COMMUNITY ASSESSMENT FOR PUBLIC HEALTH EMERGENCY RESPONSE (CASPER)

Houston Health Department Preliminary Report

October 30, 2019

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INTRODUCTION

Background

On February 9, 2018, Congress passed, and the President signed into law the Bipartisan Budget Act of 2018 (H.R. 1892), appropriating \$200 million to the Center for Disease Control (CDC) to be used for disaster response, recovery, preparation, mitigation and other expenses directly related to the consequences of Hurricanes Harvey, Irma, and Maria. The CDC activated the Crisis Cooperative Agreement (Crisis CoAg) for Hurricane Response to provide a portion of the funds to 64 impacted jurisdictions including Houston via the Houston Health Department's (HHD) Office of Chronic Disease, Health Education, and Wellness (OCDHEW).

The Community Assessment for Public Health Emergency Response (*CASPER*) is an evidencebased epidemiologic technique designed by the CDC to provide quick, inexpensive, accurate and reliable household-based public health information about a community for public health decision makers and emergency response officials. Following disasters and/or emergencies, CASPER provides a snapshot of community needs, informs recovery and relief efforts, and identifies risk factors for future events. CASPER is a critical surveillance tool for emergency response and recovery because it allows for the rapid collection of data to identify changes in basic needs (e.g., water, food, medical care) and health status (e.g.; mental health, chronic disease) of affected communities. This information is essential as it informs public health leaders and other decision makers about how these attributes change over time, so that limited resources are allocated for the most benefit.

On October 18th, 2018, as part of the awarded Crisis Cooperative Agreement for Hurricane Response, HHD hosted the Project 3-4 CASPER Training. A CDC representative with the Disaster Epidemiology & Response Team (DERT) and National Center for Environmental Health (NCEH) facilitated a full day, in-depth training to HHD staff assigned to the Hurricane Harvey CASPER project and those with designated roles in Disaster Emergency Preparedness and Response.

The training objectives were to:

- Increase the Houston Health Department's emergency response capacity
- Build staff disaster epidemiology skills
- Learn the components of the CASPER technique and how it is used to assess changing needs of communities affected by public health emergencies

This training was one of the initial deliverables essential to the implementation of the first CASPER, which was executed on April 2nd and 3rd of 2019. HHD employees who completed the training received certificates of completion and will be able to effectively use the CASPER methodology to respond during public health emergencies.

Mission Statement

The mission of the CASPER was to assess the needs of targeted communities impacted by Hurricane Harvey as a method to inform local officials who may use the results to strengthen relief efforts in the future, and to ensure resources are distributed appropriately.

Purpose

Due to the unprecedented flooding caused by Hurricane Harvey in August 2017, the Houston Metropolitan area has been left with extensive health and human service needs. Following any type of disaster, Houston public health and emergency management professionals must be prepared to respond to and meet the needs

of the affected public. Hurricane Harvey left thousands of residents without food, water, medications/medical devices, shelter, and access to health care. Communities that were already marginalized and most vulnerable before the hurricane remain the most impacted after Harvey. These communities have historically been lost in the recovery efforts and their ongoing needs may not be known for months or years.

To ensure a more immediate and informed public health response to the needs of vulnerable Houston communities, HHD has carried out two CASPER missions over the year with the latest being conducted on October 22nd and 23rd. Communities were selected based on the most recent FEMA disaster and damage rankings. The two CASPERs will inform a successful Assessment, Intervention, and Mobilization (AIM) project, a flagship innovation of HHD to empower the communities, in the spring of 2020. Additionally, the CASPER assessments will allow HHD decision makers to rapidly determine the health status and basic needs using tools and techniques designed by CDC but tailored for the Houston community.

Objectives

The objectives of the CASPER were to:

- **Identify** basic health and human service needs of communities that may be unresolved post-Harvey, using tools and techniques designed by the CDC but tailored for Houston communities.
- **Estimate** the effect of the hurricane on vulnerable households to inform future public health disaster response planning and recovery efforts.
- **Inform** local officials and community stakeholders who may use the results to strengthen relief efforts in the future.
- Assess community preparedness for an emergency (e.g., hurricane)

METHODS

Houston Health Department, with technical assistance from the Centers of Disease Control and Prevention (CDC), conducted a Community Assessment for Public Health Emergency Response (CASPER) along portions of South Houston that were severely affected by Hurricane Harvey. The target areas were informed by the examination of various data including FEMA valid registrant data, City of Houston damage assessment data, FEMA damage assessment data, poverty. HHD leadership decided to conduct the second assessment in the South quadrant of Houston in Edgebrook (77034).

Sampling

The standard CASPER two-stage cluster sampling methodology was used to select a representative sample of Houston households to be interviewed. The selected sample area, a population of 17,806 residents, included 6,367 housing units (2010 census data). In the first stage, Geographic Information Systems (GIS) was used to select 30 census blocks as clusters from the sampling frame. Selection was based on the probability proportional to the number of households within the clusters. However, there were only 28 clusters selected, as oversampling was selected for two of the clusters.

In the second stage, trained interview teams used systematic random sampling to select seven households from 26 clusters and 14 households from the two oversampled clusters. Detailed GIS maps of each selected cluster (marked with the calculated selection pattern to select the seven interviews) were provided to each interview team. Starting points were chosen at random by each field team, prior to leaving staging site.

Questionnaire

To collect the information needed, we developed a 39-item questionnaire (*See Appendix C*). The questionnaire was designed to collect information regarding household demographics, communications, preparedness, experience during the hurricane, physical and behavioral health, and services provided. The questions were pulled from a variety of sources including appendixes *B*, *C*, and *D* from CDC's CASPER Toolkit and previous surveys developed internally for other HHD community initiatives.

Analysis

Epi InfoTM 7.0, produced by the CDC, was used for data entry with analysis done using STATA v13 (StataCorp. 2013. Stata Statistical Software: Release 13. College Station, TX: StataCorp LP.) to calculate unweighted frequencies, weighted frequencies, and weighted percentages with 95% confidence intervals provided in this report. A weighted cluster analysis was conducted to estimate the number of households affected in the assessment area and account for the probability of selection for responding households. Additionally, several response rates were also calculated. The contact rate was calculated by dividing the number of completed interviews by the total number of attempted households. The cooperation rate was calculated by dividing the total number of completed interviews by the total number of households where contact was made. Lastly, the completion rate was calculated by dividing the number of 210 interviews.

Just-In-Time Training

To adequately prepare field teams for the overall project initiative, a Just-In-Time (JIT) training was provided. Initially, the training was going to be offered on the first day of the CASPER; however, due to Texas labor laws, the 12-hour shift was not feasible. To ensure everyone participating in the CASPER received adequate training on the methodology and overall process, we offered a separate training the day before the CASPER. As a justin-time training typically occurs on the actual day of a mission, we strived to have the training as close as possible to the implementation day.

On the afternoon of Monday, October 21st, 2019, we provided a 2.5-hour just-in-time training to the interview teams on the overall purpose, goals, and methodology of the CASPER. We also utilized this time to review household selection methods, questionnaire content, interview techniques, safety tips and logistical items. Trainees were sent home with the JIT PowerPoint Presentation, along with the consent script, questionnaire and tracking form to review. For any clarity questions, trainees were highly encouraged to reach out to the ICS team via email or phone before the CASPER.

Interview Teams

There was a total of 15 field teams; 12 of those teams included a driver and two interviewers. The other 3 teams included 2 interviewers on each team, and 1 driver for all 3 teams. This was possible because the 3 teams were assigned clusters within an apartment complex. Teams consisted primarily of staff from HHD and volunteers from various universities in the Houston area. Teams conducted interviews between approximately 11:00 a.m. and 6:30 p.m. Central Standard Time on both days. Each team attempted to conduct seven interviews in each of the 28 clusters (*with the exception of the 2 teams that were responsible for sampling 14 households each in two of the 28 clusters*), targeting a goal of 210 total interviews. All potential respondents approached were given a copy of the consent form containing contact telephone numbers for the Houston Health Department. Field teams also provided information bags to each household that completed an interview. The information bags included disaster preparedness informational flyers, resource one-pagers with recovery assistance information, DEET wipes, hand sanitizer, plastic bag for emergency

documents, and other beneficial public health and community resources with direct contact information. Eligible respondents had to be at least 18 years of age to participate in the interview. The duration of each interview lasted between fifteen and thirty minutes. The English-language based questionnaire and verbal consent were translated into Spanish and Vietnamese, and interviewers fluent in Spanish or Vietnamese conducted the interview upon request. After the completion of the survey, respondents received a \$20 gift card, redeemable at one of the local grocery stores.

ICS Structure

The CASPER mission is a large-scale planning effort that requires a well thought out and structured plan of action. Thus, we utilized the National Incident Management System (NIMS) Incident Command Structure (ICS) as a basis for organizing, planning, and executing CASPER activities. The ICS team conducted a series of meetings throughout the preparation and planning phases of the mission to ensure a successful CASPER. Preparation for the CASPER was performed by the following core sections with assigned responsibilities (*See the Organizational Chart in Appendix A*)

- <u>Incident Command</u> Responsible for the overall effective and safe execution of the CASPER mission. This includes the administration of all human and material resources as well as overseeing public affairs/communication efforts with the public and public officials.
- <u>Planning</u> Responsible for coordination and oversight of the following planning functions: data collection and analysis, community engagement, resource assessment and management.
- <u>Operations</u> Responsible for coordination and oversight of planning and implementation of the following activities: field team composition and flow.
- <u>Logistics</u> Responsible for providing logistical support including facilities, supplies, food, ground transportation, communication, and for managing the employee care unit.
- <u>Finance & Administration</u> Responsible for documenting project costs, maintaining project timesheets, procurement of supplies, producing cost analyses and reports.
- <u>External Partners</u> Responsible for securing external resources and engaging partners to participate.
- <u>Volunteer Team</u> Responsible for recruiting and placing volunteers.
- <u>Training</u> Responsible for developing and implementing training presentations.
- <u>Internal Communications and Public Information</u> Responsible for developing and releasing information about the project to the public, media, etc.; developing materials for project promotion and keeping employees informed.
- <u>Safety Officer</u> Plans for and monitors safety and security of staff.

RESULTS

Response Rates and Demographics

From October 22-23, 2019, interview teams successfully conducted 195 interviews, yielding a completion rate of 92.9% (See Table 1). Teams completed interviews in 46.5% of the houses approached. Of the households where successful contact was made, 66.7% completed an interview. The 195 interviewed households represent a sample of the 6,367 total households in Edgebrook area of Houston. Calculated estimates using weighted analysis (unweighted frequencies, weighted frequencies, estimated household estimates, and 95% confidence intervals) are provided in Tables 1-8.

An estimated sixty-eight percent (67.8%) of households were single family homes. The average household size was 3 members, with the most commonly reported age in the household being 18 to 64 years. Fifty-eight

percent (57.7%) of households sampled reported having Females of childbearing age (15-44) in the Household. The primary language spoken within households was English (53.1%), followed by Spanish (42.2%), with seventy-six percent (76.01%) identifying as Hispanic or Latino. More than one third (37.5%) had an annual household income of less than \$25,000, with fourteen percent (14.1%) having a household annual income of less than \$10,000. Weighted and unweighted frequencies of descriptive characteristics for households in Edgebrook area of Houston, Texas are shown in Table 2.

Communications

The most commonly reported main sources of household information about a disaster or emergency was TV (67.8%), Internet / online news (15.4%), Social media (7.2%) and Text message/Cell phone alerts (4.8%). Difficulty understanding English (15.1%), Impaired Hearing (6.9%), Impaired vision (5.6%), and Developmental/Cognitive disabilities (3.2%) were the top reported household barriers for effective communication during an emergency. Twenty-seven percent (26.7%) of households reported that they did not receive a warning for Hurricane Harvey. Weighted and unweighted frequencies of Communications for Edgebrook area of Houston, Texas are shown in Table 3.

Preparedness

Nearly two-thirds of households (64.9%) reported having an emergency supply kit present in their home since Hurricane Harvey. When asked how prepared they were before and after Hurricane Harvey, responses of "Well-prepared" increased (before to after) from twenty-nine percent (28.9%) to thirty-eight percent (37.9%) and responses of "Not at all prepared" decreased from thirty-one percent (31.5%) to twenty percent (20.0%). Households reported "Yes" to having emergency plans before hurricane Harvey including having an emergency communication plan such as a list of numbers and designated out-of-town contact (52.6%), copies of important documents in a safe location (e.g., water proof container) (63.4%), and multiple routes away from home in case evacuation is necessary (50.3%). The least reported emergency plan was a designated meeting place immediately outside of the home or close by in the neighborhood, with only twenty-nine percent (29.6%) of households reporting "Yes" to having that plan before Harvey. When inquired if the Household would evacuate if asked, responses included that the household would evacuate (67.7%), would not evacuate (9.9%), or decide whether to evacuate based on the specific situation (21.5%). For those Households choosing not to evacuate, the top reason was that it would be concern about leaving property behind. Weighted and unweighted frequencies of Preparedness Level & Emergency Plans for households in South Houston, Texas are shown in table 4A and 4B.

Damage & Impact due to Hurricane Harvey

When asked about the home damage due to Hurricane Harvey, sixteen percent (16.35%) of households reported minimal damage, thirty percent (30.0%) of households reported that their homes were damaged, but the damage was repairable, thirty-eight percent (38.0%) had no damage, and eleven percent (11.3%) reported their homes were destroyed. An estimated nineteen percent (19.4%) of households reported having to relocate permanently due to Hurricane Harvey. The top reported barriers to home repair included Money/Cost (19.8%) and No insurance (12.9%). When asked if since Hurricane Harvey, the household has seen mold or smelled a moldy/musty odor in home, twenty-four (24.6%) reported "Yes". The most commonly reported action taken to remove mold was cleaning floors/walls (76.5%) and removing carpets/ upholstery (58.6%). Items used during cleanup included Bleach (70.7%), Gloves (72.1%) and Masks (64.8%). Twenty-five percent (25.1%) reported receiving aid since Hurricane Harvey, with six percent (5.9%) receiving services from a designated neighborhood restoration center. Weighted and unweighted frequencies of Damage and Impact due to Hurricane Harvey on households in South Houston, Texas can be found in Table 5A and 5B. Weighted

and unweighted frequencies of Services and Relief Aid for households in South Houston, Texas can be found in Table 6. Graph 3 displays a bar graph showing percentages of home damage status for Households in South Houston.

