

Welcome!

Preparing for Water, Sanitation, & Hygiene (WASH)- Related Emergencies Among People Experiencing Homelessness

7/20/23

2:00 PM ET

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This webinar is being recorded.

Webinar Agenda



Welcome & Introductions

Project Background & NACCHO Resources

Presentation: *Current Landscapes and Challenges of Preparing for WASH-Related Emergencies Among People Experiencing Homelessness* – Chloe Garofalini

Presentations: Case Studies from LHDs

Q&A and Wrap Up

Introductions

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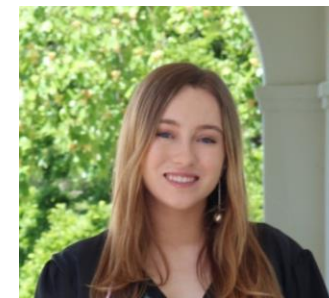
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Contact us by e-mailing WASH@naccho.org

Introductions

- **Minneapolis Health Department (MN)**
 - Toni Hauser, Supervisor of Emergency Preparedness and Response
 - Sindy Mau, Emergency Preparedness Specialist
- **Cambridge Public Health Department (MA)**
 - Nancy Rihan-Porter, Director of Equity, Resilience and Preparedness
- **Franklin County Public Health (OH)**
 - Ted McCoy, Emergency Preparedness Planner
- **Franklin County Health Department (MO)**
 - Abigail Menke, Deputy Director
 - Andrea Johnson, Health Educator
- **Tulare County Health Department (CA)**
 - Sean Roberts, Emergency Services Specialist

Background

- The number of people experiencing homelessness in the US continues to increase.
- People experiencing homelessness often have limited access to sanitation facilities and face barriers to engaging in hygiene behaviors.
- Certain WASH-related emergencies, such as natural disasters, may lead to the destruction and/or closure of facilities, creating additional barriers to accessing sanitation and hygiene services.
- Emergency response activities do not always take into consideration the unique needs of this population.

Project Goal

The goal of this funding opportunity was to assist 5 local jurisdictions in adapting and exercising emergency preparedness plans for WASH-related public health emergencies among people experiencing homelessness.

Adapt

- Adapt their preparedness plans to address the needs of people experiencing homelessness during WASH-related emergencies

Exercise

- Develop and implement an exercise to test their plan

Share

- Share lessons learned, best practices, and improvement plans

- Visit <https://www.naccho.org/WASH> and keep an eye out for these upcoming resources:
 - WASH & PEH resource library
 - WASH & PEH compendium

Presentation: *Current Landscapes and Needs
in Preparing for WASH-Related Emergencies
Among People Experiencing Homelessness*
Chloe Garofalini

WASH Services for People Experiencing Homelessness

Deise Galan, Rebecca Rainey
Rashel Rabinovich, Chloe Garofalini, Debra Dekker

Acronyms

- WASH: water, sanitation, and hygiene
 - WASH-related health emergencies may occur during or after weather-related events (i.e., hurricane, tornado, wildfire, or drought), after drinking water or water treatment system malfunction, or due to infectious diseases outbreaks (i.e., hepatitis, shigellosis).
- PEH: persons experiencing homelessness
 - Sheltered PEH: residing in a shelter
 - Unsheltered PEH: residing in a place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, etc.
- LHD: local health department



Objective

Describe and understand the current national landscape of local health department's needs for WASH-related public health emergencies among sheltered and unsheltered PEH

Methods

- In February of 2023, NACCHO's R&E team hosted a 90-minute focus group discussion with representatives from four LHDs across the United States
- Participating LHDs were selected based on their preparedness and response activities related to PEH reported in the 2022 Preparedness Profile
- During the discussion, LHDs were asked about local needs, strategies used to address WASH-related health emergencies among PEH, existing partnerships, and challenges preparing for and responding to WASH-related health emergencies among PEH
- Recurring themes and key takeaways were summarized

Participating LHDs

- Geographic Region
 - 1 LHD from the Northeast
 - 2 LHDs from the Midwest
 - 1 LHD from the South
- Population Size
 - 2 LHDs serve a population size of less than 50,000
 - 2 LHDs serve a population size of 500,000+
- Governance Type
 - 3 LHDs have a local governance structure
 - 1 LHD has a shared governance structure

