

Local Preparedness for WASH-Related Emergencies Among People Experiencing Homelessness



Individuals and families experiencing homelessness are at a higher risk for water, sanitation, and hygiene (WASH)-related health emergencies, yet are a population often underrepresented in preparedness planning. Five local health departments recently worked to improve how they prepare for, and respond to, such WASH-related emergencies. Their experiences, shared in these *Stories from the Field*, provide examples of how local health departments can update and exercise emergency preparedness plans, and share lessons learned and best practices gained from this process.

Overview

During a point-in-time count in 2022, the number of people experiencing homelessness (PEH) in the United States was estimated to be 582,500. People experiencing homelessness often have limited access to sanitation facilities and face barriers with engaging in hygiene behaviors. This places individuals and families experiencing homelessness at a higher risk for WASH-related health emergencies, such as outbreaks of shigellosis and hepatitis A. Additionally, certain WASH-related emergencies, such as natural disasters, may lead to the destruction and/or closure of facilities, making it more challenging for this population to access sanitation and hygiene services.

Local health departments (LHDs) and other governmental agencies are at the forefront of preparing for, and responding to, WASH-related emergencies. Prior to, during, and immediately following emergencies, LHDs implement protective measures, communicate with the public, and coordinate the provision of necessary and timely resources to protect health. Unfortunately, emergency responses are not always inclusive of the needs of people experiencing homelessness, increasing vulnerability to poor health outcomes within this population.

The National Association of County and City Health Officials (NACCHO) supports local efforts to prepare for WASH-related emergencies among people experiencing homelessness. A focus group was conducted by NACCHO in February 2023 with four LHDs from across the United States to describe and understand the current national landscape of LHDs' needs related to WASH-related emergencies among sheltered and unsheltered PEH. **Participating LHDs reported: 1) not being prepared to respond to WASH-related emergencies among PEH, and 2) current practices are usually centered around responding to the emergencies rather than actually preparing for them.** To begin engaging in this field, LHDs expressed that the most important resources needed were time, money, templates, trainings, and partnership engagement.

To address this preparedness gap, NACCHO, with support from the Centers for Disease Control and Prevention (CDC), provided funding and technical assistance to five LHDs to support them in updating and exercising their emergency preparedness plans to meet the needs of people experiencing homelessness.

Local Health Departments Engaged

- [Cambridge Public Health Department, MA](#)
- [Franklin County Health Department, MO](#)
- [Franklin County Public Health, OH](#)
- [Minneapolis Health Department, MN](#)
- [Tulare County Health & Human Services, Public Health, CA](#)



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Main Takeaways

1. Throughout the process of updating preparedness plans, the majority of participating LHDs found it more useful to create an annex specifically for WASH-related emergencies among PEH, rather than amending the current protocol. This allowed for a more targeted procedure between the health department and its partners.
2. Partnerships were a common benefactor for LHDs, though some cited that their relationships could be stronger. Local partners, such as community-based organizations (CBOs) and non-profits, were able to connect LHDs to additional data and resources for PEH within the community. LHDs were able to share their plans with partners, including city council members, to gain visibility and buy-in. Partners were also helpful in identifying gaps in plans, participating in tabletop exercises, identifying roles and responsibilities, and forming lived-experience advisory boards.
3. LHDs shared the most useful and burdensome aspects during their plan development.
 - Useful aspects included seeing their peers' plans, reviewing CDC background information, and the use of partnerships for information sharing and delegation of tasks.
 - Burdensome aspects included creating plans from scratch, inability to use potentially helpful partnerships if they have negative relationships with PEH, establishing new partnerships and communication networks, and partner capacity and scheduling.
4. LHDs' next steps focus on program sustainability, including building community trust, garnering consistent funding and support, and strengthening community partnerships. LHDs also mentioned the need for expanded staff capacity, increased peer sharing for plans and program resources, and larger quantities of supplies for future emergencies.

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The following five stories highlight how the LHDs engaged in this project have successfully updated and exercised their emergency preparedness plans, as well as lessons learned and best practices gained from this process.



Cambridge Public Health Department, MA



Area Served: Cambridge, Massachusetts; 6.39 square miles

Population Size: 118,403

2022 Point-in-Time Count of PEH: 440



Background

The City of Cambridge is an urban center in Massachusetts, located just across the Charles River from the capital city of Boston. Cambridge has a population of 118,403, the fourth largest city in Massachusetts with 18,529 persons per square mile (land area: 6.39 square miles), making it the ninth most densely populated city in the United States.