General Health Status

An estimated forty-five percent (44.8%) of households described their overall health as good, thirteen percent (13.1%) as fair, and twenty percent (20.5%) as very good. Twenty (20.0%) percent of households indicated having a member that had difficulty walking or climbing present in the home. When asked if the Household experienced any worsening of health conditions post-Harvey, fourteen percent (14.3%) reported worsening allergies, and ten percent (10%) worsening asthma. Graph 1 shows the percentages reported for each health category. Weighted and unweighted frequencies for reported Health for households in South Houston, Texas are presented in Table 7.

Functional Needs & Access to Care

Five percent (5.1%) of households indicated that it was more difficult to get the medical care that they needed since Hurricane Harvey. When asked if it was more difficult to get the prescription medication needed since Harvey, five percent (5.0%) of households reported yes. Three percent (3.3%) of the households reported difficulty maintaining medical equipment or supplies since Hurricane Harvey. Weighted and unweighted frequencies for reported Functional Needs & Access to care for households in South Houston, Texas are provided in Table 8.

Mental Health and Stress

An estimated eight percent (8.05%) of households reported that they did not feel that their home was safe to live in since Hurricane Harvey. Anxiety (12.34%) was the most commonly reported change in behavior or feeling experienced since Hurricane Harvey followed by difficulty sleeping / nightmares (9.34%), Hopelessness (5.99%), and difficulty concentrating (4.08%). Twenty-nine percent (29.45%) of households indicated they were sometimes worried or stressed about having enough money to pay rent or mortgage. When asked if the Household had received mental health services since Hurricane Harvey, ten percent (10.13%) reported "Yes". A Bar chart showing the percentage of reported experienced changes in behaviors or feelings after Harvey can be found in Graph 2. Weighted and unweighted frequencies for reported Mental Health and Stress for households in South Houston, Texas can be found in Table 9.

Greatest Needs

More than half (55%) of the sampled households reported that their greatest need at this time was the need for repairs for their home. Other highly reported needs included money (16%), and food (12%). This percentages are based on the responses from the unweighted households. A Pie chart showing the unweighted percentage of the reported Greatest Need at This Time for Households sampled can be found in Graph 4.

DISCUSSION

The data presented in this report were compiled from the Houston Health Department's CASPER surveys conducted in the South quadrant of Houston in Edgebrook area during October 22-23, 2019. There were six main topic areas of inquiry that formed the basis and focus of this CASPER: 1) household demographics 2) communications, 3) preparedness, 4) experience during the hurricane, 5) physical and behavioral health, and 6) services provided.

The calculated completion rate was 92.9% based on the field interview teams conducting 195 interviews over two days (See Table 1). Of the houses approached or attempted, teams completed interviews in 46.5% of the houses approached (contact rate). Of the households with an eligible participant answering the door, 67.7% completed an interview (cooperation rate). The calculated contact rate of 46.5% indicates that more household samples (attempts) were required within the clusters in order to complete the necessary number of interviews. Analyzed tracking form data indicated that some teams encountered clusters with large volumes of homes not answering on 3rd legitimate attempts. Teams further reported that for these clusters, it was common for there to be signs of the household being occupied, however the household declined to answer the door. This is one of the key reasons for the lower contact rate despite interview teams using the correct systematic method and revisiting unanswered homes three legitimate times before replacing.

The Edgebrook community was majority Hispanic or Latino (76.01%), with the primary language spoken within households being English (53.1%), followed closely by Spanish (42.2%). Accurate demographic data is key for ensuring linguistically appropriate information is provided during and after a disaster or emergency event such as bilingual material and staff in shelters. This communication need is further indicated as fifteen percent (15.2%) of respondents reported difficulty understanding English as a key household barrier to effective communication during an emergency. Additionally, impaired hearing and impaired vision were also among the top communication barriers stressing the need for appropriate communication to be available during and in the aftermath of emergencies. More than two-thirds (67.8%) of households were single family homes, which is higher than the Houston average (38.5%) providing insight to the overall socioeconomic status of the area. Fifty-eight percent (57.7%) of households sampled reported having Females in the Household of childbearing age (15-44). This can be key for future implications regarding zika prevention and maternalchild health. Although majority of residents received the warning for hurricane Harvey, a significant portion of the residents (26.7%) did not receive a warning for Hurricane Harvey. Relevant disaster preparedness agencies may need to work in closing this gap. TV, Internet/online news, and social media were among the top three reported sources of household information about a disaster or emergency. This information should be useful when deciding how to best alert this area prior and during a disaster or emergency.

HH Preparedness level after Harvey varied with the majority of residents feeling well prepared or somewhat prepared before Hurricane Harvey and nearly one-third feeling not at all prepared. However, only a small portion of household had a designated meeting place immediately outside their home or close by and more than half reported not having an emergency communication plan such as a list of phone numbers and designated out-of-town contact. Additional community and individual preparedness information may be needed to increase residents' perceived preparedness and encourage preparation of additional emergency plans.

Respondents reported anxiety (12.34%) as the most commonly reported change in behavior or feeling experienced since Hurricane Harvey followed by difficulty sleeping / nightmares, Hopelessness, and difficulty

concentrating. Furthermore, twenty-nine percent (29.45%) of households indicated they were sometimes worried or stressed about having enough money to pay rent or mortgage. These reported symptoms suggest some remaining implications of stress and/or mental duress due to Hurricane Harvey. However, when asked if the Household had received mental health services since Hurricane Harvey, ten percent (10.13%) reported "Yes". These findings are in line with another study conducted after the hurricane Harvey in the Greater Houston area, which indicated that the increased hurricane exposure sore is significantly associated with increased odds for probable depression, probable anxiety, and probable PTSD¹. Our data indicates a need for increased awareness and/or referrals to mental health services that could help residents cope with the difficult emotions and stress load that is common during and post emergency or disaster events.

Slightly more than one in five respondents reported that their household or a member of their household had difficulty walking or climbing. This information is useful when planning for residents needs during evacuations and shelter arrangements. When asked about any worsening health conditions since hurricane Harvey, fourteen percent (14.3%) of residents reported allergies and (10%) reported asthma worsening. This information may be useful for designing information around mold and other environmental exposures that could be harmful or irritants.

As anticipated by the FEMA disaster ranking data, household property damage was substantial for this area with more than half of interviewed households, although repairable in most cases, sustaining some level of damage from the Hurricane. Most of the damages were repairable and the community seems to have taken care of their homes. However, it is important to note here that nearly 10% of the homes have not been repaired yet and significant portion have relocated to another area due to hurricane Harvey. From the public health stand point, it is important to note that nearly a quarter of the households witnessed mold or smelled a moldy/musty odor in their home since hurricane Harvey. This need is further indicated with the majority of households reporting their greatest household need at this time being repairs, which may also include repairs required due to natural aging process of the homes in the area, despite it being over 25 months since hurricane Harvey occurred. It is also important to note that may have impacted or amplified the need for repairs.

The findings in this report indicate that additional public assistance resources and recovery planning are needed to address the long-term health and housing needs for highly impacted communities post a high-level disaster or emergency event such as hurricane Harvey. Considerations for the most effective methods to increase awareness of local resources and aid available are also needed as only (25%) of households reported receiving relief aid since Hurricane Harvey.

Limitations

These findings are also limited due to the exposure event of interest (hurricane Harvey) being over two years since the surveying for the event. This extensive time gap may cause a recall bias on part of respondents. In addition, Houston has experienced several flooding events since Hurricane Harvey including Imelda. This may also have caused some recall difficulty since respondents potentially had to distinguish memories from multiple flooding events.

Another potential limitation of this study could be related to relocation of the impacted households from the neighborhood. As indicated in the findings nearly one-fifth of the respondents relocated but we do not know what percentage of the neighborhood population relocated to other areas of City or County or elsewhere, thereby not being a part of the sampling frame.

Census data (2010) were used to create sampling weights and determine the probability of selection for each household. Since, 2010 census data were used, and Hurricane Harvey occurred in 2017, areas have experienced significant population changes. We anticipated that the Census data may not be fully representative of the current 2019 population. The use of 2010 census data and impact of Hurricane Harvey may have impacted the overall estimation of weighted analyses; however, directionality of the impact could not be confirmed. However, this potential population change from 2010 to 2019, may not have impacted the unweighted frequencies provided in this CASPER report due to the sampling methodology used. Interview teams likewise reported numerous changes in the actual landscape compared to the homes showed on the provided street level maps. Changes include new housing under construction, new or closed apartments, and numerous vacant and or abandoned, damaged homes.

Lessons Learned

During this CASPER, we piloted the use of a mixed methods data collection approach by piloting 15 tablets in the field and using paper surveys. Along with the tablets, the paper survey was also simultaneously completed for quality assurance. While the tablets provided a great pilot and expedited the post-data entry process, care should be taken to clearly pre-identify which surveys were entered using the tablet vs paper-pencil format. Furthermore, this information should also be communicated clearly during the data entry training to avoid duplicates and errors during the data entry process. It may be useful to make all the questions mandatory even if the responses are 'refused' or 'not applicable'.

Being one of the most diverse Cities, working with communities in Houston requires a good representation of diverse staff in terms of language and culture. We made sure that each team had at least one bi-lingual person but at sometimes, it appeared that more bi-lingual people were needed to complete the interviews in an efficient manner. Thus, future incidents and specially events related to disaster response may benefit from preparing a pool of disaster responders / surveyors that are bi and multi lingual.

Our experience indicated that during the Just-in-Time training, additional time and focus should be provided for the interview teams to discuss confusing areas before going into the field. More time should be allocated for a detailed Q&A on how to use the systematic sampling method, detailed explanation on the difference between attempts vs interviews, and how to document attempts using the tracking form. Most confusion and minor data collection errors arose from these three topics. Furthermore, post evaluation forms also revealed that these areas require additional clarity during the trainings. Also, Special care should be taken during trainings to ensure staff feel comfortable with using the tablet and understand the importance of cross referencing their completed tablet forms with the paper forms to minimize errors or discrepancies. Alternatively, local health departments like HHD may plan to create a pool of staff that are techsavvy for the future CASPERs.

Writing the codes for data cleaning, re-categorization and data analysis a priori using mock data seems useful approach. It can be helpful in achieving the target of producing the preliminary report within 36 hours of data

collection. Furthermore, this can be achieved using the mobile devices that collect data into a single database.

During this CASPER, several of our clusters were selected for oversampling due to the large apartment complexes in the area. In addition to other outreach communication, we visited selected apartments to receive approval to access their property during the scheduled assessment and build trust. Through these networking and outreach efforts, we were not only able to get approval to enter the apartment's property, but also able to provide educational information to the apartment manager. In addition, one apartment also offered their onsite community room as a lunch site for our CASPER teams as needed. Mobilizing local resources was a tool that enabled us to meet our target goal and strengthen relationship with the community.

Despite the overall higher number of single-family homes that would suggest better economic status, there was still a large amount of repair barriers around costs and stress regarding finances. special consideration should be taken to ensure that small neighborhoods located in larger more affluent neighborhoods aren't overlooked in outreach and resource awareness efforts.

Unlike the previous CASPER, this time, we increased the number of planning staff during the CASPER field work for providing technical assistance, which seems to be a good strategy moving forward.

Team Evaluation Summary

HHD staff and volunteers played an integral part of the successful CASPER mission, and demonstrated a strong commitment to the project. Together, they worked collaboratively to complete the mission in the Edgebrook community.

120 HHD staff and volunteers converged in these communities on two separate days. The volunteers consisted of students from the University of Texas Health Science Center, University of Houston, Texas Southern University and Rice University School of Nursing. Although many the students' class schedules only allowed for participation on one day of the 2-day mission, all the volunteers were eager to help in any way possible. On day one, 64 HHD staff and 9 volunteers worked to knock on doors and interview residents, while on day two, 47 HHD staff and 9 volunteers worked in concert to reach the goal of engaging 210 families. Even though our efforts fell short, we were successful in interviewing 195 families (92.9% completion rate), which exceeded our secondary target (minimum 80% completion rate), as defined by CDC.

HHD staff and volunteers completed an evaluation on the last day of the CASPER. The purpose of the evaluation was to assess the needs and gaps in our outreach efforts to better plan and execute the upcoming fall CASPER mission. Most respondents of the evaluation revealed that they would like to participate in CASPER or AIM in the future. Both HHD staff and volunteers expressed wanting more training on how to use the tracking form correctly and suggested incorporating practice interviews. However, it was reported that the interviews themselves went smoothly, except when there was a language barrier. Notably, one of the popular responses indicated an overwhelming appreciation of having Spanish interpreters integrated in most of the field teams.

Furthermore, staff and volunteers stated that deploying to the field later rather than earlier seemed to be more beneficial when it came to completing interviews. It was suggested to consider a different gift card incentive; instead of the local grocery store, interviewers believed residents would benefit more from a Home

Depot or Kroger gift card, as many interviewees reported that they did not shop at the selected grocery store. Additionally, leveraging the GroupMe app was reported to be effective and efficient when requesting support from the ICS team in real-time during the interviewing process. All teams reported the GroupMe app as their preferred method of communication.

Overall, both staff and volunteers reported the following:

- The CASPER was very well organized
- Teams seemed to be well-balanced and worked proficiently together
- Assurance of supplies
- Team morale and cooperation

Feedback was also solicited on potential areas of improvement. Generally, there were not significant suggestions for improvement; however, several of the responses, as it relates to things that didn't work well, were requests to have more training on how to fill out the tracking form, being assigned role during training, and including sunscreen in backpacks. A safety officer was called to address any safety concerns, as needed. On top of that, the skip pattern methodology was found to be confusing for some, and a few struggled with getting residents to participate. Lastly, staff and volunteers reported that many residents were home, but would not open the door. Staff stated that they felt the residents had a lack of trust within the City, which may have discouraged them from participating.