Current Landscape

- The majority of participating LHDs had existing programs for PEH within their community
 - Half of participating LHDs said their role working with PEH shifted during the COVID-19 pandemic
- Half of participating LHDs mentioned an increase in their PEH population during the COVID-19 pandemic because of rent increases and increasing unemployment
- 1 LHD specifically focused their work with the PEH population on outbreaks, with a community response plan specifically focused on outbreaks
- Overall, the LHDs were **unsure of specific needs for PEH** and were **focusing on response rather than mitigation**

Current Landscape (cont.)

- LHDs saw success responding to specific issues such as disease outbreaks. They were able to garner support and enthusiasm when there was a cause but otherwise there was difficulty in long term planning.
- 1 LHD mentioned that they have done two training courses for staff, but due to high stress work and turnover they found that enthusiasm for work waned
- Half of participating LHDs mentioned that the continuum of care was not as helpful as they had hoped. They cited **difficulties in planning and issues with partnerships** as the main barriers to fully utilizing these.
- 1 health department reported that they have special shelters during emergencies

Current Threats

- Environmental disasters such as flooding, infectious disease such as hepatitis, and service provision to PEH for things like mobile showers, bathrooms, and shelters are current concerns
- Half of LHDs participating specifically called out partnerships as their biggest barrier
- The majority of participating health departments did state that they had responded to WASH related emergencies among PEH in the past.
 - These LHDs directly distributed items to the PEH community including hand sanitizers, sanitation kits, and rain jackets

Remaining Needs

- LHDs spoke of the **need for dedicated resources and staff** to properly respond and recover from WASH related emergencies among PEH
- Partnerships were also discussed among three of the health departments as a critical piece in this work and one that would need to be strengthened
 - Specifically, health departments spoke of the **need to better understand who the players are, identify their resources, define roles, and plan for responsibilities**
- The specific resources that were mentioned among LHD staff were **community response plan templates, trainings, and toolkits**

Conclusion

- Preventing WASH emergencies among PEH remains an underdeveloped space for the 4 LHDs that participated in this focus group
- Current work focused on response to such challenges, and little was mentioned about preventing these from occurring
- While LHDs spoke of the need for staff capacity and funding to develop out this space they also need resources such as templates and trainings
- Overall, this area needs dedicated resources in order to properly meet the need of PEH

Key Takeaways

- Current practices center around **responding** to emergencies and not **preparing** for them
- Participating **LHDs want resources and assistance in identifying and establishing partnerships with necessary groups**. LHDs have a difficult time engaging with their existing partners in issues surrounding PEH.
- Needed resources include **time, money, templates, and trainings** to begin more fully engaging in this work

Presentations: Case Studies from Local Health Departments



Minneapolis

Health Department


Minneapolis, Minnesota

- Metropolitan – population 425,336
 - 487 people experiencing unsheltered homelessness (Hennepin County)
 - 96% of people who are without shelter are in Minneapolis
 - 91% adults experiencing homelessness reported a mental health disorder
 - 81% adults experiencing homelessness have chronic health conditions
 - Estimate 50% of people who are without shelter stay at encampment sites

Encampments

- Illegal – Zero Tolerance Policy
- Closed with 72-hour notice, Perimeter established
- Items left behind are destroyed
- No water, sanitation or hygiene
- Shelter Options limited – Low-Barrier Full
- Distrust of City – Government
- Definition of Emergency for People Experiencing Unsheltered Homelessness

Extreme Heat Workshop

- Format - Round Table Discussion
 - Inclusive of diverse stakeholders – including people with lived experience of unsheltered homelessness
 - Developed relationship with participants prior to workshop
 - Topic – Extreme Heat chosen to build foundation
- 

Extreme Heat Workshop

Scenario

Key Issues and Questions

- Communication
 - How do we reach people experiencing homelessness?
- Access
 - Barriers to cooling or air-conditioning?
 - Challenges to having enough water?
- Health
 - Responding to health concerns
 - Monitoring health concerns