Regarding PEH, the 2022 point-in-time count captured 440 individuals:

- 295 in emergency shelters
- 70 in transitional housing
- 75 in unsheltered situations

Of the 440 persons counted, 105 were in households with children and 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.

Previous Cambridge Public Health Department (CPHD) planning efforts at the intersection of WASH and unhoused community members have been informal. As a result of COVID-19, many relationships with community-based CBOs serving PEH were developed and/or strengthened. CPHD participates in regular shelter provider calls. Other departments in Cambridge (Community Development Division, Department of Human Service Programs) have completed recent planning work and projects related to PEH.

Emergency Plan Development

CPHD developed a tiered approach to conduct the project, engaging municipal departments as well as internal and external stakeholders through the following activities:

- A discussion-based seminar event to educate project participants on WASH-related emergencies and to explore the disproportionate impacts on PEH. This event was conducted over two sessions and the results were documented in a [seminar report](#).
- A discussion-based workshop for municipal departments, including awareness-level training on WASH emergencies and their disproportionate impacts on PEH, and interactive discussions to support the WASH response plan development.

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- A discussion-based tabletop exercise to evaluate the draft CPHD WASH-Emergency plan, resulting in an After-Action Report and Improvement Plan.
- A WASH-Emergency Annex to the CPHD Emergency Operations Plan.

City Departments engaged throughout the project included Public Works, Water Department, Police, Fire, EMS, Public Health, Emergency Management, Communications and Marketing, Environmental Health, Community Development Division, and Department of Human Service Programs. CPHD also engaged external partners including a range of shelter providers, service providers for PEH, and non-profit organizations.

Information about roles, responsibilities, and resources was solicited through discussion-based events, and also collected in a worksheet provided to partners. The draft plan was validated during a tabletop exercise and then reviewed multiple times by the Planning Team. The plan development process was deemed successful and yielded a comprehensive and straightforward tool for WASH-related emergency events.

Lessons Learned and Recommendations

Key Findings

Over the course of the seminar, workshop, and tabletop exercise, numerous recommendations were identified. Some of the primary takeaways can be grouped into the following categories:

Partnerships

- CPHD identified providers and CBOs working directly with PEH. This was essential in understanding the situation and needs of the population. CPHD also discovered that some working groups, surveys, and outreach have already been conducted or were in progress that could be leveraged for this project. CPHD would like to evaluate how to support a Lived Experience Advisory Board related to homelessness and engage with them in future work.
- COVID-19 helped to grow many relationships, particularly in infection control and epidemiological surveillance and investigation. CPHD will strive to maintain trust and place-based strategies with these partners through regular outreach activities (e.g., flu vaccine). These working relationships will also ensure that future policy work and educational outreach are culturally respectful and linguistically appropriate.

Planning and Policy

- Many current relationships are personal, not institutional. Communication protocols (internal and external) and contact information need to be better documented.
- Continuity of Operations Planning is needed, including cross training and plans to deploy staff to support emergency response operations.
- Additional planning is needed to identify an effective Command Structure for Public Health driven events.
- Participants recommended supervised safe consumption sites to mitigate health and hygiene conditions and to target education, outreach, and wrap-around services.

Training and Resources

- It is difficult to stockpile hygiene equipment (hand washing, toilets, showers) due to space constraints, but the city can identify vendors and develop agreements now.

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- Department of Public Works recommended predetermining locations to deploy equipment and necessary infrastructure to support.
- Existing hygiene locations are not properly maintained.
- Additional training for uniformed services may be needed to improve interactions with PEH. When possible, plain-clothed street outreach is best.

Recommendations for Other Jurisdictions

- Get a seat at the table! Find and engage your shelter providers, CBOs, and other like-minded partners; it is likely that there are workgroups, resource guides, or other efforts underway that you can leverage.
- Include your First Responders (Police, Fire, EMS), Public Works, Water Department, Epidemiologists, and Communications/Public Information among others.
- Make the case to participants about the benefit of this work. Provide an empathetic understanding to the community's PEH.
- Build on partnerships, outreach strategies, and other lessons learned from COVID-19.

Next Steps for Cambridge

- Conduct an updated "Hygiene Survey" with community partners.
- Develop WASH Go Kits.
- Support formation of a Lived Experience Advisory Board.
- Implement other findings from seminar, workshop, and tabletop exercises.