TABLES AND GRAPHS

Response Rates	Rate	Percent
Completion Rate	195/210	92.9%
Contact Rate	195/419	46.5%
Cooperation Rate	195/288	67.7%

	Unweighted n=195		Weighted	n= 6367	
	Frequency	Estimated HHs	% of HH	95% CI (lb)	95% Cl (ub)
Type of Structure					
Single Family Homes	138	4318	67.83	47.51	83.08
Multiple Units	57	2048	32.17	16.92	52.49
Number of HH members in each age cate	gory*				
Less than 2 years	29	929	14.59	10.42	20.06
2-17 years	104	3316	52.08	44.53	59.53
18-64 years	167	5434	85.36	79.38	89.82
65 years or older	56	1805	28.35	21.32	36.61
Females in HH ages 15-44					
No	81	2659	41.76	34.43	49.47
Yes	113	3675	57.73	49.79	65.29
Hispanic or Latino					
No	47	1527	23.99	16.38	33.71
Yes	148	4839	76.01	66.29	83.62
Primary Language					
English	102	3385	53.17	43.63	62.47
Spanish	9	2687	42.21	34.75	50.03
Other	84	295	4.63	2.015	10.28
Annual Income					
Less than \$10,000	27	898	14.15	9.709	20.16
Less than \$25,000	44	1489	23.45	17.12	31.25
Less than \$35,000	28	884	13.93	9.218	20.5
Less than \$50,000	34	1084	17.07	11.63	24.34
Less than \$75,000	22	719	11.32	6.595	18.74
\$75,000 or more	19	580	9.133	5.882	13.92
Insurance					
Un-insured	38	1331	20.91	14.52	29.14
Private	52	1678	26.35	18.98	35.34
Self-Pay	10	314	4.936	2.152	10.92
Medicaid	36	1149	18.05	12.17	25.91
Medicare	37	1225	19.24	13.26	27.07
Harris FAP	4				
other	13	406	6.383	3.665	10.89

Table 2: Weighted and unweighted frequencies of descriptive characteristics for households in South Houston, TX

	Unweighted n=195		Weighted	n= 6367	
	Frequency	Estimated HHs	% of HH	95% CI (lb)	95% Cl (ub)
HH main source of information about a disa	ster or emergency				
Newspaper	1				
TV	134	4320	67.86	60.22	74.65
Radio	3				
Internet/Online news	28	981	15.41	10.13	22.72
Social media	14	461	7.234	4.195	12.2
Text message/Cell phone alert	9	308	4.836	2.162	10.46
Other	3				
HH Barriers to effective communication dur	ing an emergency				
Impaired hearing	15	444	6.979	4.077	11.69
Impaired vision	12	358	5.617	3.183	9.724
Developmental/cognitive disability	6	208	3.268	1.508	6.936
Difficulty understanding written material	6	195	3.064	1.231	7.422
Difficulty understanding English	29	967	15.19	10.53	21.42
HH Received Hurricane Harvey warning					
No	52	1698	26.67	20.49	33.93
Yes	133	4337	68.12	60.65	74.76
HH hear about survey prior to us talking					
to you today					
No	184	5966	93.7	87.83	96.84
Yes	11	401	6.298	3.158	12.17

Table 3: Weighted and unweighted frequencies of Communications for households in South Houston, TX

*Please note that the Confidence Intervals may be inflated for those questions that have responses less than 5 and therefore are collapsed.

	Unweighted n=195		Weighted n	= 6367	
	Frequency	Estimated HHs	% of HH	95% CI (lb)	95% Cl (ub)
HH has an Emergency Supply Kit	· · ·				
No	64	2080	32.67	26.48	39.52
Yes	126	4135	64.95	58.02	71.3
HH Preparedness level BEFORE Harvey					
Well Prepared	54	1846	28.99	22.87	35.99
Somewhat Prepared	71	2245	35.26	28.11	43.14
Not at all Prepared	62	2009	31.56	25.61	38.18
H Preparedness level After Harvey					
Well Prepared	73	2415	37.93	30.58	45.88
Somewhat Prepared	82	2661	41.8	33.65	50.42
Not at all Prepared	39	1274	20.02	14.94	26.29
HH Emergency Plans Before Harvey such as:					
Emergency communication plan such as a list of numbers and designated out-of-town contact					
No	102	3351	52.64	43.84	61.27
Yes	87	2832	44.48	36.92	52.32
Designated meeting place immediately outside your home or close by in your neighborhood					
No	123	4078	64.06	54.35	72.74
Yes	59	1889	29.67	22.53	37.98
Designated meeting place outside of your neighborhood in case you cannot return home					
No	110	3630	57.65	51.09	63.95
Yes	78	2498	39.68	33.88	45.79
Copies of important documents in a safe location (e.g., water proof container)					
No	65	2168	34.05	25.82	43.36
Yes	125	4036	63.4	54.59	71.39
Multiple routes away from your home in case evacuation is necessary					
No	88	2978	46.78	37.48	56.32
Yes	101	3204	50.32	41.23	59.39

Table 4A: Weighted and unweighted frequencies of Preparedness & Emergency Plans for households in South Houston, TX

	Unweighted n=195		Weighted	n= 6367	
	Frequency	Estimated HHs	% of HH	95% CI (lb)	95% Cl (ub)
HH had the Financial means to prepare for Harvey					
No	79	2452	38.51	30.58	47.09
Yes	108	3642	57.2	49.39	64.67
If asked to Evacuate, HH would:					
Evacuate	133	4315	67.77	58.37	75.92
Would not evacuate	19	634	9.961	5.681	16.89
Decide whether or not to evacuate based on the specific					
situation	41	1369	21.5	14.72	30.31
If HH <u>chose</u> to evacuate, HH would stay:					
Stay with family or friends IN the county	71	2271	52.63	41.97	63.05
Stay with family or friends OUTSIDE of the county	29	897	20.8	13.66	30.36
Go to a public disaster shelter	13	449	10.4	5.544	18.66
Stay in a hotel or motel	22	764	17.71	11.9	25.54
Stay in second home	4				
If HH chose NOT to evacuate, why:					
Inconvenient or expensive	3				
Concern about leaving property behind	8	255	40.19	15.51	71.1
Concern about traffic or inability to get out of town	4				
Concern about personal or family safety					
	3				

Table 4B: Weighted and unweighted frequencies of Preparedness & Emergency Plans for households in South Houston, TX

*Please note that the Confidence Intervals may be inflated for those questions that have responses less than 5 and therefore are collapsed.

	Unweighted n=195		Weighted	n= 6367	
	Frequency	Estimated HHs	% of HH	95% CI (lb)	95% Cl (ub)
Described damage to home due to Hurricane Harvey					
No Damage	70	2425	38.08	29.39	47.62
Minimal Damage	32	1041	16.35	11.45	22.79
Damaged, but repairable	62	1914	30.06	20.49	41.76
Destroyed	23	721	11.32	6.412	19.21
IH or member(s) of HH had to Relocate Permanently					
No	150	4898	76.94	68.4	83.72
Yes	38	1241	19.49	13.5	27.29
Barriers to home repair					
Time	17	464	7.288	3.537	14.42
Finding materials/supplies	11	330	5.176	2.508	10.38
No insurance	26	824	12.94	8.452	19.31
Availability of contractors/skilled labor	15	470	7.389	4.034	13.15
Working on paperwork	7	216	3.389	1.475	7.596
Money/Cost	41	1263	19.83	12.77	29.48
Waiting on insurance claim	16	445	6.982	3.611	13.07
Waiting on a loan	5				
Waiting on FEMA funds	17	530	8.325	4.127	16.08
None-No repairs needed	65	2255	35.41	26.94	44.9
low close is your home to the condition it was in BEFORE nurricane					
Completely repaired	56	1763	27.7	20.62	36.09
Somewhat repaired	44	1362	21.4	13.72	31.78
Not repaired at all	20	680	10.68	6.259	17.63
Never Damaged	62	2120	33.3	24.3	43.71

Table 5A: Weighted and unweighted frequencies of Damage due to Hurricane Harvey on households in South Houston, TX

	Unweighted n=195		Weighted	n= 6367	
	Frequency	Estimated HHs	% of HH	95% CI (lb)	95% Cl (ub)
HH Received Relief Aid since Hurricane Harvey					
No	144	4719	74.13	65.91	80.93
Yes	49	1598	25.11	18.36	33.32
HH Received services from a neighborhood restoration center					
No	168	5482	86.11	77.75	91.67
Yes	12	379	5.957	2.398	14.04
Did not know services were available	10	353	5.55	2.835	10.58
Received Services from:					
Sunnyside Multi-Service Center	1				
Since HHarvey, has your HH received any of the following services from the Houston Health Department?					
Mosquito prevention	12	357	5.602	2.605	11.63
Immunizations	11	314	4.9206	1.9672	13.774
WIC	11	354	5.566	3.11	9.765
Health education	1				
Laboratory Services	4				
Vital Records	3				

Table 6: Weighted and unweighted frequencies for reported Services and Relief Aid for households in South Houston, Texas

*Please note that the Confidence Intervals may be inflated for those questions that have responses less than 5 and therefore are collapsed.

	-		- 0	n= 6367	
	Frequency	Estimated HHs	% of HH	95% CI (lb)	95% Cl (ub)
General Health of HH					
Excellent	36	1172	18.4	12.14	26.91
Very Good	39	1308	20.54	14.11	28.91
Good	87	2858	44.89	35.54	54.6
Fair	27	835	13.11	10.04	16.94
Poor	5	157	2.468	1.016	5.873
H or member of HH has Difficulty walking or climbing					
No	154	5052	79.35	72.72	84.7
Yes	40	1277	20.06	14.78	26.63
Norsening health conditions since Hurricane Harvey					
Asthma	20	639	10.0	6.71	14.76
COPD					
Allergies	29	910	14.30	9.84	20.32
Diabetes	9	303	4.76	2.27	9.72
Hypertension	9	308	4.83	2.13	10.57
Heart Disease					
Mental Health Condition					
Nere you or anyone in your HH injured as a result of HHarvey or during cleanup activities					
Yes -Hurricane	3				
Yes – Cleanup	11	341	5.362	2.366	11.69
Since HHarvey, have you or any members of your HH had					
Loss of appetite	7	211	3.319	1.428	7.526
Agitated behavior	4				
Witnessed firsthand violent behaviors/threats	1				
Increased alcohol consumption	1				

Table 7: Weighted and unweighted frequencies for reported Health for households in South Houston, Texas

*Please note that the responses to worsening health conditions since Hurricane Harvey question was check all that apply, thus, the total responses do not add to 100%. *Please note that the Confidence Intervals may be inflated for those questions that have responses less than 5 and therefore are collapsed.

Table 8: Weighted and unweighted frequencies for reported Functional Needs & Access to care for households South Houston, Texas.

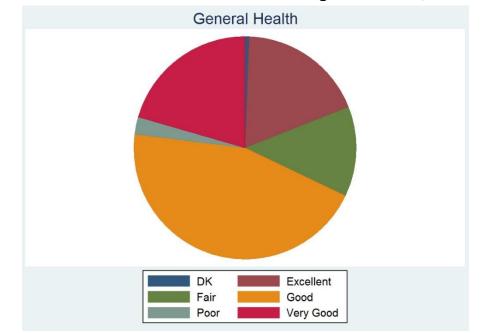
	Unweighted n=195		Weighted	n= 6367	
	Frequency	Estimated HHs	% of HH	95% CI (lb)	95% Cl (ub)
s it more difficult for HH to get medical care since HHarvey?					
N	o 173	5697	89.94	83.35	94.1
Ye	s 12	324	5.117	2.751	9.324
N/#	8	297	4.689	2.004	10.58
s it more difficult for HH to get prescription nedication since HHarvey					
No	o 175	5794	91.01	84.73	94.86
Ye	s 12	319	5.006	2.684	9.148
N/#	A 7	221	3.474	1.517	7.755
s it more difficult for HH to use or maintain nedical equipment since HHarvey?					
Yes – Usin	g				
Yes – Maintainin	g 7	211	3.31	1.63	6.61
N	o 148	4903	77.02	6.57	84.94
N/#	A 39	1252	19.66	11.97	30.58

*Please note that the Confidence Intervals may be inflated for those questions that have responses less than 5 and therefore are collapsed.

	Unweighted n=195	Weighted n= 6367			
	Frequency	Estimated HHs	% of HH	95% CI (lb)	95% Cl (ub)
Did HH feel that their home is safe to live in					
No	17	513	8.054	4.147	15.06
Yes	174	5718	89.82	81.83	94.53
ince HHarvey, HH changes in behavior or					
eelings of:					
Depression	12	341	2.36	271	1.31
Anxiety	26	786	12.34	6.84	21.25
Hopelessness	12	381	5.99	3.15	11.07
Difficulty sleeping/ nightmares	20	595	9.34	5.20	16.22
Difficulty concentrating	9	260	4.08	1.78	9.05
ince HHarvey, how often was HH worried or tressed about having enough money to pay ent/mortgage					
Always	19	555	8.715	5.361	13.86
Usually	13	417	6.553	4.225	10.03
Sometimes	54	1875	29.45	21.22	39.28
Rarely	20	663	10.42	6.484	16.32
Never	87	2791	43.84	35.32	52.74
ince HHarvey, how often was HH worried or tressed about having enough money to buy nutritious meals					
Always	24	697	10.95	6.474	17.92
Usually	16	528	8.289	5.317	12.7
Sometimes	34	1149	18.05	12.56	25.23
Rarely	17	580	9.106	5.704	14.23
Never	99	3232	50.77	41.43	60.05
nce HHarvey, did HH receive mental health ervices					
No	172	5657	88.85	83.12	92.8
Yes	21	645	10.13	6.337	15.8
Please note that the responses to changes in behavior					

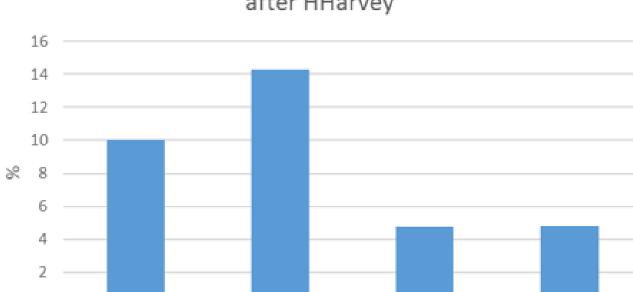
Table 9: Weighted and unweighted frequencies for reported Mental Health and Stress for households in South Houston, Texas

CASPER Graphs 1 - 4



Graph 1: General Health for Households in Edgebrook area, Houston, TX

Graph 2: Experienced Changes in Behaviors or Feelings for Households in South Houston, TX