Take Aways

- It's a Process – One Step at a Time
- Develop positive working relationships with all relevant stakeholders
- Inclusive of people with lived experience of homelessness
- Identify areas of commonality – build on this.
- Recognize purpose of emergency plans and use it as a springboard for other public health initiatives

Cambridge Public Health Department

Preparing for Water, Sanitation, & Hygiene
(WASH)-Related Emergencies Among People
Experiencing Homelessness



Cambridge
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Department



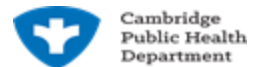
CHA Cambridge
Health Alliance



Agenda

- Jurisdictional Background
- Project Scope
- Project Findings
- Recommendations

City of Cambridge, MA



City of Cambridge, MA

- Population: 118,403 – 4th largest city in MA
- 18,529 persons per square mile (land area: 6.39 sq miles) - 9th most densely populated city in the United States
- Median home value (2017-2021): \$888,000
- Media gross rent (2017-2021): \$2,399
- Median household income \$112,565
- 95.6% population high school graduate or higher
- 96% of households with a computer

Massachusetts Public Health System

- Highly decentralized public health system:
351 local Boards of Health/Health Departments
with broad statutory authority
- Coordinate authority with Massachusetts
Department of Public Health
- 6 regional Health and Medical Coordinating
Coalitions
 - Region 4AB Public Health Emergency Preparedness
Coalition

Cambridge Public Health Department

- City department that is administered by the Cambridge Health Alliance (CHA).
- Organized into the following divisions:
 - Emergency Preparedness, Community Resilience, and Equity
 - Environmental Health
 - Epidemiology and Data Services
 - Population Health Initiatives
 - Public Health Nursing
 - School Health
- Public Health Accreditation Board (PHAB) accredited health department
- Sponsoring organization for Region 4AB Health and Medical Coordinating Coalition (HMCC)

City of Cambridge, MA



City of Cambridge, MA

- 2022 Point-in-Time count: 440
 - 295 in emergency shelters,
 - 70 in transitional housing, and
 - 75 in unsheltered situations.
- Of the 440 persons counted:
 - 105 were in households with children
 - 335 were unaccompanied adult individuals
- Over 40% of the 384 adults counted in 2022 reported having a substance use disorder and over 30% indicated having a serious mental illness.

Project Overview



Project Components

- Seminar
- Workshop
- Tabletop Exercise
- Plan Development
- Awareness Level Training

Seminar

- Conducted over two sessions (1/26/23 and 2/9/23), utilizing the existing Cambridge “Shelter Provider Call” to discuss WASH related emergencies
- Solicited feedback from providers and organizations working with people experiencing homelessness
- Identified current issues facing the providers and unhoused community members with recommendations
- End product: Seminar Report

Workshop

- Conducted 2/27/23 with Cambridge department representatives to discuss roles and resources
- Included a training component to better understand circumstances leading to homelessness and constructive strategies to support and work with individuals
- Public Works, Water Department, Police, Fire, EMS, Public Health, Emergency Management, Communications & Marketing, Environmental Health, Community Development
- End product: Workshop Report

Tabletop Exercise

- Conducted 4/6/23 with Cambridge department representatives and providers
- Discussed roles, response actions, communication, education and outreach, resources, and other needs.
- End product: After Action Report and Improvement Plan

WASH-Emergency Annex

- Used Seminar and Workshop to develop plans
- Provided City departments with a worksheet to complete and return for roles and resources
- Documents Public Health role in WASH-Emergency
 - Incident Recognition
 - Communication and Information Sharing
 - Public Health Response Actions
 - Resources
- Identifies other key partners and roles
- Does not duplicate or supersede Water Department Emergency Plan

Project Findings and Next Steps



Findings: Partnerships

- *Find the champions and non-traditional partners*
Identify providers and community-based organizations; develop relationships through regular outreach activities (e.g., flu vaccine) to maintain trust and place-based strategies
- *Work may already be happening*
Assess if organizations have established working groups, previously conducted surveys, or other outreach that can be leveraged

Findings: Policy Recommendations

- Evaluate how to support a Lived Experience Advisory Board and engage in future work
- Supervised safe consumption/injection sites to mitigate health and hygiene conditions and to target education, outreach, and wrap around services
- Ensure future policy work and educational outreach is culturally respectful and linguistically appropriate.