Franklin County Health Department, MO



Area Served: Franklin County, Missouri; 923 square miles

Population Size: 105,000

2018 Point-in-Time Count of PEH: 153



Background

Franklin County, Missouri is a 923 square mile suburban county located in the St. Louis Metropolitan area and is comprised of both urban and rural settings. It is home to approximately 105,000 citizens, many of whom experience homelessness. The full extent of this issue is not fully known, as efforts to effectively track and record data around homelessness in the county only began recently. However, according to Mercy Hospital in Washington's Community Health Needs Assessment, in 2018 the annual count of people experiencing homelessness on one designated night showed 153 people. Of this number, zero were sheltered, 15 were unsheltered, and 138 were considered "doubled-up," or using shared living arrangements as defined by the McKinney-Vento Act. Missouri KIDS COUNT, a coalition devoted to improving the health and wellbeing of Missouri children through data and policy, reported that 3.6% of children in Franklin County experienced homelessness in 2020.

There is currently no shelter in the county. Mercy Hospital and the Franklin County Community Resource Board operate a Warming Shelter Program, which funds rooms at the American Inn for Franklin County residents experiencing homelessness. This program is only available when the temperature falls below a certain threshold. Therefore, PEH have no permanent place in Franklin County to access information, shelter, and services year-round.

Franklin County itself is vulnerable to many WASH-related emergencies, including natural disasters such as earthquakes, floods, and tornadoes, and technological disasters like hazardous materials incidents. In previous emergency preparedness plans, there are general plans for dealing with WASH emergencies, specifically about organizational structure and function during an emergency. However, there is no consideration or planning for PEH.

Emergency Plan Development

To account for PEH, Franklin County Health Department created a specific annex to the current emergency plan. To begin, staff met with many partners, both internally within the county government structure and externally. These included homeless service providers, many of whom the department was either not aware of or with whom they had not previously worked. Meetings were held with these partners to solicit information on the current needs of the population and gather potential ideas/solutions for the plan. Staff also met with members of the Franklin County Emergency Management Department to ensure that the new annex would fit with the other emergency preparedness plans that already exist in the county.

The plan was then written using the knowledge found in the research on emergency preparedness plans and hazard-

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specific plans, and guidance provided through the partner meetings. Once written, the annex was sent to the partners to review and provide feedback. A tabletop exercise was then conducted to initially test the annex. This involved the Franklin County Health Department Staff and some members of the new PEH Outreach Team. Some gaps in the plan were identified, as well as some issues with clarity of the annex, which are currently being addressed within the plan.

Challenges

A challenge encountered through this process was the resignation of the Emergency Planner from the department. This loss of knowledge and capacity made the learning curve steeper for the remaining staff members on the project. Siloed organizations and services also presented a challenge. Not knowing the other services that existed was a detriment to the county and department. Low resources were another challenge throughout this project. The Franklin County Health Department receives no local tax funding and is entirely dependent on grants, so resources are often slim and staff members must take on multiple roles within the department. Additionally, weaknesses in the current general emergency preparedness plan for the department were identified.

Successes

Many successes were experienced through this project. The major success is the formation of new partnerships, many of which will last after the completion of this project. These partnerships have been fruitful, and the department is currently working on developing new projects around other priorities with these organizations. Challenges identified during the project also present opportunities for growth, including concerted efforts to minimize siloes and to strengthen the department's general emergency preparedness plan. The tabletop exercise was also a success, as it demonstrated what can be done to improve upon the annex.

Lessons Learned and Recommendations

The first lesson learned throughout this project was that strong partnerships with the community are absolutely essential when working on emergency preparedness. Without new partners, the department would be less equipped to deal appropriately with PEH. A second lesson learned was that PEH are often left out of the conversation about emergency planning, even though they are disproportionately affected by emergencies. By talking with people who know this community, the department is now more prepared to help them in the event of a WASH emergency.

The following recommendations are for any health department engaging in a similar project to update their plans.

- Know and consult with the homeless service providers in your jurisdiction. They have a wealth of information about the population and can help make the plan as effective as possible.
- Build partnerships before an emergency occurs. Franklin County learned this lesson with COVID-19 and re-learned it through this project. Strong partnerships are crucial to effective emergency planning.