Diabetes

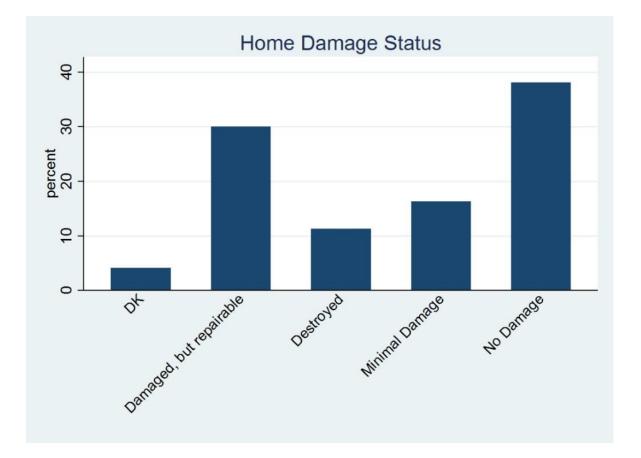
Hypertension

Allergies

0

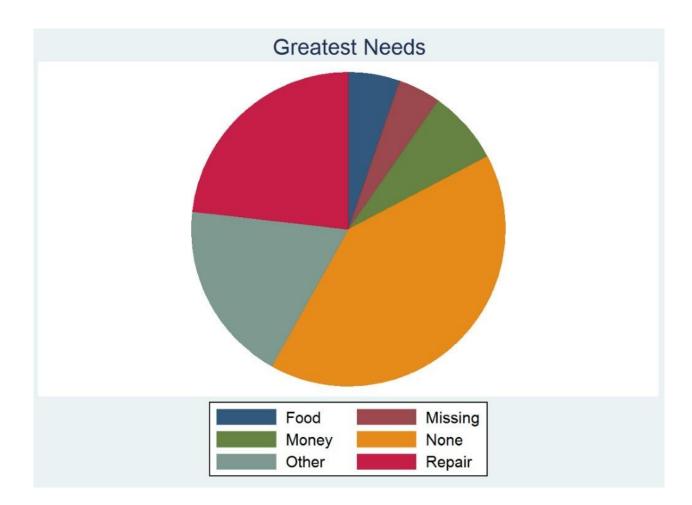
Asthma

Experienced Changes in Behaviors or Feelings after HHarvey



Graph 4: Unweighted percentages for the Reported Greatest Needs for sampled households in Edgebrook Area, Houston,

ТΧ



ACKNOWLEDGEMENTS

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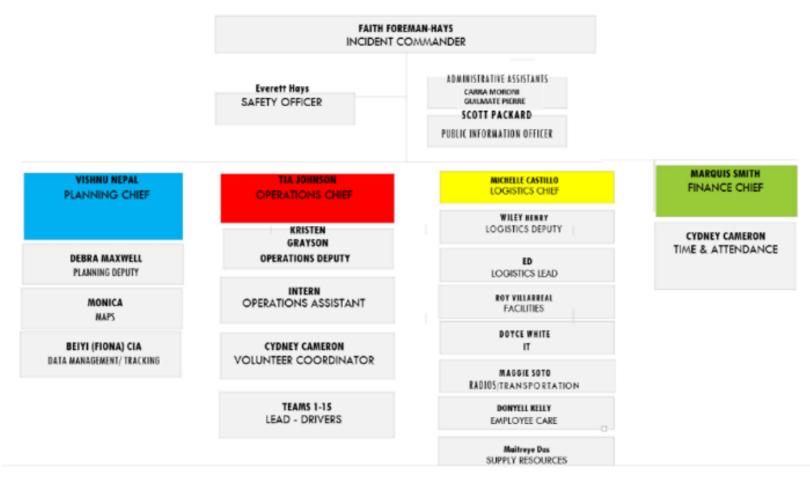






Appendix A: ICS Chart

CASPER INCIDENT COMMAND STRUCTURE



Appendix B: Consent Form - English



Community Assessment for Public Health Emergency Response (CASPER) Introduction and Consent Script

Hello, my name is ______ and this is ______. We are with the Houston Health Department. We are talking to randomly selected households about basic health and human service needs that may be unresolved since Hurricane Harvey.

- ✓ We want to get an idea of how we can better serve the community, so we are offering a gift card if you choose to participate in a brief 15-minute survey.
- ✓ Your house is one of 210 that has been randomly chosen to be in this survey.
- ✓ If you agree to participate, we will not ask you any personal questions such as those about education or place of birth. The questions are about your *entire household*.
- ✓ Your answers will be kept *confidential* and the survey is *voluntary*.
- ✓ We also have some information we would like to leave with you that may be of interest to you and your household, if you choose to participate.

If you have any questions about this survey, you may call the Houston Health Department at (832) 393-5027.

[Surveyor: Wait for respondent to clearly answer YES or NO after each question below]

- 1. Would you be willing to participate in this survey?
- 2. Do you live in this home?
 - a. If "no": Is there someone else who lives in this home that we can speak to?
- 3. Are you at least 18 years or older?
 - a. If "no": Is there someone else 18 years or older who lives in this home that we can speak to?

Appendix B-1: Consent Form – Spanish



Evaluación de la Comunidad para Respuesta de Emergencia de Salud Pública (CASPER)

Introducción y guión de Consentimiento

Hola, mi nombre es ______ y este es ______. Estamos con el Departamento de Salud de Houston. Estamos hablando con hogares seleccionados al azar sobre las necesidades básicas de servicios humanos y de salud que no han podido resolverse desde el huracán Harvey.

- Queremos tener una idea de cómo podemos servir mejor a la comunidad, por lo que estamos ofreciendo una tarjeta de regalo si decide participar en una breve encuesta de 15 minutos
- ✓ Su casa es una de las 210 que se eligió al azar para participar en esta encuesta
- ✓ Si acepta participar, no le haremos preguntas personales como su educación o el lugar de nacimiento. Las preguntas son sobre su hogar entero
- ✓ Sus respuestas serán privadas y la encuesta es **voluntaria** y **anónima**.
- ✓ También tenemos información que nos gustaría dejar con usted que pueda ser de interés para usted y su familia, si decide participar.

Si tiene alguna pregunta sobre esta encuesta, puede llamar al Departamento de Salud de Houston al (832) 393-5169.

[Topógrafo: espere a que el encuestado responda claramente SÍ o NO después de cada pregunta a continuación]

- 1. ¿Estarías dispuesto a participar en esta encuesta?
- 2. ¿Vives en esta casa?
 - a. Si contesta "no": ¿Hay alguien más que viva en esta casa con quien podamos hablar?
- 3. ¿Tienes al menos 18 años o más?
 - a. Si la respuesta es "no": ¿Hay alguien más de 18 años o más que viva en esta casa con quien podamos hablar?

Appendix C: Questionnaire-English – Page 1

Community Assessment for Public Health Emergency Response (CASPER) – Hurricane Harvey Recovery HHarvey-Hurricane Harvey HH-Household DK-Don't Know Ref-Refused N/A-Not Applicable Date: / / Choter Number: Interview Number: Team Name:

	Number: Team Name:		
Q1. Type of structure: Single family Multiple unit	Q5. Do you or any members of your HH identify as Hispanic or		
Woble home OOther	Latino? Yes No DK Ref		
	Q5. What is the main language spoken in your HH?		
Q2. Including yourself, how many people live in your HH?	English Spanish Other OK Ref		
Q3. Including yourself, are there any people living in your HH that are: Less than 2 years old? Qives Qive Qive Qives Q	O7. What is your HH's <u>primary</u> source of health care coverage? (Check ALL): Un-insured Private Herris FAP (Financial Assistance Program, formerly Gold Card) Medicare Medicaid Military Insurance Self-Pay		
	State Children Health Insurance Program (S-CHP) Other Public Insurance ODK ORef		
water Terrational Andrew Statements and a second			
Communix	A CONTRACT OF A		
Q8. What is your HH's main source of information about a disaster or emergency event? (Check One): Newspaper TV Radio Internet/Online news Friends, Family/Word of Mouth Social media Flyer/poster Text message/Cell phone slert Other	Q10. Did you or members of your HH hear about this survey prior to us talking to you today? QYes QNo (Skip to Q11) QDK QRe Q10a. If YES, how did you or your HH members hear about it? Social Media Q Website Email G Family/Friend/Neighbo Radio Ryer Text message/Cell phone alert Other DK Ref		
Q11. Does anyone in your HH have any of the following that could be bar	tiers to effective communication during an emergency?		
	Developmental/cognitive disability		
Difficulty understanding written material Difficulty underst	tanding English None of the above DDK D Ref		
Preparec	dness		
handle the humicane? (READ) Well Prepared Somewhat Prepared Not at all Prepared DK Ref Q13. BEFORE Hilarvey, did your HH have any of the following emergency plans? (READ & Check OWE for each) Emergency plans? (READ & Check OWE for each) Emergency communication plan such as a list of numbers and designated out-of- town contact No DK Ref Designated meeting place immediately outside your home or close by in your neighborhood No DK Ref Designated meeting place outside of your neighborhood No DK Ref Copies of important documents in a safe location (e.g., water proof container) Multiple routes away from your home in case evacuation is necessary Meet financial means to prepare Q14. BEFORE HHarvey, did your HH have the financial means to prepare DK Ref	(READ & Check ONE): Devacuate (Skip to Q15a) Would not evacuate (Skip to Q15b) Decide whether or not to evacuate based on the specific situation (Skip to Q16) DK Ref Q15a. If your HH chose to evacuate, where would your HH stay until your HH could return home? (Check All, and skip to Q16): Stay with family or friends IN the county Stay with family or friends OUTSIDE of the county Go to a public disaster shelter Sleep in a car or outdoors Stay in a hotel or motel Stay in second home Other (specify): DK Ref Q15b. If your HH chose NOT to evacuate, why? (Check All): Concern about Pets DLack of transportation Disconvenient or expensive DLack of trust in public officials Concern about leaving property behind Concern about personal or family safety Concern shout traffic or inability to get out of town Diob requires HH members to stay and help DHealth problems or functional needs. Other: DK Ref Q15b. How prepared do you feel your HH is now to handle another		
for Hikarvey? [Such as creating an emergency plan, emergency supply kit, having a 3-day supply of food or water, etc.] The INO DK Ref Q17. Does your HH have an Emergency Supply Kit with supplies like wate	disaster? (AEAO) Well Prepared Somewhat Prepared		
place in your home? I Yes INo			
Experience Duri	ng Hurricane		
Q18. How would your HH describe the damage to your home from HHarvey? (MEAD & Check ONE): No Damage (Skip to Q22) Infinitial damage IDamaged, but repairable IDestroyed IDK Ref Q19. Did you or any members of your HH have to relocate permanently due to HHarvey? If Yes INo IDK Ref Q20. What, if any, were barriers to your home repair? (Check ALL): ITime IFinding materials/supplies No insurance Availability of contractors/skilled labor IWorking on paperwork Money/Cost IWaiting on insurance daim IWaiting on a loan	Q21. Since HHarvey, has your HH seen mold or smelled a moldy/musty odor in your home? Yes (Skip to Q21a) INo (Skip to Q22) Q21a. If YES, what actions has your HH taken to remove the mold? (READ & Check ALL): IRemoved carpets/uphoistery [Removed appliances IThrew out clothes/toys [Other] Nothing IDK [Q21b. If YES, did you or members of your HH use any of the following items during cleanup? (READ & Check ALL):		

Appendix C: Questionnaire-English – Page 2

Community Assessment for Public Health Emergency Response (CASPER) – Hurricane Harvey Recovery HHarvey=Hurricane Harvey HH=Household DK=Don't Know Ref=Refused N/A=Not Applicable Date: _______ Cluster Number: ______ Interview Number: ______ Team Name: ______

Date:/ Cluster Number: Interview	Number: Team Name:				
Q22. How close is your home to the condition it was in BEFORE the hurrie					
Completely repaired Somewhat repaired Not repaired at all	Never Damaged DK Ref				
Physical and Beh	wioral Health				
Q23. What is the general health of you and the members of your HH? Q29. Do you or any member of your HH have difficulty walking or					
Excellent Every Good Egood Erair Poor EDK Ref	dimbing stairs? Dives DNo DDK DRF				
Q24. Since HHarvey, has it been more difficult for anybody in your HH	Q30. Since HHarvey, have you or any members of your HH had				
to get the medical care they need? These Into (Skip to Q25)	(READ & Check ALL) Closs of appetite Clagitated behavior				
	Witnessed firsthand violent behaviors/threats Dincreased				
N/A (Skip to Q25) DK Ref	drug use Dincreased alcohol consumption Other				
Q24a. If YES, Why? (Check ALL)	None DK Ref				
Usual clinic/physician closed Home health services disrupted	Q31. Since HHarvey, does your HH feel your home is safe to live in?				
Money/cost Dissurance problems DNo transportation	Cisit, since Hearvey, does your Heriteer your nome is safe to live in r				
OtherOK GRef					
Q25. Since HHarvey, has it been more difficult for anybody in your HH	Q32. How often since HHarvey would you say your HH was worried				
to get the prescription medication they need?	or stressed about having enough money to:				
TYes No (Skip to Q26) N/A (Skip to Q26) DK Ref	Q32a. Pay your rent/mortgage? (READ)				
Q25a. If YES, Why? (Check ALL)	Always OUsually OSometimes ORarely ONever ODK ORef				
No access to physician/medical care Usual pharmacy closed					
Money/cost Dinsurance problems DNo refrigeration for	Q32b. Buy nutritious meals? (READ)				
medication DNo supplies (i.e., syringes, alcohol) DNo transportation	Always Usually Sometimes Rarely Never DK Ref				
Other: DK ORef					
Q26. Since HHarvey, has anyone in your HH experienced any increase in	Q33. Since HHarvey, has anyone in the HH experienced changes in				
difficulty using or maintaining their medical equipment or supplies	behavior or feelings of (READ & Check ALL):				
outside of normal care because of the hurricane?	Depression Anxiety Hopelessness				
Yes - Using Yes - Maintaining No	Difficulty sleeping/nightmares Difficulty concentrating				
N/A - does not use any medical equipment or supplies DK Ref	None DK Ref				
Q27. Were you or anyone in your HH injured as a result of HHarvey or	Q34. Since HHarvey, have you or any members of your HH received				
during cleanup activities? (CHECK ALL)	services from a counselor, pastor/clergy member, therapist, social				
Tres - Hurricane Tres - Cleanup INo DK Ref	worker, or SAMHSA hotline for behavioral and/or mental health				
COR Care Mileson barrene ar an	concerns? Tyes (Skip to Q35) No DK Ref				
Q28. Since Hitarvey, have you or any members of your HH experienced	COLO MARCO de una companya de la Marco de la Marco de la Colo				
worsening of (READ & Check ALL): Asthma COPD Allergies	Q34a. If NO, do you or any members of your HH know how to				
Diabetes Hypertension Heart Disease Previous mental health condition Other DK Ref	access services for mental health, if needed? (A list of mental health services is in the box you will also than be				
condition Other None DK Ref	health resources is in the bag you will give them) Dives Dix				
Servic					
Q35. Since HHarvey, has your HH received any of the following services	es Q36. Have you or any member of your HH received any type of aid				
from the Houston Health Department? (READ & Check ALL)	as part of the relief effort?				
Mosquito prevention Dimmunizations DWIC Direct Acty	Skip to Q36a) ON (Skip to Q36b) OK Ref				
Neighborhood nuisance Laboratory Services Difuberculosis					
Harris County Area Agency on Aging Vital Records Did not	Q36a. If YES, what type of aid? (Check ALL)				
receive any services Dother (specify):	Geod Water Shelter Clothing Financial assistance				
Did not know services were available	OtherOK ORef				
WENT THE MICH SERVICES WERE CHARGERE	Q36b. If NO, why not? ON aid needed				
Dok DRef	Did not know aid was available ONo transportation to aid				
	location OtherOK DRef				
Q37. Since HHarvey, has your HH received any services from a designated	0				
Ves No (Skip to Q38) Did not know services were available	le DK Ref				
Q87a. If YES, where? Sunnyside Multi-Service Center West End M					
	ulti-Service Center Baker Ripley Center or Campus				
Metropolitan Multi-Service Center Other:	ulti-Service Center Baker Ripley Center or Campus				
UMetropolitan Multi-Service Center UOther:Other	DK Ref				
Othe					
Othe Q38. What is your HH's annual income from all sources (Check ONE): -	DK Ref				
Othe Q38. What is your HH's annual income from all sources (Check ONE): - Less than \$10,000 Less than \$25,000 Less than \$35,000					
Othe Q38. What is your HH's annual income from all sources (Check ONE): -					
Othe Q38. What is your HH's annual income from all sources (Check ONE): - Less than \$10,000 Less than \$25,000 Less than \$35,000					
Othe Q38. What is your HH's annual income from all sources (Check ONE): - Less than \$10,000 Less than \$25,000 Less than \$35,000					
Othe Q38. What is your HH's annual income from all sources (Check ONE): - QLess than \$10,000 QLess than \$25,000 QLess than \$35,000 QLess than \$50,000 QLess than \$75,000 QS75,000 or more					
Othe Q38. What is your HH's annual income from all sources (Check ONE): - Less than \$10,000 Less than \$25,000 Less than \$35,000	Q39. What is your household's <u>createst need</u> at this time?				