Findings: Training and Resources

- Difficult to stockpile hygiene equipment (hand washing, toilets, showers) due to space constraints, but can identify vendors and develop MOUs now
- Predetermine locations to deploy equipment and necessary infrastructure to support
- Ensure hygiene locations are properly maintained
- Training for uniformed services to improve interactions, and when possible, plain clothed street outreach is best

Findings: Planning Needs

- COVID-19 helped to grow many relationships, particularly in infection control and epidemiological surveillance and investigation
- Document communication protocols (internal and external) and contact information; many current relationships are personal not institutional
- Prioritize hazards and develop short, actionable response guides
- Continuity of Operations Planning needed
- Cross training and plans to deploy staff to support emergency response operations
- Identify Command Structure for Public Health driven events

Recommendations for Others

- Get a seat at the table! Find and engage your shelter providers, community-based organizations, and other like-minded partners: it is likely that there are workgroups, resource guides, or other efforts underway that you can leverage
- Include your Public Works, Water Department, Epidemiologists, and Communications/Public Information among others
- Make the case to participants on the benefit, provide an empathetic understanding to the community's people experiencing homelessness
- Build on outreach strategies and other lessons learned from COVID-19

Next Steps

- Finalize Plan
- Conduct Training
- Maintain relationships developed with shelters and other providers
- Partner to conduct an updated “Hygiene Survey” with the Unhoused Advocacy Subcommittee
- Develop WASH Go Kits
- Support formation of a Lived Experience Advisory Board
- Implement other findings from Seminar, Workshop, and Tabletop Exercises

Thank you to our Partners

- Bay Cove Human Services
- Cambridge City Departments
- Cambridge Multi-Service Center
- Cambridge Non-Profit Unhoused Advocacy Subcommittee
- CASPAR FirstStep Program
- CHA Healthcare for the Homeless
- First Church Cambridge Shelter
- On The Rise

And many more



Cambridge
Public Health
Department



Cambridge
Public Health
Department

Franklin County Health Department



Public Health
Prevent. Promote. Protect.
Franklin County Health
Department



Abigail Menke, MPH, CPH & Andrea Johnson

Jurisdiction



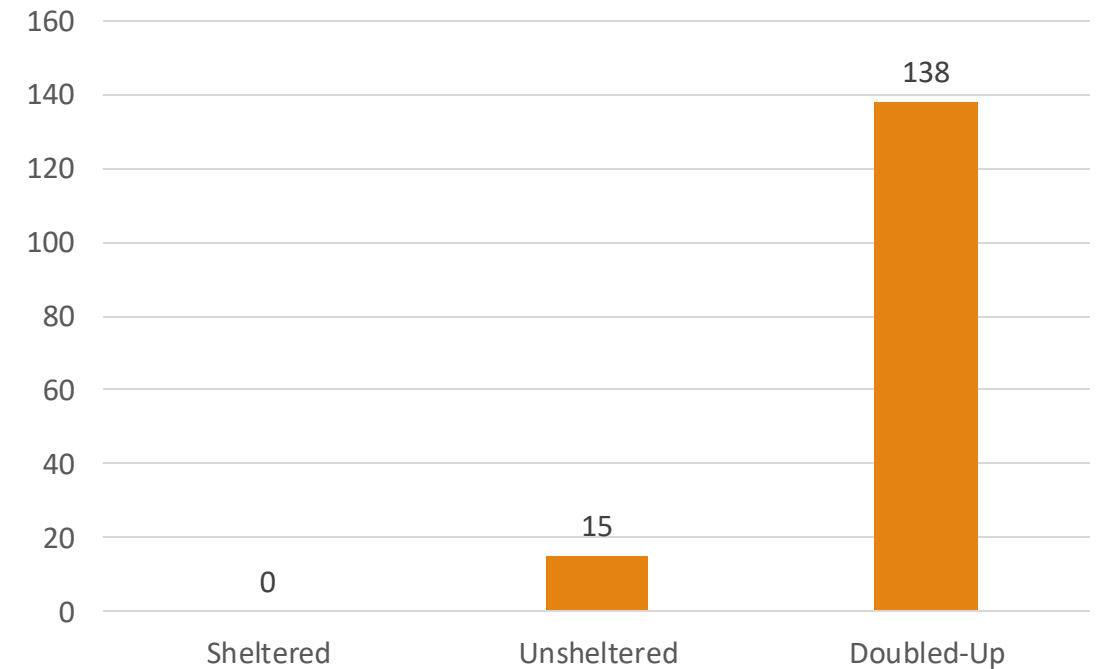
- 923 square miles in the St. Louis Metropolitan area
- 105,000 residents
- 8 cities, 4 villages, 2 census-designated places, 11 unincorporated communities