Franklin County Public Health, OH



Area Served: Franklin County, Ohio; 532 square miles

Population Size: 1,323,807

2022 Point-in-Time Count of PEH: 1,912



Background

Franklin County is a combination of rural and urban suburbs with a large metropolitan city center. The WASH Plan applies to Franklin County Public Health, its volunteers, and support agencies.

The January 2022 point-in-time count for Franklin County identified 1,912 PEH. The highest percentage of homeless within this count were located in the Southwest and Southeast sectors of the Franklin County jurisdiction. Of the 1,912 individuals, 74.5% were sheltered, defined by the U.S. Department of Housing and Urban Development as “adults, children, and unaccompanied children who, on the night of the count, are living in shelters for the homeless.” While these individuals have access to basic necessities over those that are unsheltered, overcrowding can increase the potential for disease contraction due to unsanitary conditions.

Current Landscape

Historically, Franklin County Public Health’s (FCPH’s) involvement surrounding PEH has been rooted in outreach through their Community Health Workers. These individuals work to distribute Naloxone Kits, generic personal protective equipment, and necessities. While this effort does not directly include WASH needs, it does offer a standing relationship and line of trust to better understand the needs of the affected group.

Additionally, PEH utilize a variety of services provided by partner agencies and non-profit organizations in the jurisdiction including Emergency Shelters, Faith Based Community Shelters, Food Banks, WIC, Supplemental Nutrition Assistance Program (SNAP), and Veteran Service Commission Services. PEH were previously considered during all hazard planning and whole community planning for emergency response through FCPH’s Equity in All Policies policy.

The major WASH-related concerns related to PEH population is relocation resulting from complaints to first responders, city council, and elected officials from local residents who do not want homeless camps near or around their neighborhoods. The emergency occurs when their camps and belongings are confiscated and destroyed by city officials/workers forcing them out of the established camping area.

Additionally, weather-related emergencies such as flooding could cause PEH to be disproportionately affected.

Emergency Plan Development

FCPH developed the WASH plan using whole community planning. Over the course of the year’s grant cycle, FCPH lead multiple planning meetings with input from subject-matter experts (SMEs), community partners, and agencies

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to understand the jurisdiction's ability to communicate to the public and provide resources.

Franklin County WASH emergency partners that played a role in the exercise included: FCPH, The Human Service Chamber of Franklin County, The P.E.E.R Center of Columbus, Equitas Health / Safe Point (a program using comprehensive harm reduction to educate the community about safer drug use and fight the spread of infectious disease), and Clinton Township Division of Fire. All these agencies support individuals in low Socioeconomic Status and Access and Functional Needs populations.

FCPH Emergency Preparedness Planners drafted a WASH Annex that was placed into the Emergency Response Plan. The WASH Emergency Response Annex was then tested via a tabletop exercise with community partners to assess the WASH Annex validity.

Challenges faced during the planning process included:

1. There was not a significant amount of reference material available. For FCPH, the NACCHO grant truly appeared to be the keystone and necessary baseline for this topic. As a result, it was challenging to understand the appropriate considerations.
2. Emergency preparedness lack of a pre-established connection with PEH within the community led to reliance on partner relationships.
3. Depth of scope: working to understand how public health assists with this type of emergency for such a specific vulnerable group.

Lessons Learned and Recommendations

Best practices implemented during the development of the FCPH's Plan:

- Established response plans for all agencies involved.
- Established methods of communication and information sharing as a whole community response.

Lessons learned from the tabletop exercise and development the FCPH's Plan:

- Franklin County is a resource-rich county able to respond to WASH emergencies.
- Franklin County has multiple SMEs who can respond to WASH emergencies within the county.

Recommendations for other jurisdictions looking to update their plans to address the needs of PEH during WASH-related emergencies include understanding the importance of whole community planning. Planners and those taking the lead to update their WASH Plan should understand they are not alone in the planning aspect. A community is filled with SMEs at all levels of government and in the public and private sectors. Moreover, do not be afraid to reach out to the public and PEH to find out what their needs and concerns may be. It is important to ensure equity and humanity with this specific type of emergency response.

During the planning process, it is important to have senior leadership buy-in and involvement. Simply briefing them on a completed plan is not enough; senior leaders need to be directly involved in the formulation of the plan which will lead to a better response and commitment of resources should the WASH Plan ever need to be activated.