Appendix C-1: Questionnaire-Spanish – Page 1

Evaluación Comunitaria para la Respuesta de Emergencia de Salud Pública (CASPER) – La Recuperación del Huracán Harvey HHarvey = Huracán Harvey HH = Hogar DK = No Se Ref = Se negó contestar N/A = no aplicable

INFORMACIÓN DEMORRÁFICA OL. Tipo de vivinda:	HHarvey = Huracán Harvey HH = Hogar DK = No S			
Q1. Tipe de wikends: Cass Doepstramente Cass Mol Q2. Induyendo usted, <u>Stafutas personas</u> viven en us HH? Si Mol Si Mol Q3. Induyendo usted, <u>Stafutas personas</u> viven en us HH? G5. (Cuál es al idoima principal que se hable en us HH? G6. (Cuál es al idoima principal que se hable en us HH? G6. (Cuál es al idoima principal que se hable en us HH? Q3. Induyendo usted, Jiang La ida ima? Cons Dors Dors Dors Dors Dors Q4. Induyendo usted, Jiang La ida ima? Dira Check Dira Check </td <td colspan="4">Fechai// Número de clústeri Número de la entrevistai Nombre de Equipoi</td>	Fechai// Número de clústeri Número de la entrevistai Nombre de Equipoi			
Other Lake 2 S1 Nue Disk Disk Q2. Incluyendo usted, 2004 attas personas were nor HH? Q2. Scholar attas personas Were demographical attas personas were nor personal were nor personas Pe				
Q2. Indupendo unted. ¿Cuáltata parsenas siven en tu HH? Q2. ¿Cuált en al ráciona principal que ta tubala en te HH? Q3. Indupendo unted. ¿Nay personas en su HH estin estre las edudes Q2. ¿Luíd as que no precisiona en su HH estin estre las edudes Q3. Indupendo unted. ¿Nay personas en su HH estin estre las edudes Q2. ¿Luíd as que no precisiona en su HH estin estre las edudes de 15 + Q4. Indupendo unted. ¿Next en unipres en su HH entre las edudes de 15 + QCM Q4. Indupendo unted. ¿Next en unipres en su HH entre las edudes de 15 + QCM Q4. Indupendo unted. ¿Next en unipres en su HH entre las edudes de 15 + QCM Q4. Indupendo unted. ¿Next en unipres en su HH entre las edudes de 15 + QCM Q4. Indupendo unted. ¿Next en unipres en su HH entre las edudes de 15 + QCM Q4. Luíd y entre entre entremación sobre estata QCM Q4. Luíd y entre entremación inconcel entre información sobre estata QCM Q4. (Xi et el manuella (QCM) QCM Q6. (Xi et el manuella (QCM) QCM				
Onl. Indujende wited. JHay personas en su HH estin entre las edades OZ. Subject Personas OZ. Subject Personas OZ. Subject Personas OX. Call Oblig do SS abort Pres Non OX. Call OX. Call OX. Call OX. Subject Personas Pres Non OX. Call Personas OX. Call OX. Indujende wited. JYeen majeres en su HH entre las edades di Ss Otto cobertura OX. Call Seguro Militer OX. Call OX. Call is su recurso principal en su HH entre las edades di Ss Otto cobertura OX. Uncer OX. Uncer OX. Call is su recurso principal en su HH entre las edades di Ss OX. JUSted o alguien de su familia estaban enterados sobre esta Nenso jed excholaries Oxel Intervision Oxel Intervision Oxel Intervision Oxel Intervision Anizoyfamilia/de personas Redes socials Volenter/Verset Oxel Intervision	0tro	Latino? 🛛 Sí 🔍 No 🔅 🖾 DK 🖓 Ref		
Q1. Advanced writed. JHap personas en au HH estim entre las edelered in: Managed Jalacz Ver UNo Q2. JSU HH Creates can segure edeleration (JSU States) Q2. JSU HH Creates can segure edeletication (JSU States) QSU States explored (JSU States) Derivation (JSU States) Q3. Advanced at JSU States (JSU States) QSU States) Derivation (JSU States) Derivation (JSU States) Q4. JSU States (JSU States) No Dox (Derivation (JSU States) Derivation (JSU States) Derivation (JSU States) Q4. JSU States (JSU States) Derivation (JSU States) Deri	Q2. Incluyendo usted, ¿Cuántas personas viven en su HH?	Q6. ¿Cuál es el idioma principal que se habla en su HH?		
de: (Marque to opticate); The super Devices on the second of the se		Dinglés DEspañol DOtros DK DRef		
Image:	Q3. Incluyendo usted, JHay personas en su HH están entre las edades	Q7. 1Su HH cuenta con seguro médico? 1Cúal?		
215: de 55: allos2 Pror mi cuenta Separa Miller Por mi cuenta CHP QL. India de 55: allos2 Por mi cuenta Difficience Diffi	de: ¿Menores de 2 años? 🛛 Yes 🕬 o	(Marque la aplicable): Osin seguro OPrivado		
Chino Construction Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine Chino Chine	22 a 17 años? 🛛 Yes 🖾 No 🛛 218 a 64 años? 🖓 Yes 🖾 No	□Harris Health (tarjeta dorada) □ Medicare □ Medicaid		
QL. Indugranda united. Vivrem mujeres en su HH entre las edades de 15 5 Otra cobertura DK Ref 44 añoet? DK DK DK QB. Júail es su recuso principal en su HH para obtener información sobre des atorse y lo eventos de emergencia? (Merque ano). QDL /Usted o alguien de su familia estaban enterados sobre esta sobre des atorse y lo eventos de emergencia? (Merque ano). QB. Júail es su recuso principal en su HH para obtener información sobre des atorse y lo eventos de emergencia? (Merque ano). QDL /Usted o alguien de su familia estaban enterados sobre esta alguina da los presentos información sobre des atorse des rochairs de los? Periodico Diredes tocialas (Merque ano). DIR. Si Si Cómo se enterarena? Eledes tocialas (Si do web recendentes durante una emergencia de los alguinantes de estaban enterados sobre esta alguinante de los sobre esta alguinante alguinante alguinante de los sobre esta alguinante	¿Más de 65 años? 🛛 Yes 🔍 No 🔅 🖓 DK 🖓 Ref			
at añear Si No DX: Direct QB: JCual es su recuso principal en su HH para obtener información sobre desatures y/ o evientos de emergencial: (Marque con): QLD: JUSted o alguien de su familla estaban enterados sobre esta este encuesta ANTES de nuestes wita de hey? QB: JCual es su recuso principal en su HH para obtener información sobre desatures y/ o evientos de emergencial: (Marque con): QLD: SI Si, JComo se enteraren? DKC Para Amingo de texto/alter de costavia de texto/alter de costavia de hey? DKC Para DKC Para DKC Para SI Ningono DKC Para DKC Para DKC Para SI Ningono DKC Para DKC Para DKC Para SI Ningono DKC Para DKC Para DKC Para CIL2. Antes de HHarvey, 20ué tan preparado estaba su HH para enfentar el huarcain? (LEER A Marque anola: costa preparado Para para entendor la información escrita? DIRO DK Para QL2. Antes de HHarvey, 20ué tan preparado estaba su HH para encreación su vecinazio? DIRO DK Para DKC Para QL3. Antes de HHarvey, 20ué tan preparado estaba su HH para DIRO DK Para DKC Para QL3. Antes de HHarvey, 20ué tan preparado estaba su HH para DIRO DK Para DKC Para QL3. Antes de HHarvey, 20ué tan preparado estaba su HH para DIRO DK Para DKC Para	Q4. Incluyendo usted, ¿Viven mujeres en su HH entre las edades de 15 a	Otra cobertura DK Ref		
Q8. /Cusil es sur recurso principal en su HH para obtener información sobre desatters y / o eventos de emergencia? (Merque con): Q10. /Usted o alguien de su familia estaban enterados sobre esta este encuesta <u>AMEE</u> de nuesta visita de hey? Periódico / Mencajo de statolar información estatis on internet Amigoy Familia/de persons Bades sociales Ovinetes/Poster Q10. /Usted o alguien de su familia estaban enterados sobre esta este encuesta <u>AMEE</u> de nuesta visita de hey? Q8. /Racibi de uHH alguna advertencia sobre HHarvey? Dix (Ner / Bistion Ovinetes) Dix (Ner / Dix (Ner / Bistion Ovinetes) Dix (Ner / Dix (Ner / Di				
sobra deastres y / o eventos de emergenda? (Marque uno): exte encuesta AMTES de nuestra visita de hoy? D'eriódico Televisión Radio	COMUNICA	CIONES		
sobra deastres y / o eventos de emergenda? (Marque uno): exte encuesta AMTES de nuestra visita de hoy? D'eriódico Televisión Radio	OS, ¿Cuál es su recuso principal en su HH para obtener información	Q10. ¿Usted o alguien de su familia estaban enterados sobre esta		
IP erdokico Televisión Radio Interner/notticis en interner/nottis en interner/no				
Banigos/Familia/de persons Biedes sociales Volantes/Poster Maragie de testo/alera de coluiz Dtros Tiglisto Olto. Si Si, ¿Cómo se enteraren? Redes sociales Sitio web Correo electrónico D'amiliar/el/si/vecine(s) Si. Adobió au HH ajuna advertencia sobre HHarvey? Di Redio Diros		Si IVaya a Q10al DNo (Vaya a Q11) DK DRef		
Imansaje de terto/alerta de celular Otros Iglesia/Contro ON. Barl Otta. Si Si, ¿Cómo se enterareno? Familiar/es/jmistof(es)/reconto); OS. Redibio Mingano ON. Intel Imaniar/es/jmistof(es)/reconto); OS. Redibio Mingano ON. Intel Imaniar/es/jmistof(es)/reconto); OS. Redibio Mingano ON. Intel Onco Imaniar/es/jmistof(es)/reconto); OS. Redibio Mingano ON. Intel Onco ONC. Intel OS. Redibio Mingano ONC. Intel Onco ONC. Intel OS. Redibio Mingano ONC. Intel Onco ONC. Intel OS. Redibio Mingano ONC. Intel Onco ONC. Intel OS. Si los pidieran que evacuen su HH itens alguno de las siguientes interarentarentarentarentarentarentarenta				
religiono DK Ref OS. RefCibió zu HH alguna advertencia sobre HHarvey? RedCibió zu HH alguna advertencia sobre HHarvey? Si No DK RedCibió zu HH alguna advertencia sobre HHarvey? Si No DK RedCibió zu HH alguna advertencia sobre HHarvey? Si No DK RedCibió zu HH alguna advertencia sobre HHarvey? Si No DK Red Otrospecided del desarrollo o cognitino? Dificultad para entender la información eccrit? Dificultad para entender inglés? Ninguno DK Ref Reference NA Problemas de visión? Discapacidad del desarrollo o cognitino? Discapacidad del desarrollo o cognitino? Olfacultad para entender la información eccrit? Dificultad para entender inglés? Ninguno DK Ref Reference NA Reference Discapacidad evacuar, o no, dependiendo de la situación expecifica (Veys a Q16) DK Dificultad para entender inglés? Ninguno Discapacidad evacuar, no no, dependiendo de la situación 1. 4// haja ta decidini de comunicación de Si No DK Ref Discapacidad evacuar, no no, dependiendo de la situación expecifica (Veys a Q16) DK DK 1. 4// ha		Q10a. Si Si, ; Cómo se enteraron? 🛛 Redes sociales 🖓 Sitio web		
QS. / Recibió zu HH alguna advertencia sobre HHarvey? Badio Volunts Memoraje de texto/alerta de catular QS. / Recibió zu HH alguna advertencia sobre HHarvey? DK. Ref Otto: DK. Ref QII. / Alguien en zu HH tione alguna de las siguientes barroras para una comunicación efectiva durante una emergencia? (IEER & Margue lo aglicobe) Problemas de visión? Discepacidad del desarrol to cognitivo? QII. Antes de HHarvey, ;Qué tan preparado escrita? Problemas de visión? Discepacidad del desarrol to cognitivo? QII. Antes de HHarvey, ;Qué tan preparado escrita? Discupacidad del desarrol to cognitivo? Discepacidad del desarrol to cognitivo? QII. Antes de HHarvey, ;Qué tan preparado DK. Ref PREPARACIÓN Discupacidad del desarrol to cognitivo? QII. Antes de HHarvey, ;Qué tan preparado DK. Ref Barce una de coucar su HH (LEER & Morque unc): DK. DR ef QII. Antes de HHarvey, ;uu HH tenia un plan de emergencia com el siguinato f (LEER & Morque uno para codo pregunta) UL no plan de comunicación de DS is No DK Ref QI. Li plan de concuentro fuera de la cludad? DK is Ref US is Si a woldarino DK is Ref Q. Li hagar de encuentro fuera de su caso DS is No DK Ref DK is Ref DK is Ref Q. Un lugar de encuentro fuera de su caso DS is No DK Ref DK is Ref				
33 No DX Ref Dotros DXX Ref 911. ¿Alguien en su HH tiene alguna de las siguientes barrorar para una comunicación efectiva durante una emergencia?1 (LEFR & Margue le obgicable): Droblemas de validaria? Droblemas de validaria? Droblemas de validaria? 011. Antes de HHarvey, ¿Qué tan preparado escriba? Dificultad para entender la información escrita? Dificultad para entender la información escrita? Dificultad para entender la información escrita? 011. Antes de HHarvey, ¿Qué tan preparado escriba su HH para OIS. Si les pidieran que evacuen su HH (LEER & Margue uno): enferentar el huración? (LEER) Bien preparado DX Ref 013. Antes de HHarvey, ¿Qué tan preparado escriba su HH para emergencia, su comuna la tida e números y DK Ref 014. Antes de encuentro cerca de su casa DSI No DK Ref OIS. Si leciden evacuar, JDónde se quedarian todos hasta que pudieran regressa al HH? (Margue & explicable y Margue Q16) DX Ref 0.21. Un lugar de encuentro fuera de su casa DSI No DK Ref DNo quedariames con familiares o emistades DENTRO del condado. Il ra un albargue publico de desartes: Dormir en el ou coarta de su vectuarión preparado su enclades mortanes en los functionarios publica de contanes. Margue al de contanes. No Ref 0.22. Un lugar de encuentro fuera de su DSI No DK Ref Difecuencina de su cosa Discopacifica (Varge Q16) </td <td>09. ;Recibió su HH alguna advertencia sobre HHarvev?</td> <td></td>	09. ;Recibió su HH alguna advertencia sobre HHarvev?			
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3. ¿Un lugar de encuentro fuera de su vecindario en caso de que no pueda regresar a su hogar? Isi No IDK Ref 4. ¿Copias de documentos importantes en un lugar seguro? (por ejemplo, recipiente impermeable) Isi No IDK Ref 5. ¿Diferentes rutas planeadas para tomar en caso de una evacuación necesaria? Isi No IDK Ref Q15. Si Su HH decidió no evacuar, ¿por qué razónt (Morque lo epicoble): IPreocupación por les mascotas I Falta de transporte Inconveniente o Caro I Falta de confianza en los funcionarios públicos IPreocupación por dejar la propiedad Preocupación por la seguridad personal o familiar I Preocupación por el tráfico o la incapacidad de salir de la ciudad I El trabajo requiere que alguien en su HH se quede y ayude. IProblemas de salud o necesidades funcionales I Otro: Q14. ANTES de HHarvey, ¿tenía los medios (recursos) financieros para suficiente para 3 días)? Isi No IDK Ref Q17. ¿Tiene su HH un kit de suministro de emergencia, tener agua y comida suficiente para 3 días)? Isi No IDK Ref Q18. ¿Cómo describiría el daño a su HH de HHarvey? (LEER & Morque uno): No hay deño (Vaya a Q22) Minimal Daño Q19. "Usted o algún miembro de su HH tubieron que trasladarse Q12. Si Sí, ¿qué acolones ha tomado su HH para eliminar el				
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4. ¿Copias de documentos importantes en		015b Si nu VII decidió no executor teor qué ranée i (Marcus la		
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Q14. ANTES de HHarvey, ¿tenía los medios (recursos) financieros para prepararse? (para crear un plan de emergencia, tener agua y comida suficiente para 3 días)? Q16. AHORA, ¿qué tan preparado se siente su HH para enfrentar otro desastre? (LEER) Bien preparado se siente su HH para enfrentar otro desastre? (LEER) Q17. ¿Tiene su HH un kit de suministro de emergencia con agua, alimentos, linternas y baterías adicionales en un lugar designado en su casa? DK Ref Q18. ¿Cómo describiría el daño a su HH de HHarvey? (LEER & Morque uno): No hay daño (Voya a Q22) Minimal Daño Q21. Desde HHarvey, a visito/olido moho en su HH? (algún olor de humedad) Si (Voya a Q22) DK Ref Q19. JUsted o algún miembro de su HH tubieron que trasladarse Q21a. Si Sí, ¿qué acciones ha tomado su HH para eliminar el				
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suficiente para 3 días)? Sí ONO OK Ref Q17. ¿Tiene su HH un kit de suministro de emergencia con agua, alimentos, linternas y baterias adicionales en un lugar designado en su casa? Sí ONO ORANTE EL HURACÂN Q18. ¿Cómo describiría el daño a su HH de HHarvey? <i>(LEER & Morque uno)</i> : No hay daño <i>(Vaya a Q22)</i> Minimal Daño OK Ref ODK Ref O19. JUsted o algún miembro de su HH tubieron que trasladarse Q21a. Si Sí, ¿qué acciones ha tomado su HH para eliminar el				
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Sí No DK Ref EXPERIENCIA DURANTE EL HURACÁN Q18. ¿Cómo describiría el daño a su HH de HHarvey? (LEER & Morque uno): Q21. Desde HHarvey, a visito/olido moho en su HH? (algún olor de humedad) Sí No hay daño (Vaya a Q22) Minimal Daño No HH de HHarvey? (LEER & Morque uno): Q21. Desde HHarvey, a visito/olido moho en su HH? (algún olor de humedad) Sí (Vaya a Q22) DK Ref Dañada, pero reparable Destruido DK Ref Q21a. Si Sí, ¿qué acciones ha tomado su HH para eliminar el				
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Q18. ¿Cómo describiría el daño a su HH de HHarvey? (LEER & Morque uno): Q21. Desde HHarvey, a visito/olido moho en su HH? (algún olor de humedad) Q19. ¿Cómo describiría el daño a su HH de HHarvey? (LEER & Morque uno): Q21. Desde HHarvey, a visito/olido moho en su HH? (algún olor de humedad) Q19. ¿Cómo describiría el daño (Vaya a Q22) Minimal Daño Q19. ¿Q10. Si Sí, ¿qué acciones ha tomado su HH para eliminar el				
unoj: No hay daño (Vaya a Q22) Minimal Daño humedad) Si (Vaya a Q21a) No (Vaya a Q22) DK Ref Dañada, pero reparable Destruido DK Ref Q21a. Si Si, 2 qué acciones ha tomado su HH para eliminar el				
Dañada, pero reparable Destruido DK Ref Q19. JUsted o algún miembro de su HH tubieron que trasladarse Q21a. Si Si, ¿qué acciones ha tomado su HH para eliminar el				
Q19. JUsted o algún miembro de su HH tubieron que trasladarse Q21a. Si Si, ¿qué acciones ha tomado su HH para eliminar el		humedad) 🗆 Si (Vaya a Q21a) 🛛 No (Vaya a Q22) 🛛 DK 🔍 Ref		
normanantemente debide a Ultanum/2 🗆 91 🔤 Mar. 🔤 🖓 🔤 Def. marida 2.0000 8.86 mmrs in anti-state.				
permanencemense debidd a nnarwey: Li Si Lino Linx Liner moldes (Linck & morgae to opricover):	permanentemente debido a HHarvey? 🛛 Si 🔍 No 🔅 🗇 DK 🖓 Ref	molde? (LEER & Marque to aplicable):		