Needs in Franklin County, MO



- Efforts to tract and record data around homelessness began recently
- 3.6% of children experience homelessness
- In 2018, 153 people experienced homelessness on a given night
- No shelter in the county
- Franklin County is vulnerable to WASH-related emergencies, including floods, earthquakes, tornadoes, and technological disasters

Franklin County, MO – People Experiencing Homelessness

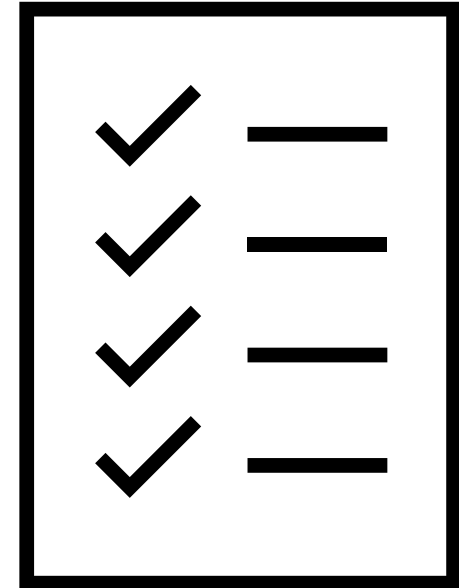


Plan Development



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Franklin County Health
Department

- PEH not considered in any previous emergency plans
- Meeting with partners
- Research of other hazard-specific plans
- Writing of the plan
- Sending of plan to partners for review



Plan Development



FCHD

- Abigail Menke, Deputy Director
- Andrea Johnson, Health Educator
- Tony Buel, Health Director
- Public Health Regional Planner*

PARTNERS

- Foundations for Franklin County Homelessness Task Force
- Franklin County Community Resource Board
- Safety Net
- Agape House
- Mercy Hospital
- Scenic Regional Library
- Franklin County Emergency Management Department

Plan Development



CHALLENGES

- Planner left the department
- Siloed organizations/services
- Criminalization of survival behaviors
- Low resources
- Community pushback

SUCCESSSES

- New partnerships formed
- Identification of weaknesses in current plan
- Tabletop exercise

Conclusion



Lessons Learned

1. Strong community partnerships are absolutely essential
2. PEH are often left out of conversations about emergency planning

Recommendations

1. Know and consult with homelessness service providers
2. Build partnerships before an emergency occurs
3. Be aware of all existing laws and regulations



Thank you!

WASH & PEH

**Ted McCoy, MPA Emergency Preparedness
Planner**

Franklin County
Public Health



FCPH Overview

- * Franklin County Public Health is located in Central Ohio
- * Franklin County Public Health is the 6th largest health district in Ohio
- * FCPH serves more than 465,000 people by providing public health services to 14 cities, 17 townships and 9 villages.
- * The January 2022 point in time count for Franklin County identified 1,912 individuals experiencing homelessness.
 - * Of the 1,912 individuals, 74.5% were sheltered, defined by HUD.



Franklin County Overview Cont.