In summary, FCPH is grateful for the NACCHO Award. Grants like these prompt change and prioritize planning and planning gaps. With this grant, PEH have increased visibility during emergency response efforts.

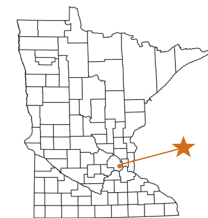
Minneapolis Health Department, MN



Area Served: Minneapolis, Minnesota; 54 square miles

Population Size: 425,336

2022 Point-in-Time Count of PEH: 487



Background

Minneapolis is the largest city in Minnesota, with a population of 425,336. The city has hot, humid summers and cold, long winters. At the last point-in-time count, there were 487 people experiencing unsheltered homelessness in Hennepin County, where Minneapolis is located. Events over the past five years, including impacts from the pandemic and George Floyd's murder, affected the city's diverse communities in a myriad of ways and contributed to a significant increase in the number of encampments.

People who are without shelter interact with the Regulatory Services Department's Homeless Response Team on a frequent basis, in addition to other outreach and mutual aid agencies. People experiencing unsheltered homelessness experience self-defined emergencies related to WASH daily. They do not have access to adequate amounts of drinking water, portable toilets, hand-washing stations, or waste removal. These necessities are not available at encampments and most people lack transportation options to access WASH amenities as needed. The high temperatures and humidity in Minneapolis, further perpetuated by the ongoing impacts of climate change, are an additional concern for PEH.

PEH were considered as part of a community-wide group for the purposes of WASH-related emergencies. Their specific needs were not addressed. They were included in planning for vulnerable groups.

Emergency Plan Development

The Minneapolis Health Department's (MHD's) Emergency Operations Plan (EOP) provides guidance and outlines roles and responsibilities when their department is involved in a response. The department was excited to use this opportunity to identify updates to the EOP and supporting documents that would help plan for and respond to emergencies as they uniquely impact PEH.

MHD's process for updating emergency plans involved researching WASH definitions and examples, exploring work done in other cities, and examining what was previously done to address WASH concerns in Minneapolis. Informational meetings were held with a diverse range of stakeholders, including outreach agencies, mutual aid agencies, government entities, and people with lived experience of homelessness.

Building Relationships

A coalition of partners was formed, with ideas exchanged between agencies generating mutually-beneficial working

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relationships. The benefit of those relationships was immediately evident. Those connections enabled the emergency preparedness staff to distribute cases of KN-95 masks to some agencies in response to poor air quality, and also provide cases of bottled water and Gatorade during a recent period of extreme heat.

MHD staff met with community partners at their locations and spent time learning about their operations and goals. The department attended meetings at libraries, went to a BBQ and a fundraiser, and met people who were staying at encampments. MHD then took all the information from its research and discussions with stakeholders, and created questions that formed the foundation of their Extreme Heat Workshop. Prior to the workshop, MHD held meet-and-greet sessions with new partners and determined the optimal format to engage fully with the participants.

Extreme Heat Workshop

At the workshop, MHD facilitated a group discussion based on an extreme heat scenario. Data and responses were gathered by staff, and Menti polling was used to help participants prioritize areas of need. All responses were recorded and included in the After-Action Report. To conclude the workshop, MHD conducted a roundtable check-in and received a lot of positive affirmation regarding MHD's process and hopes for change that would address needs of people experiencing unsheltered homelessness.

Lessons Learned and Recommendations

Challenges

MHD's primary challenge was finding a path to address WASH for people who are without shelter and staying in an encampment setting. The City of Minneapolis has an ordinance that prohibits camping, which has been interpreted to mean that encampments of people that do not have housing are illegal. Any measures to address WASH are viewed as condoning an encampment. MHD's initial plan was to conduct a tabletop exercise with a focus on hepatitis A outbreaks within an encampment setting, but the complexity of determining what constituted an emergency turned out to be more challenging than expected. Given the high temperatures and humidity in Minneapolis, along with the ongoing effects of climate change, MHD decided to change their course of action and focus on extreme heat.

Successes

MHD's workshop was a success. Their entire emergency preparedness staff was involved in the planning, and everyone had a role at the workshop. The engagement and exchange of ideas was very positive, and MHD came away from the workshop with a lot of information which led to an After-Action Report (AAR). All ideas were incorporated into the AAR, and everyone that was invited and participated had an opportunity to review the draft document and ensure their comments were accurately represented.