Appendix C-1: Questionnaire-Spanish – Page 2

	I De ser e se de se d
Q20. ¿Cuales, si los hubo, fueron las barreras para su reparación en el	Se eliminan las alfombras/tapicería Umpiar pisos/paredes
HH? (Marque lo aplicable): Tiempo D Encontrar materiales	Aparatos retirados Tiró ropa/juguetes
No Seguro Disponibilide contratistas/mano de obra calificada	Otro Nada DK DRef
Trabajar en papeleo Dinero/costo Esperando en reclamo de	Q21b. Si Si, Justed o los miembros de su HH utilizan alguno de los siguientes elementos durante la limpieza? (UEER & Morgue lo
seguro Esperando un préstamo La espera de fondos de FEMA	aplicable): Guantes Máscaras Blanqueador
Ninguno-no hey barrenas Ninguno-no se necesitan reparaciones Otros Otros	Otros Oxade OK Ref
Q22. ¿Esta la condición de su hogar como estaba ANTES del huracán? (1	
Completamente reparado Akigo reparado No reparado en to	
Salud fisica y salud d	
P23. ¿Cual es la salud general de usted y de los miembros de su Casa?	Q29. (Sienten usted o Cualquier miembro de su Casa dificultad
Excelente Muybien Bien Justa Pobre DK Ref	pera caminar o subir escalones? IS INo IDK DRef
Q24. Desde Hillarvey, tha sido más difícil para cualquiera en su Casa	Q30. Desde Harvey, Justed o Cualquier los miembros de su Casa
obtener atención médica? Si Si Si ONo (Vaya a 025)	han tenido (LEER & Morque lo oplicable): D Pérdida de apetito
DN/A (Vayo a Q25)	Conducta agitada D Testigo de conductas/amenazas violentas
Q24a. Si marco Si, por qué? (Marque lo aplicable): Clinica/médico	Aumento del consumo de drogas D Aumento del consumo de
habitual cerrado	alcohol Otros ONinguno ODK ORef
Dinero/costo Problemas de seguro	Q31. JDesde HHarvey todos en su HH se siente seguro vivir en su
No hay transporte Otros OK ORef	casa? 🗆 Si 💷 No, Por qué no? 🔲 OK 💷 Ref
Q25. Desde Hillarvey. Jha sido más difícil para obtener recetas médicas	Q32. ¿Con qué frecuencia desde Narvey diría que en su HH estaban
para cualquiera en su Casa?	preocupados o estresados por tener suficiente dinero para:
□ Si □No (Vaya a Q26) □ N/A (Vaya a Q26) □OK □Ref	Q32a. JPagar su renta/pago de casa? (UER) Siempre
Q25a. Si morco Si, porque? (Morque lo oplicable):	Generalmente C Algunas veces C Raramente C Nunca
No hay acceso al médico/atención médica Farmacia habitual	DK Ref
cerrada Dinero/costo Problemas de seguro No hay	Q32b. ¿Comprar comidas nutritivas? (LEER) 🖾 Siempre
refrigeración para medicamentos 🛛 🖬 No hay suministros (es decir,	
jeringas, alcohol)	Dok Dref
Q26. ¿Desde Hillarvey, cualquier persona en su Casa experimentó un	Q33. Desde HHarvey, alguien en la Casa experimento cambios en el
aumento en la dificultad de usar o mantener su equipo médico O	comportamiento o sentimientos de (Morque lo aplicable):
Suministros fuera de la atención normal debido al huracán?	Depresión DAnsiedad DFalta de esperanza
S-usando Si-manteniendo No N/A - no utiliza	Perdida de sueño o pesadi las Dificultad en Concentrarse
ningún equipamiento médico o suministros DK DRef	
Q27. ¿Se lastimo usted o alguien en su casa durante las actividades de	Q34. Desde HHarvey, ¿Usted o Cualquier miembro de su Casa
Empieza después de HHarvey? (Morque lo oplicable):	recibieron servicios de un consejero, pastor/miembro del clero,
Si-huracán OSi-Umpieza ONo OK ORef	terapeuta, trabajador social o linea directa de SAMHSA para problemas de conducta y/o de salud mental?
Q28. Desde HHarvey, ¿Tiene usted o algún miembro de su Casa un	D S (Vaya a Q35) D No DDK DRef
empeoramiento de (LEER & Marque lo aplicable): Asma	Q34a. ¿Si No, usted o algún miembro de su Casa sabe cómo
Enfermedad pulmonar Alergias Diabetes Hipertensión	acceder los servicios de salud mental, si es necesario? (Uno fisto de
enfermedad cardiaca	recursos de salud mental está en la bolsa que se les dará)
Estado de salud mental anterior OCtros	
Ninguno DDK Olitef	
Servi	
Q35. Desde Hitarvey, ¿ha recibido su Casa alguno de los siguientes	Q36. ¡Unted o cualquier miembro de su Casa recibió cualquier tipo
servicios del Departamento de salud de Houston? [LEER & Morque la	de ayuda como parte del esfuerzo de socorro?
aplicable): 🛛 La prevención de masquitas 🖓 Vacunas 🖓 Wic	DSi (Vaya a Q36a) DNo (Vaya a Q36b) DK. DRef
La educación sanitaria D Molestias vecinales OServicios de	Q36a. Si marco Si, ¿qué tipo de ayuda? (Morque lo opficable)
laboratorio 🗆 Tuberculosis 🗆 Harris County Area Agency 🖾 Certificado – de Nacimiento o Defuncion	Comide Cague C Refugio CRope CAsistencie financiere
No recibió ningún servicio Otros (especificar):	Q36b, Si No, ¿Por qué no? Q No se necesita ayuda
No sabia que los servicios eran Disponible DK Ref	Qseo. Si No, ¿Por que nor 🖾 No se necesita ayuda
	ayuda a Ubicación Otros Otros Otros
Q37. Desde HHarvey. ¿ha recibido su HH algún servicio de un centro de r	
Si ONo (Vayo a Q88) ONo sabia que los servicios eran Dispo	
Q37a. Si Si, ¿Dónde? El centro multiservicio de Sunnyside El centro	
El centro multinervicio de Metropolitan DOtro:	
Otr	
Q38. ¿Cuantos son los ingresos anuales de su HH de todas las fuentes?	Q39. ¿Cuál es la mayor necesidad de su HH en este momento?
(Marque uno): A Menos de \$10,000 A Menos de \$25,000	
G Menos de \$35,000 G Menos de \$50,000 G Menos de \$75,000	150
S75,000 o más	DK DRef

