintaining or strengthening building codes and floodplain regulations to protect residents in the future. And while it may sound callous, rebuilding after a disaster is often an opportunity to provide better structures and remove them from hazardous locations.

Bastrop is making strides in its efforts to reduce hazards by updating the subdivision regulations to strengthen drainage requirements (such as integrated Storm Water Management) and providing streambank buffer setbacks, to promote fire prevention and defensible space efforts (such as FireWise®), and to promote conservation subdivisions in the City’s extraterritorial jurisdiction. The City also plans to update its building and fire codes in the near future.

While Texans don’t seem to want to talk about it, communities should also plan for changing climate conditions in the future. It seems to me to be short-sighted to rebuild in an area that will probably flood in the future.

Finally, I spoke about some of the challenges to disaster recovery that communities often face. Most communities allow temporary housing following a disaster, but sometimes that substandard temporary housing becomes permanent. The local economy often takes a hit, losing businesses, employees and customers, so it takes a concerted and strategic effort to rebuild the local economy. Local city resources are also strained, not only because response expenses exceed budgeted funds, but future tax revenues are reduced because of the destruction of property value and loss of sales tax revenue. As mentioned earlier, there is often resistance to the imposition of higher development standards, with pressure to rebuild it as it was, rather than as it should be built. Rural communities often face the entrenched ‘good ole boy’ attitudes toward development regulation. Finally, the mental health of residents following a disaster can be a challenge. Here in Bastrop, there is still anxiety every time smoke appears on the horizon, even if it is simply a controlled burn.

Texans are independent by nature, but disasters show that we pull together when we need to do so. Communities facing the daunting task of rebuilding after a disaster should recognize that there are resources available to assist. Other communities have been through disasters before and are willing to assist. As communities rebuild, think about building safer, and think about incorporating healthy community design into your new and better community.
Planning and Public Health: The Public Health Perspective
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The world of emergency preparedness revolves around a cycle – planning, training, exercise, evaluation, revision of the plans, and back around the cycle goes. In “real world” situations, the cycle is planning, training, response to a disaster, evaluation through after action reviews, creation of a corrective action plan which plays into revision of the plans…. and the cycle of preparedness begins again. BUT, in all those sectors of the preparedness and response cycle, what’s missing?

Emergency preparedness stakeholders talk about community resilience – the ability of a community to bounce back after a disaster – and indicate communities which have handled disasters successfully in the past will have a greater degree of resilience. OK, but there’s still something missing.

RECOVERY!

Rarely does the emergency preparedness community talk about, or plan for, recovery. Planning/preparing for recovery, however, is an equally critical part to the preparedness cycle and needs to be addressed by individuals and their families as well as by communities as a whole. By definition, recovery is the regaining of, or possibility of regaining, something lost or taken away; a return to any former and better state or condition. Recovery following a disaster is multifold. It encompasses physical and emotional arenas and is equally specific to the individual or family and to the community.

The emergency preparedness community describes all disasters as local. Meaning, disasters start, and end, locally. As example, when the tornado strikes, it is local emergency responders and local emergency management who answer the call and establish the emergency operations center. If local resources are not adequate to meet the need, local emergency management request additional assistance from regional or state assets. As the disaster winds down, these additional assets return to their origin, leaving local officials to move into the recovery phase.

Recovery holds more questions than answers. In the case of citizens who may have evacuated before the disaster or those who may have been displaced due to structural damage to their home, recovery will include a return from their shelter of refuge back to their home or temporary lodging. This requires more than just a building. Is there electricity and water? Is the area safe with regards to debris or the structural integrity of the home? Extrapolate these questions to a community. Is there adequate security? How damaged is the infrastructure – roads and buildings, schools, healthcare systems? What about special portions of the population – the elderly, children, the homeless, those who rely on medical technology in their homes or dialysis? What about the emotional toll the destruction of a family home or a community brings to individuals and communities – helplessness and hopelessness. Who will provide mental health counseling?
Where can someone get a meal or bottled water? These are the things we as individuals, and we as communities, don’t plan for – instead recovery is a reaction to the disaster.

What’s the first thing on the news banner or the first Facebook post? “Send your donations here”. Recovery is dependent on resources - resources such as volunteers and donations and donation management. To manage the outpouring from a well-meaning public, donations management is a critical component to any recovery effort. A well-organized, well-planned effort will reap the fullest rewards and actually contribute toward recovery rather than being merely reactionary. Likewise, keeping the community informed of how donations are being managed and transparency of information will alleviate some challenges during the recovery phase. Greatly needed are plans or toolkits for smaller cities and rural areas – documents to guide pre-disaster planning for recovery from any type of disaster.

On April 29, 2017, seven tornadoes touched down in Van Zandt County, just east and west of the small city of Canton. This is a rural area with few resources and no plans in place for recovery. A month or so later, I spoke with Russell Hopkins, Director of the Northeast Texas Public Health District (NETPHD), and inquired how the area was doing. Russell indicated recovery was an overwhelming task. Understanding the “build back better” concept, I asked if the NETPHD was working with city planners in their recovery efforts. The answer was no. This was the beginning of a cascade of connections. Over the past few years, the Texas Public Health Association (TPHA) has developed a relationship with the American Planning Association – Texas Chapter (APA-TX), a member-driven organization which provides leadership in the development of vital communities by advocating excellence in planning, promoting education and citizen empowerment, and providing the tools and support necessary to meet the challenges of growth and change. Leadership of TPHA, has been extremely active in connecting the APA and TPHA together and, in doing so, shedding light on an area of public health many public health professionals have little knowledge. Armed with this information, the connection was made between the NETPHD and leaders in the public health (TPHA) and planning (APA) groups.

The creation of a taskforce and a much-needed toolkit to assist rural areas in disaster recovery represented vital components in disaster planning for recovery. As a public health professional and as a member of the public health emergency preparedness community, this project exemplifies the power and reach of public health, and specifically, the Texas Public Health Association. Members from the taskforce were asked to provide input to the toolkit as UNTHSC students took on the challenge of working with Van Zandt County staff in the toolkit’s draft. In addition to the creation of the Rural Recovery Toolkit, the Planners4Health project included an informative recovery workshop, held in Canton, which included members of the APA, TPHA, UNTHSC students and staff, Planners4Health taskforce members, Van Zandt community members and elected officials. The Planners4Health project and the Rural Recovery Toolkit have gained the interest of the National Association of County and City Health Officials. The project is replicable and the soon to be published toolkit is novel. Above all, the toolkit will provide guidance, pre-disaster, for rural communities in planning, rather than reacting, for recovery following the every looming disaster.
References


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Volunteer Organizations Active in Disasters (VOADs) (United Nations Development Group, 2013).