The process of getting to know outreach and mutual aid agencies was also a success. Often one conversation led to another and to another. MHD began to understand and become familiar with the layers of support that PEH have in the community. Listening and validating became essential to building trust and rapport, especially with mutual aid agencies that had reservations about connecting with city staff. These relationships have continued, and it is MHD's priority to foster a working relationship of mutual respect in the future.

Conclusion

Extreme heat is a real-world event that occurs on a regular basis during the summer in Minneapolis, and the city recently experienced one that particularly affected people experiencing unsheltered homelessness. In response,

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MHD worked on developing educational resources, connected with outreach and mutual aid agencies, offered resources and assistance, and held a briefing with their health department staff and other government stakeholders to determine and identify allocation of resources and services. Many of their activities were a direct result of what they learned during the extreme heat workshop. MHD's AAR has been shared with numerous entities, setting the stage for continued planning in responses to future extreme heat events. Beyond this project, the relationships forged with community organizations and mutual aid agencies will be leveraged for future work as MHD updates the rest of their EOP and identifies ways to support PEH during emergencies and disasters.



Tulare County Health and Human Services Agency, CA



Area Served: Tulare County, California; 4,839 square miles

Population Size: 475,000

2022 Point-in-Time Count of PEH: 922



Background

Tulare County is in California's San Joaquin Valley. The population of approximately 475,000 is spread out over 4,839 square miles. Most of the county's PEH are in three of their incorporated cities, Porterville, Visalia, and Tulare, along with the unincorporated areas immediately adjacent to them.

A point-in-time count most recently showed 922 PEH, although this is likely an undercount. Most of the county's PEH are unsheltered, and a significant number of them self-report substance abuse issues, mental health issues, or both. WASH emergencies occur both due to environmental factors such as wildfires, floods, and extreme heat as well as epidemiological factors such as disease spread in densely populated encampments without access to basic hygiene.

Emergency Plan Development

In the past, PEH were not specifically addressed in emergency planning. The assumption was no-barrier evacuation shelters and temporary evacuation points would help anyone whether housed or unhoused. The county has consistently had a policy of helping anyone who presents to shelters without barriers or questions regarding housing status. However, the unique needs of PEH were not specifically addressed.

When developing the WASH emergency annex, the agency sought advice from many different groups. Because its Public Health Emergency Preparedness program deals with all hazards but are not SMEs on PEH, the agency sought out the expertise of the Tulare County Homelessness Task Force, the Local Initiatives Navigation Center committee in Porterville, as well as the housing departments of the cities of Porterville, Tulare, and Visalia, all of which specifically address homelessness on a daily basis. Staff also spoke with the homeless liaison officers from law enforcement. Additionally, the agency attended many taskforce and committee meetings as observers to learn more about core issues affecting PEH to get an idea of what they needed to plan for. Staff also solicited the opinion of CBOs.

An emergency plan was drafted as a completely new WASH annex. The agency felt this was necessary as WASH emergencies may be an aspect of many other types of emergencies but may also be a standalone one. If the agency simply wrote it into other existing plans, it felt that it risked not properly addressing the issue head on. Staff were in constant communication with the Homeless Task Force who acted as a liaison between CBOs.

The WASH annex was not designed to address day-to-day small scale WASH emergencies as those are handled by existing community infrastructure. Rather, this plan was to address a sudden influx of PEH needing assistance for WASH emergencies at once.

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The cornerstone of the emergency plan was the creation of a WASH Push Pack. This was a collection of supplies specifically developed to respond to WASH emergencies, with the supplies tailored to the needs of PEH. A key element of this was the creation of emergency backpacks which contained hygiene items, cold weather items, rain ponchos, blankets, as well as body wipes to ensure people could take care of basic personal hygiene prior to showers being set up.

Real World Response

The county's Health and Human Services Agency (HHS) scheduled a tabletop exercise for April 2023 to test out aspects of the plan. However, prior to the scheduled exercise, a real-world event occurred that required a response to a widespread WASH emergency.

In late February and early March 2023, significant snowfall occurred in upper as well as lower elevations of Tulare County. This was followed by a warm storm that created a rain-on-snow event where excessive rainfall caused flooding that was exacerbated by sudden and rapid snowmelt in low- to middle-elevations. The resulting flooding washed away multiple large homeless encampments, and the subsequent erosion washed away others. Consequently, well over 100 PEH lost everything. Thankfully, due to the advance planning, Tulare County supported over 100 PEH both via existing service providers as well as through evacuation shelters.