Appendix C-2: Questionnaire-Vietnamese – Page 1

		an đến Y Tế Công Cộng (CASPER) – Phục Hồi Sau Bão Harvey ng Biết TC=Từ Chối N/A=Không Áp Dung		
	Số Cụm: Số Phỏng V			
C1. Thế loại nhà: ^D Nhà biệt lập ^D Nhà liền ^D Nhà lưu động (mobile) ^D Loại khác		C5. Bạn hoặc có ai trong GĐ bạn thuộc gốc Tây Ban Nha h không? ¹¹ Có ¹¹ Không	oặc La Ti KB	nh □ ⊤C
C2. Tính luôn cả bạn, có <u>bao nhiêu</u> người sống tr	ong nhà của han?	C6. Ngôn ngữ nào được dùng trong GĐ ban là chính?		
ezi hini laon ca ban, co <u>bao hinea</u> nga or song a	una una caa ban	^D Tiếng Anh ^D Tây Ban Nha ^D Khác	□кв	□ то
C3. Tính luôn cả bạn, có ai sống trong nhà của bạ	n-	C7. GĐ bạn có loại bảo hiểm y tế nào là <u>chính? (Chọn Hế</u> T)		10
Dưới 2 tuổi? ^C Có ^C Không Từ 2-17 tu		Không có bảo hiểm Bảo hiểm của công ty tư nh		
Từ 18-64 tuổi? Có Không 65 tuổi trở		FAP quận Harris (Chương Trình Hỗ Trợ Tài Chánh, hay Th		
	□кв □тс	Medicare Medicaid Báo Hiểm Quân Sư Tư		túi
C4. Tính luôn cả bạn, có người nữ nào tuổi từ 15	-44 sống trong nhà của	Chương Trình Bảo Hiểm Sức Khóe Nhi Đồng Tiểu Bang (S		
ban không? Có 🗆 Không	□кв □тс	Bảo Hiểm Xã Hội Khác	□кв	□тс
	Thông Ti	n Liên Lạc		
C8. GĐ bạn lấy thông tin về thám họa hoặc trườr		C10. Ban hoặc GĐ ban có ai biết về bản khảo sát này trướ	yc khi chú	ing tôi
nguồn nào là <u>chính? (Chọn Một</u>):	16 liéb kilon cab ca	nói chuyện với bạn hôm nay? ^D Có ^D Không (Sang C11)		ТС
	rnet 🗆 Bạn bè, gia đình,	······································		
	Tờ rơi / bích chương	Q10a. Nếu CÓ, ban hay GĐ ban nghe được từ đâu?		
Tin hắn / Tin báo động từ điện thoại Khác		Truyền thông xã hội ¹ Trang web ¹ Email ¹ Bạn Bè / H	Hàng Xóm	ı
Nhà thờ / nơi thờ phượng ¹ Không có	□кв □тс	Radô Tờ rơi Tin nhẳn / Tin cảnh báo từ điện thoại		
C9. GĐ bạn có nhận được cảnh báo về BHarvey?		^D Khác	□кв	□тс
□Có □Không	□кв □тс			
C11. GĐ bạn có ai có bất kỳ điều gì sau đây làm cả	in trở sự liên lạc hữu hiệu t	trong trường hợp khắn cấp hay không? (ĐỌC & Chọn HẾT):		
🗆 Thính giác suy giảm 👘 Thị lực s	uy giảm ¹¹ Chậm	phát triển thể chất / trí tuệ		
Khó khắn trong việc đọc và hiểu	Không hiểu nhiều tiếng A	nh 🔍 Không có điều nào cả	□кв	□тс
	Chu	ấn Bị		
C12. TRƯỚC BHarvey, bạn nghĩa gia đình bạn đã (chuẩn bị ra sao để ứng	C15. Nếu gia đình bạn nhận được lệnh di tản, gia đình bạ	n có (ĐỌ	C &
phó với bão lụt? (ĐỌC) ¹¹ Chuẩn bị đầu đủ		Chọn MỘT): ^D Di tản (Sang C15a) ^D Sẽ không di tản (Sang	C15b) 🔍	Quyết
Chuẩn bị chút đỉnh ¹ Không chuẩn bị gì cả	□кв □тс	định có di tản hay không tủy theo tình hình thế nào (Sang		
C13. TRƯỚC BHarvey, gia đình bạn có bất kỳ kế h	ioach cấn cấp nào sau	C15a. Nếu GĐ bạn <u>chon</u> di tản, GĐ bạn sẽ tạm trú nơi đâu		
đây không? (ĐỌC từng câu MỘT và đánh dấu)		đình bạn có thể trở về nhà được? (Chọn HẾT & <u>Song C16</u>)		-
		đỉnh hoặc bạn bè TRONG cùng quận 🛛 Ở với gia đỉnh và bạ		
điện thoại hoặc số để liện lạc khi đi xa	□Có □ Không □KB □TC	quận KHÁC Dến nơi trạm trú công cộng dành cho thám l		-
		xe hoặc ngoài trời Dở tạm khách sạn hoặc nhà nghỉ Dở r		
Ấn định một nơi họp mặt ngay ngoài đường hay	□Có □ Không □KB □TC	Noi khác (ghi rõ):	□кв	□тс
lân cận trong khu xóm	□N/A	C15b. Nếu gia đình bạn <u>KHÔNG</u> di tán, tại sao? (Đánh đầu		
Ấn định một nơi ngoài phạm vi khu phố của bạn	□Có □ Không □KB □TC	□Lo cho thủ cưng □Thiếu phương tiện di chuyển □Không		
nhỡ khi bạn không thể về nhà	[□] N/A	tốn kém □Thiếu niềm tin ở các công chức viên □Lo không	-	
Đựng các giấy tờ quan trọng ở nơi an toàn (như	□Có □ Không □KB □TC	sản ¹¹ Lo cho sự an toàn của cá nhân và gia đình ¹¹ Lo ngại v thông hoặc không thể ra khỏi thành phố ¹¹ Công việc đòi ł		
thùng chống nước)	-	giúp đỡ 🗆 Có vấn đề sức khỏe hoặc cần những nhu cầu cản		iai o la
Vạch ra các tuyến đường đi xa nhỡ có trường	□Có □ Không □KB □TC	giup do "Co van de suc knoe noạc can những nhu cau car Khác:	n ban □KB	□тс
hợp cần di tản		- Klidt.	-KD	-10
C14. TRƯỚC BHarvey, gia đình bạn có khả năng t		C16. Bạn cám thấy <u>hiên tai</u> gia đình bạn sẵn sàng như th	nế nào đế	ứng
BHarvey không? (như lập kế hoạch khẩn cấp, bộ c		phó với lần thảm họa kế tiếp? (ĐỌC) 🗆 Mọi thứ sẵn sàng	<i>,</i>	n bị
và nước uống dùng trong 3 ngày, v.v.) 🗆 Có 🗆 Khôi	-	chút đính 🔍 Chưa chuẩn bị gì cá	□кв	ПТС
	hững vật tiếp tế như nước	, thức ăn, đèn pin, pin dự phòng được cất giữ tại một nơi ci	-	_
bạn không? ^C ó ^C Không		^ _ N	□кв	п то
		Qua Trận Bão		
C18. Nhà của bạn bị thiệt hại như thế nào trong t		C21. Từ lúc BHarvey, gia đình bạn có thấy hoặc ngửi được	c mui mo	oc hoạ
(ĐỌC và Chọn MỘT): ^D Không Bị Thiệt Hại (Sang (• • •	mùi ấm trong nhà hay không?	□кв	□тс
Hư nặng, nhưng sửa được ^D Bị Phá Hủy	□кв □тс	¹² Có (Song C21a) ¹² Không (Song C22) C21a. Nếu Có, gia đình ban đã làm gì để khử mốc?	- KB	- TC
C19. Bạn hoặc có ai trong gia đình bạn phải đối ci		(DOC & Chon HÉT): "Vứt bỏ thám/lớp boc "Lau chùi sàn	Juden	
BHarvey không? Có Không	□кв □тс	(ĐỘC & Chộn HET): ¹ Vứt bố tham/lớp bộc ¹ Lau chui san ¹ Vứt bố thiết bị ¹ Vứt bố quần áo / đồ chơi	viuong	
C20. Việc sửa chữa nhà cửa của bạn đã gặp phải		Thứ khác Không làm gì cả	□кв	□тс
có? (Chọn HếT): ^D Thời giờ ^D Thiếu vật liệu và dụ		C21b. Nếu CÓ, bạn hoặc có ai trong gia đình bạn sử dụng		
hiểm ¹¹ Thiếu thợ hoặc thầu khoán lành nghề ¹¹		sau đây vào việc lau chùi? (ĐỌC & Chọn HẾT):	out ty th	
Tiền/Giá cá Đợi bảo hiểm bồi thường Đợi l đã chính Đự bảo cá trừ coni Đự bảo chỉ không chỉ kh		Găng tay Mặt nạ Thuốc tẩy Thứ khác		
cấp FEMA 🔍 Không có trở ngại 🔍 Không, nhà khố	-	Không có gì	□кв	□то
🗆 Khác	⊐кв ⊐тс		- KH	

Appendix C-2: Questionnaire-Vietnamese – Page 2

Đánh Giá Công Đồng trong việc Ứng Phó Khắn Cấp liên qua	nn đến Y Tế Công Công (CASPER) – Phục Hồi Sau Bão Harvey			
BHarvey=Bão Harvey GĐ=Gia Đình KB=Khô				
Ngày:/ Số Cụm: Số Phóng V	án: Tên Nhóm:			
C22. Tình trạng nhà cửa của bạn ra sao so với TRƯỚC bão? (ĐỌC)				
Dã sửa lại hết rồi Sửa được chút đính Chưa sứa được	gì ^O Không bị hư hại ^O KB ^O TC			
Sức Khóe Thế Chất và Hành Vi				
C23. Sức khỏe của bạn và GĐ bạn nhìn chung như thế nào?	C29. Bạn hoặc có người nào trong gia đỉnh bạn có khó khăn trong việc đi			
□Tuyệt vời □Rất tốt □Tốt □Tạm □Tệ □KB □TC	đứng hoặc lên cầu thang? Có Có Không KB TC			
C24. Từ khi BHarvey, có ai trong GĐ bạn gặp khó khăn tiếp cận dịch vụ	C30. Từ khi BHarvey, bạn hoặc có ai trong gia đình bạn bị			
chăm sóc y tế mà họ cần đến? ¹ Có ¹ Không (Sang C25)	(ĐỌC & Chọn HẾT) ¹¹ Ăn mất ngon ¹¹ Hành vi kích động ¹¹ Chứng kiến			
[—] N/A (Sang C25) [—] КВ [—] ТС	những hành vi bạo lực / hâm dọa 🛛 Sử dụng nhiều chất kích thích nhiều			
C24a. <i>Nếu <mark>CÓ</mark>,</i> Tại sao? (Chọn HẾT)	hơn 🔍 Uống bia rượu nhiều hơn 🔍 Khác			
^D Phòng mạch/khám đóng cửa ^D Dịch vụ y tế tại gia bị gián đoạn	[©] Không có [©] KB [©] TC			
¹⁰ Tiền / chi phí ¹¹ Vấn đề bảo hiểm ¹¹ Không có phương tiện di chuyển	C31. Từ khi BHarvey, gia đình bạn có cám thấy nhà của mình an toàn để			
¹² Lý do khác ¹² KB ¹² TC	ở? Có Không; Tại sao không KB TC			
C25. Từ khi BHarvey, có ai trong GĐ bạn gặp khó khăn trong việc mua	C32. Từ Bharvey, trong bao lâu thì gia đình bạn lại phải lo lắng hoặc bị			
thuốc theo toa mà họ cần đến?	căng thẳng về vấn đề tiền bạc đế:			
Có Không (Sang C26) N/A (Sang C26) KB TC	C32a. Trả tiền nơ nhà / thuê nhà? (ĐỌC)			
C25a. Nếu CÓ, Tại sao? (Chọn HẾT)	Luôn Thường Đôi khi Hiếm khi Không bao giờ KB TC			
^D Không có bác sĩ / chăm sóc y tế ^D Tiệm thuốc đóng cửa	C32b. Mua thức ăn bổ dưỡng? (ĐOC)			
Tiền / chi phí ^D Vấn đề bảo hiểm ^D Không có tủ lạnh để cất giữ thuốc ^D Không có dụng cụ (như ống tim, chất cồn) ^D Không có phương tiện di	Luôn Thường Đôi khi Hiếm khi Không bao giờ KB TC			
Không có dụng cụ (như ống tim, chất cồn) Không có phương tiện di chuyển Lý do khác: KB TC	Luon moong borkin nien kin khong beo gio kb re			
	C22 Think: Dilance of stands in the bar of a bits about the			
C26. Từ khi BHarvey, có ai trong GĐ bạn gặp phải khó khăn trong vấn đề sử dụng hay bảo trì <u>thiết bi</u> hay <u>vật liêu</u> y tế của họ vượt mức bình	C33. Từ khi BHarvey, có ai trong gia đình bạn có những thay đổi trong hành vi hoặc tâm trang (ĐOC & Chon HẾT):			
thường do bão gây ra không?	Trầm cảm Lo âu Vô vong			
Có – Sử dụng Có – Bảo trì Không	¹² Khó ngủ / ác mộng ¹² Khó tập trung			
^D N/A – không có thiết bị hay vật liệu y tế ^C KB ^D TC	^{III} Không có ^{III} KB ^{III} TC			
C27. Bạn hoặc có ai trong gia đình bạn bị thương do BHarvey hay trong	C34. Từ khi BHarvey, bạn hoặc có ai trong gia đình bạn nhận dịch vụ từ cố			
lúc dọn dẹp nhà cửa sau bão? <i>(CHỌN HẾT)</i>	vấn, mục sư / giáo sĩ, nhà trị liệu, nhân viên xã hội hoặc đường dây nóng			
Có – Lúc bão Có – Lúc dọn dẹp Không KB TC C28. Từ khi BHarvey, ban hoặc có người nào trong GĐ có những bênh tình	SAMHSA vì những lo ngại về sức khóe tâm thần và/hoặc hành vi? [©] Có (Sang C35) [©] Không [©] KB [©] TC			
nào sau đây trở nên trầm trọng hơn (ĐỌC & Chọn HẾT): ¹ Hen suyễn	C34a. Nếu KHÔNG, ban hay có ai trong GĐ ban biết cách tiếp cân dich vu			
Bệnh Phối Tắc Nghẽn Mãn Tính (DOPD) Dị ứng Tiểu Đường Cao	sức khỏe tâm thần khi cần? (Bán danh sách các nguồn dịch vụ sức khóe			
Huyết Ấp 🛛 Bệnh Tim 🔍 Tình trạng sức khỏe tâm thần có sẵn	trong túi sách mà bạn đưa cho họ)			
Khác Không KB TC	°Có Không KB TC			
C35. Từ khi BHarvey, gia đỉnh bạn có nhận bất kỳ dịch vụ nào sau đây từ Sở Y Tế Houston không? (ĐỌC & Đánh dấu)	C36. Bạn hoặc người thân trong gia đình bạn có nhận sự trợ giúp nào từ những công tác cứu trợ không?			
Phòng chống muỗi Tiêm ngừa Phụ Nữ, Trẻ Em, và Sơ Sinh (WIC)	Có (Sang C36a) Không (Sang C36b) KB TC			
Giáo dục y tế ¹⁰ Sự phiền toái trong khu phố ¹⁰ Xét nghiệm ¹⁰ Lao phối	C36a. Nếu CÓ, sự trợ giúp loại nào? (Chọn HẾT) ¹⁰ Thực phẩm ¹⁰ Nước ¹⁰ Nơi tam trú ¹⁰ Quần áo ¹⁰ Tiền cứu trợ			
Cơ Quan Người Giả Quận Harris 🛛 Giấy tờ hộ tịch 🖓 Không nhận bất kỳ	Loại trợ giúp khác KB TC			
dịch vụ nào ^D Dịch vụ khác (cho biết rõ):	Câu 36b. Nếu KHÔNG, tại sao? Không cần giúp đỡ			
^O Không biết có những dịch vụ như vậy ^C KB ^O TC	Không biết có sự trợ giúp Không có phương tiện di chuyển để tới nơi			
	trợ cấp ¹ Lý do khác <u> </u>			
C37. Từ khi BHarvey, GĐ bạn có nhận bất kỳ dịch vụ gì từ trung tâm phục h				
Có Không (Sang C38) Không biết có những dịch				
C37a. Nếu CÓ, ở đâu? 🔅 Trung Tâm Đa Dịch Vụ Sunnyside 🗅 Trung Tân				
Trung Tâm Đa Dịch Vụ Đô Thị Nơi khác:	^о кв ^о тс			
C38. Tổng thu nhập hàng năm của GĐ bạn là bao nhiêu (Chọn MỘT): –	C39. GĐ bạn có <u>nhu cầu nào cần nhất</u> trong thời gian này?			
^D Dưới \$10,000 ^D Dưới \$25,000 ^D Dưới \$35,000				
^D Dưới \$50,000 ^D Dưới \$75,000 ^D \$75,000 hoặc hơn	□кв □тс			
□кв □тс				