Equity: is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically

Equity in all Policies

NACCO Preparedness Summit 2022 – Capability 16 Equity. A Public Health Emergency Preparedness Program Capability Expansion Proposal



WASH Plan (Development)

Challenges that presented themselves within the planning process while developing the WASH Plan:

- There was not a significant amount of reference material available. This grant truly appeared to be the keystone and necessary baseline for this topic.
 - As a result, it was challenging to understand the appropriate considerations.
- Emergency preparedness did not have a pre-established connection with the homeless population within the community led to reliance of partner relationships.
- Depth of scope – working to understand how public health assists within this type of emergency for such a specific vulnerable group.





WASH Plan (Development Cont.)

Internal Discussions

- FCPH response and our ability to respond across the agency
- What assets both personnel and ‘stuff’ could we use in this type of emergency

Discussion with partners – created an advisory board with local partners for feedback on how they would respond





WASH TABLE TOP EXERCISE

This Tabletop (TTX) was conducted on Wednesday March 8, 2023

- Duration Two Hours
- TTX participation was limited to virtual discussion and chat
- Hosted on the Microsoft Teams Platform
- FCPH staff and partners directly identified within the FCPH Water, Sanitation, and Hygiene (WASH) Plan Participated.

Scenario

There was an incident that caused flooding near the Scioto River in Grove City, Ohio to effect a homeless camp. This location has as significant homeless population that are now displaced and need new shelter and basic amenities.





WASH TABLE TOP EXERCISE

Objectives:

FCPH Emergency Preparedness (EP) and leadership staff will discuss the threshold and timely activation of emergency operations resulting from a water, sanitation, and hygiene (WASH) emergency affecting those experiencing homelessness, in accordance with the FCPH WASH Plan, and the process for deploying assets.

FCPH communications and partner agencies will examine timely notification and information sharing for alerting AFN partners/population of WASH emergencies as defined by the WASH Plan.

Organizations involved in WASH emergency response will identify critical information requirements necessary to establish a common operating picture during WASH emergency event affecting those experiencing homelessness as dictated by the FCPH WASH Plan.





WASH TABLE TOP EXERCISE

The major strengths identified during the table top exercise

- Wash response plans were reviewed and exercised by all agencies involved in the TTX.
- Each agency specifically had internal processes or response capabilities evaluated establishing they are capable of responding with available resources indicating Franklin County is a resource rich county able to respond to WASH emergencies.
- Franklin County Subject Matter Experts (SME's) were identified and able to respond to WASH emergencies within the county.





WASH TABLE TOP EXERCISE

Primary Areas for Improvement

Throughout the TTX, several opportunities for improvement for Franklin County Public Health and jurisdictional partners ability to respond to the incident were identified. The primary areas for improvement are as follows:

- Communication between partners during a WASH emergency related to response and recovery operations.
- Understanding and pre-establishment of available WASH partner resources- so as not to duplicate efforts.
- Pre-planning efforts to have a situational awareness of SES and AFN populations related to WASH emergencies.





Summary

Overall, the exercise was successful in identifying both major strengths as well as areas for improvement in how FCPH and partners would respond to a WASH emergency within Franklin County.

All players brought crucial information to the exercise on how each entity would respond, SME's, as well as resources that could be available during a WASH emergency.

The FCPH WASH plan was activated to support FCPH internal mechanisms and based on exercise feedback will be updated to include lessons learned.

Moving forward subsequent exercises conducted related to WASH emergency should focus on specific response resources of each entity and how these resources could be utilized without the duplication of efforts.

Future exercises may benefit from a similar scenario based on updated plans and partner collaboration related to WASH emergencies.



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Questions And Comments



Thank you!

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Franklin County
Public Health



Water, Sanitation, and Hygiene (WASH) Emergencies: Tulare County's Preparation and Response