Timeline of Tulare County's Real-Time WASH Response

Date	Action Take	Parties Involved	Comments
March 7, 2023	Reached out to CBOs to make sure they refer PEH to existing service providers.	<ul style="list-style-type: none">• HHS Homeless Task Force• Public Health Emergency Preparedness (PHEP)	Done three days prior to expected rainfall.
March 9, 2023	Deployed 96 WASH Emergency Backpacks to the Porterville Welcome Center.	<ul style="list-style-type: none">• HHS Homeless Task Force• PHEP	Done in response to voluntary evacuation of river. Persons voluntarily evacuating were referred there.
March 10, 2023	Deployed 96 WASH emergency backpacks to shelters in Porterville, Dinuba, and Exeter.	<ul style="list-style-type: none">• PHEP• HHS Human Services	Done in response to widespread mandatory evacuations, including all encampments along the Tule River.
March 11, 2023	Deployed additional sanitation supplies, hand sanitizer, and wipes to all shelters.	<ul style="list-style-type: none">• PHEP• HHS Human Services• American Red Cross	
March 15, 2023	Deployed additional WASH emergency backpacks to Porterville.	<ul style="list-style-type: none">• PHEP• HHS Human Services• American Red Cross	Due to an increase in demand from PEH at the shelter.

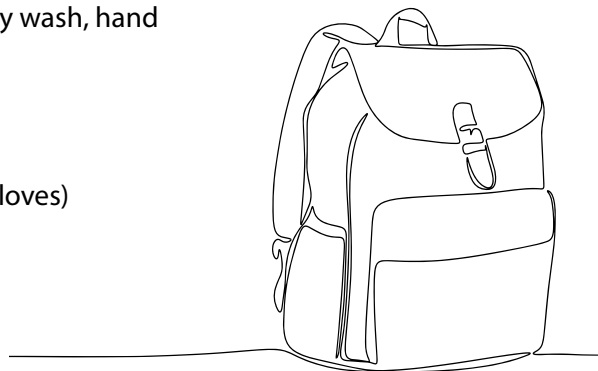
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WASH Emergency Backpack Contents

- 1 Reusable water-resistant backpack
- 1 Hygiene Kit (shampoo, soap, razor, shaving cream, body wash, hand sanitizer, toothbrush, toothpaste)
- 1 Wool Blanket
- 1 Cold Weather Items Set (hand warmer, socks, beanie, gloves)
- 2 Rain Poncho
- 1 Full-size bath towel
- 10 12X12 washcloth
- 2 Body Wipes, package of 8 (shower substitute in an emergency)



Lessons Learned and Recommendations

The biggest recommendation from Tulare was that planning for WASH emergencies should be twofold. First, it should be built into existing plans. However, as the needs of PEH are not always directly addressed by plans and annexes, a separate WASH annex would be beneficial as well. Second, PEH have unique needs and often lack basic hygiene items. Due to historical marginalization, they may be reluctant to request help or not even know they qualify for help. It should be made abundantly clear to all PEH in an emergency that they do qualify for help.

Small items such as bath towels, clean socks, etc., make a world of difference in a WASH-emergency situation allowing basic hygiene to commence immediately. Giving out a comprehensive array of items makes it easier for a person experiencing homelessness to maintain basic hygiene, as it is likely they may lack all of those items. The benefit is once again twofold. First, it restores basic human dignity. Additionally, it also prevents illness and disease as oftentimes WASH emergencies lead to disease outbreaks.

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Resources

WASH & People Experiencing Homelessness Toolkit

Access background resources, guides, trainings, and communication materials on WASH emergency planning and homelessness health, as well as examples of emergency preparedness plans from LHDs who have updated their plans to address the needs of PEH during WASH-related emergencies. <https://bit.ly/4bnJli8>

Webinar: Preparing for WASH-Related Emergencies Among People Experiencing Homelessness

In this recorded webinar, explore the latest data about the preparedness and response efforts for people experiencing homelessness during WASH-related emergencies. Hear from local jurisdictions that have successfully updated emergency plans to address this population and learn about focus group findings, tools, and resources to support this work. <https://bit.ly/3A4IXsg>

Disclaimer

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Learn More

For additional information, contact the Water, Sanitation, & Hygiene team at WASH@naccho.org.



The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

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