Appendix D: Sample Activation Notice

CASPER#2 Schedule Confirmation DOE, JANE

Assigned Task	Status	Dates	Scheduled Start	Scheduled End
INTERVIEWER OR DRIVER	Assigned	10/22/2019 - 10/23/2019	10:00 AM	7:00 PM

Comments:

Welcome to CASPER - CASPER#2!

You have been activated to work CASPER. Here you will find your work schedule and assignment. Please note that your assignment may include off-site or backup duty. On days you are assigned off-site or backup duty, please report to your normal work location, you do not need to report unless you are called in. Below you will find the pertinent details of **CASPER**.

Mission Dates: 10/22/2019 - 10/23/2019

Please print out and to give to Time and Attendance personnel at sign-in when you report to CASPER#1

Location: THIRD WARD MULTI-SERVICE CENTER 3611 ENNIS STREET HOUSTON, TEXAS 77004

Parking: PHONE: 832.393.4051

Safety: Storage for your personal belongings is not available. Please secure personal belongings in your vehicle before you park at in lot B or C. All activated employees are required to remain on the premises until check out time is approved by the designated Incident Commander. If you must leave the premises prior to check out, for any reason, please confer with your section chief prior to departure.

Sign In/Sign Out: There will be a table set up outside of the auditorium for staff and volunteers to sign in and out.

Name Tags: Please wear your City issued employee badge; volunteers will fill out a name tag at the signin table.

Food/Beverages: Lunch will be provided. If you have dietary needs other than vegetarian, please bring your own lunch.

Attire: Please wear your navy HHD polo, jeans or dark colored slacks and comfortable shoes such as sneakers. If you do not have an HHD navy polo, please wear a white t-shirt, instead.

Supervisors: N/A

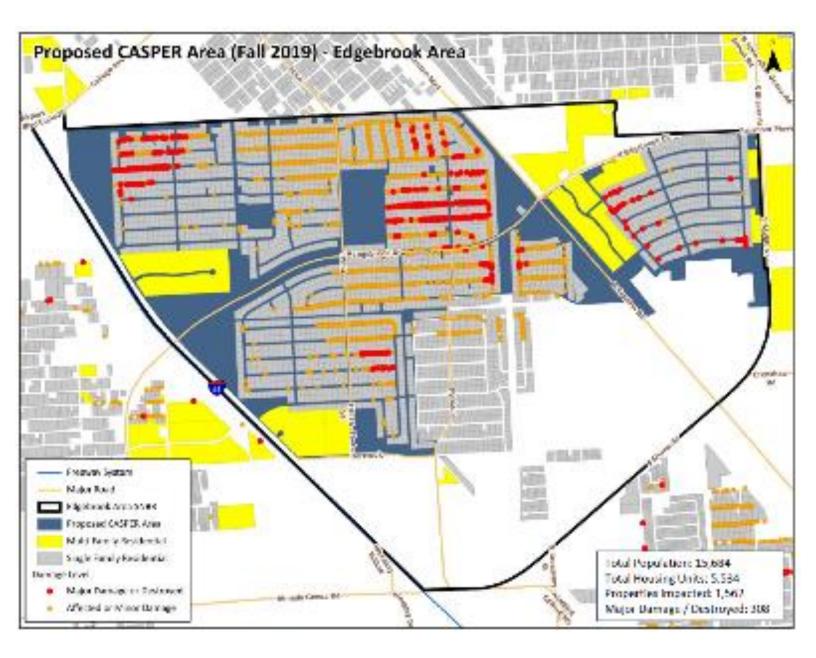
Additional Information Needed: N/A

Kronos Time Tracking:

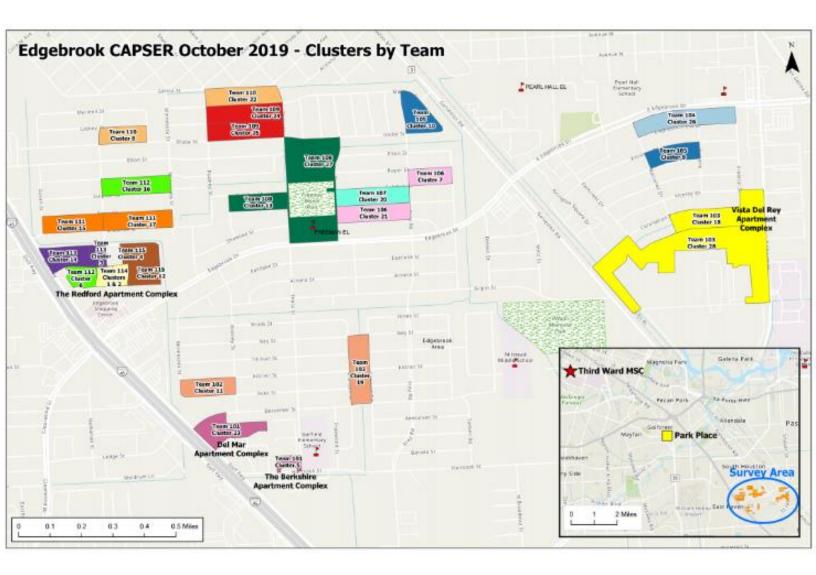
Kronos time tracking: If for any reason you are unable to make your assignment, please contact Dr. Faith Foreman-Hays at . Do not reply to this email to make schedule changes. Non-Exempt Employee: If you have received approval from your immediate supervisor to participate; and you are a non-exempt employee, you are entitled to receive overtime at 1.5X your normal hourly wage for the hours that you worked during the event. Exempt Employee Grade 24 and below: If you have received approval from your immediate supervisor to participate; and you are Grade 24 and below; you do not receive overtime and you will receive compensatory (comp) time at hour to hour rate. The comp time taken is approved by your immediate supervisor and must not jeopardize operations. The decision of when you can take Comp time must be coordinated with your immediate supervisor on a one to one basis. Exempt Employee Grade 25-26: If you have received approval from your immediate supervisor to participate; and you are grade 25-26; you do not receive overtime or Compensatory (comp) time. Comp time for this group requires Mayor's approval; however, you may adjust your work schedule if approved by immediate supervisor. Exempt Employee Grade 27 and above If approved to work this event you are not approved for overtime or compensatory (comp) time but you may adjust your work schedule. City temps/Agency temps: If you have received approval from your immediate supervisor to participate; and you are either a City temp or Agency temp; you must complete your temp attendance timesheet or agency timesheet based on the actual hours worked which is based on your sign in and sign out sheets. ODCHEW Finance Section time and attendance will verify your actual hours worked and will retain a copy of your timesheet. KRONOS You will have one week to update KRONOS. Identify in KRONOS actual hours worked, identify as "City business".

This is an automatically generated email – please do not reply to it.

Appendix E: Geographic Map



Appendix F: Cluster Map



Appendix G: Survey Plan



Fall 2019 CASPER Survey Plan

Team of 2 with a driver and a car:

Activity	Date	Time Slot	Cluster A	Cluster B
1st attempt to survey 7 HHs in cluster A	Oct 22, 2019	11:00-12:30	Х	
1 st attempt to survey 7 HHs in cluster B	Oct 22, 2019	14:00-16:00		х
2 nd attempt to complete surveys in cluster A	Oct 22, 2019	17:00-18:30	Х	
2 nd attempt to complete surveys in cluster B	Oct 23, 2019	10:00-12:00		х
3 rd attempt to complete surveys in cluster A	Oct 23, 2019	14:00-15:00	х	
3 rd attempt to complete surveys in cluster B	Oct 23, 2019	15:00-16:00		х
Remaining surveys	Oct 23, 2019	16:00-18:30	As Needed	As Needed

Notes:

- 1. We assume the second and third attempts will take smaller amount of time per cluster.
- 2. With this approach, we need 15 cars, each car with 3 staff, total of 45 operation staff.
- 3. This plan will not be applicable to Cluster 20 and 26 as these require oversampling.

Appendix H: Community Flyer



CASPER WILL BE COMING TO YOUR COMMUNITY!

WHAT IS A CASPER?

CASPER stands for Community Assessment for Public Health Emergency Response.

WHY does our community need a CASPER?

Data Indicates that the Edgebrook area was impacted by Hurricane Harvey. The Houston Health Department (HHD) wants to assess the impact of those affected. The information gathered during CASPER missions will be used to inform local officials who will use the results to strengthen relief efforts in the future, and to ensure resources are distributed appropriately.

- *Please note: In order to be interviewed, you must
- 1. Be 18 years of age
- 2. Have any "No Trespassing" signs temporarily removed
- 3. Have all dogs properly leashed

00

WHEN will the CASPER take place?

October 22nd & 23rd, 2019 Field teams will only knock on your doors between the hours of 10 a.m. and 7 p.m.

WHERE will the CASPER be conducted?

HHD employees will survey communities in zip code 77034.

WHO should I expect to see?

HHD employees will be in teams of two and dressed in a Navy Polo. We will not need to come into your home. The survey will only take 10-20 minutes. There may be an incentive for your time and participation.

uston Health Department Dhorth Station Drive, Hauston, TX 71054, 832-343-5169

HOUSTONHEALTH.ORG

Appendix H-1: Community Flyer-Spanish

DEPARTMENT

iCASPER vendrá a tu comunidad!

¿Qué es un CASPER?

CASPER significa Evaluación de la Comunidad para la Respuesta a Emergencias de Salud Publica.

¿POR QUE nuestra comunidad necesita un CASPER?

Los datos indican que el área de Edgebrook se vio afectada por el huracán Harvey. El Departamento de Salud de Houston (HHD) quiere evaluar el impacto de los afectados. La información recopilada durante las misiones CASPER se utilizará para informar a los funcionarios locales que utilizarán los resultados para fortalecer los esfuerzos de ayuda en el futuro y para garantizar que los recursos se distribuyan adecuadamente.

- *Nota: para ser entrevistado, debe:
- 1. Tener 18 años de edad
- 2. Elimine temporalmente cualquier señal de "no traspaso"
- 3. Haga que todos los perros estén debidamente atados

¿CUÁNDO tendrá lugar el CASPER?

Los días 22 y 23 de octubre de 2019 o Los equipos de campo solo tocarán sus puertas entre las 10 a.m. y las 7 p.m.

¿DÓNDE se realizará el CASPER?

Los empleados de HHD encuestarán a las comunidades en el código postal 77034

¿A QUIÉN debería esperar ver?

Los empleados de HHD estarán en equipos de dos y vestidos con un polo azul marino con un chaleco de seguridad sobre él. No necesitaremos entrar a su hogar. La encuesta solo tomará entre 10 y 20 minutos. Puede haber un incentivo por su tiempo y participación.

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HOUSTONHEALTH.ORG Houston Health Department 8000 North Stadium Drive, Houston, TX 77054 832 309 5168

Appendix H-2: Volunteer Flyer



LOOKING FOR PEOPLE WITH A PASSION FOR PUBLIC HEALTH

WHAT IS A CASPER?

CASPER stands for Community Assessment for Public Health Emergency Response. The Houston Health Department will be doing a CASPER in the Edgebrook (South Houston) community and need your help! We are looking for volunteers to be surveyors during the CASPER project. WHEN: October 22nd & 23rd, 2019

> WHERE: Third Ward Multi-Service Center 3611 Ennis Street Houston, TX 77004

> > TIME: 10 a.m. – 7 p.m.

Just-In-Time Training provided and required Light snacks & lunch provided

WHY ARE WE IMPLENTING A CASPER?

Data Indicates that the Edgebrook community was Impacted by Humcane Harvey. The Houston Health Department (HHD) wants to assess the Impact of those affected. The Information gathered during CASPER missions will be used to Inform local officials who will use the results to strengthen relief efforts in the future, and to ensure resources are distributed appropriately.

Begister using the following link: http://bit.Jy/FallCASPERHTX Please register no later than September 22nd, 2019 For questions, please contact Tia Johnson at 832-393-5027 or via email at Tia.Johnson@houstontx.gov



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References

Centers for Disease Control and Prevention (CDC). Community Assessment for Public Health Emergency Response (CASPER) Toolkit: Second edition. Atlanta (GA): CDC; 2012.

StataCorp. 2013. Stata Statistical Software: Release 13. College Station, TX: StataCorp LP