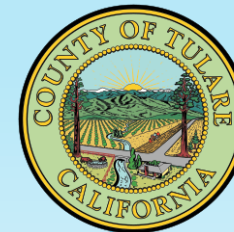
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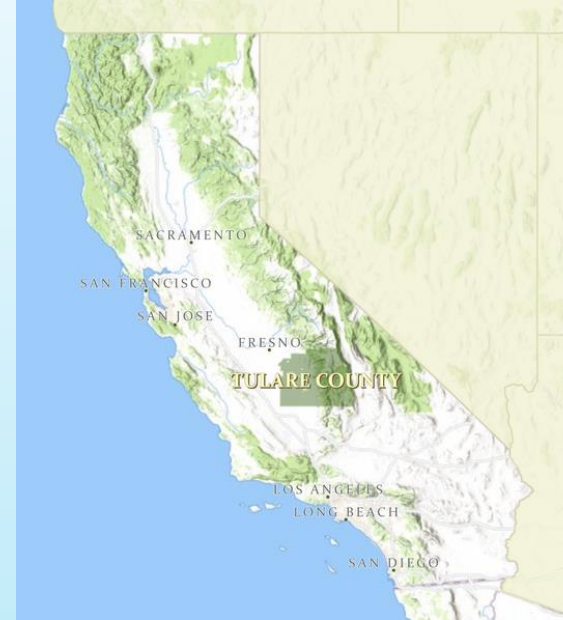


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Background on Tulare County:

- ▶ Population 477,054 (2021 estimate)
- ▶ 2022 Point in Time Count estimate of persons experiencing homelessness: 922
- ▶ Area: 4,839 Square Miles
- ▶ Incorporated Cities: 8
- ▶ Unincorporated census designated places: Over 40



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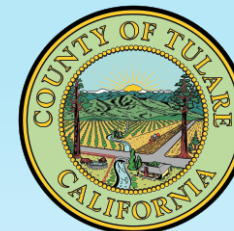


Tulare County WASH Program

- ▶ Create an annex to the all-hazards emergency plan
- ▶ Acquire resources to create a “Push Pack” tailored to WASH emergencies
- ▶ Educate other entities
 - ▶ incorporated cities
 - ▶ County departments
 - ▶ CBOs
- ▶ Exercise the plan and develop an After-Action Report



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Tulare County WASH Program

Step 1: Create a WASH annex

- ▶ There was no preexisting template
- ▶ Based off the concept of a surge plan
- ▶ Contains levels of activation based on number of persons affected
- ▶ Multiple means of notification included
- ▶ Involves coordination of resources for small events
- ▶ Involves WASH Commodities Points of Distribution for larger events



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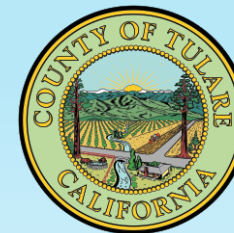
Tulare County WASH Program

Step 1: Create a WASH annex

- ▶ **Level 1 WASH Emergency (25-50 persons)**
 - ▶ Coordinate local resources
- ▶ **Level 2 WASH Emergency (50-100 persons)**
 - ▶ Coordinate local resources AND
 - ▶ Deploy Push Pack assets for WASH C-POD
- ▶ **Level 3 WASH Emergency (Over 100 persons)**
 - ▶ Coordinate local resources AND
 - ▶ Deploy Push Pack Assets for WASH C-POD AND
 - ▶ Support ongoing response efforts



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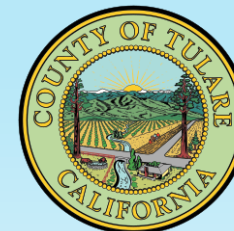
Tulare County WASH Program

Step 2: Create a WASH PUSH Pack

- ▶ Based off the concept of a SNS push pack that has supplies for a variety of situations.
- ▶ The items contained are not typically in disaster caches such as ACS, POD, etc.
- ▶ Having it all together makes deployment easier and smoother.
- ▶ Will be distributed via a Commodities Point of Distribution (WASH C-POD)



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Tulare County WASH Program

Step 2: Push Pack Contents

- ▶ 120 Complete WASH emergency kits including
 - ▶ Hygiene items (soap, shampoo, shaving, etc.)
 - ▶ Socks/Gloves/Beanie
 - ▶ Bath towel and washcloths
 - ▶ Blankets
 - ▶ Body hygiene wipes
- ▶ Contained in a backpack for easy distribution
- ▶ Handwashing stations hand sanitizer
- ▶ Emergency water storage containers



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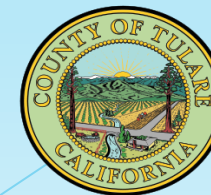


Tulare County WASH Program

Step 2: Photos of WASH Push Pack



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Tulare County WASH Program

Step 2: Photos of WASH Push Pack



Tulare County WASH Program

Step 3 Educate Other Entities

- ▶ Presented to numerous outside groups:
 - ▶ Homeless task force
 - ▶ Community Care Coalition
 - ▶ Internal Agency Meetings
- ▶ Prepared PowerPoint presentations for specific groups.



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Tulare County WASH Program

Step 4 Exercise the Plan

- ▶ Tabletop exercise was scheduled; and multiple RSVP received.

- ▶ However, that did not occur as planned because before we could hold the tabletop exercise.....



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“Step 4.5” Respond to an actual large scale WASH Emergency

- ▶ Early March 2023
 - ▶ Cold storms deposited a lot of snow
 - ▶ Subsequent warm atmospheric rivers melted the snow
 - ▶ The result was catastrophic flooding
 - ▶ Flooding most pronounced along the Tule River
- ▶ Severe erosion in Porterville resulted in the evacuation and removal of all homeless encampments along the Tule River.
- ▶ Over 100 homeless persons affected
 - ▶ However homeless in other areas also were displaced.



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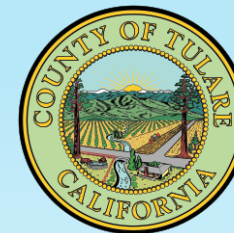


The Tulare County Response

- ▶ Notified of the emergency via multiple entities
 - ▶ City of Porterville
 - ▶ Homeless Outreach Team
 - ▶ Tulare County Health and Human Services Agency-Human Services Branch
- ▶ What started as a very local emergency rapidly became an expanding incident
 - ▶ Evacuation warnings turned into orders
 - ▶ Rapid erosion wiped out encampments



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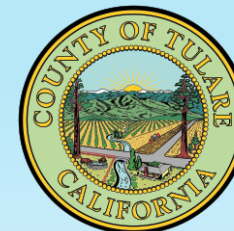


The Tulare County Response

- ▶ Started as Level 1 emergency
 - ▶ Coordinated resources
 - ▶ Began to plan for deployment of push pack if the incident expanded
- ▶ Rapidly progressed to a Level 3 emergency
 - ▶ Push pack deployed
 - ▶ Ongoing support was given



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The Tulare County Response: Push Pack Deployment

- ▶ Deployment of “Push Pack” assets to local navigation center “homeless service center”
 - ▶ Tulare County’s first ever WASH Commodities POD (WASH C-POD)
 - ▶ Voluntary evacuees sought help there initially.
- ▶ Deployment of “Push Pack” assets to all 3 evacuation shelters turning them into C-PODs
 - ▶ When evacuations became mandatory, persons experiencing homelessness were directed there.
 - ▶ All 3 shelters had persons experiencing homelessness, both chronic and newly homeless.



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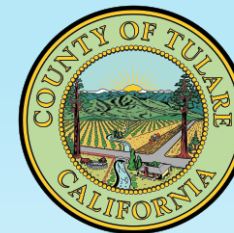


The results

- ▶ Over 190 emergency hygiene kits were given out
- ▶ Over 130 unique individuals were assisted
- ▶ Because they contained bath towels and washcloths. People coming into shelters, soaked and dirty could immediately shower
- ▶ There was adequate soap and hand sanitizer to prevent infections from spreading
- ▶ The backpack form meant the kits can be refilled as needed.



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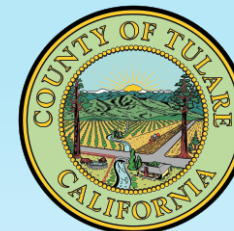


Conclusion

- ▶ With the increase in homelessness and climate change it is not a matter of “if” but “when” WASH emergencies will occur
- ▶ All emergency preparedness must be equity focused.
- ▶ Emergency Preparedness **MUST** take the most vulnerable into account.
- ▶ Preparing for WASH emergencies now will benefit your agency in the future!



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Questions?

Use the Q&A box to submit your questions for the panelists!

Thank you for attending today's webinar!

You will receive a follow-up email with the webinar recording and slides.

For more information visit www.naccho.org/wash

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