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AN EVALUATION OF PUBLIC HEALTH PREPAREDNESS IN THE FAITH-BASED
COMMUNITY ATLANTA, GEORGIA

BY

Albert Calvin Wright Jr.
Degree to be awarded: MPH
Career MPH

_____

Melissa Alperin, MPH, MCHES   Date
Committee Chair

_____

Chester Lee Smith, MS, MA   Date
Committee Member

_____

Kathleen R. Miner, PhD, MPH, MCHES   Date
Associate Dean, Applied Public Health

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By

Albert Calvin Wright Jr.
B.A., Columbia College, 1992

Thesis Committee Chair: Melissa Alperin, MPH, MCHES

An abstract of
A Thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
in partial fulfillment of the requirements of the degree of
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2012

Abstract

AN EVALUATION OF PUBLIC HEALTH PREPAREDNESS IN THE FAITH-BASED
COMMUNITY ATLANTA, GEORGIA

BY
Albert Calvin Wright Jr.

Traditionally faith communities have served important roles in helping survivors cope in the aftermath of disasters. The memory of Hurricane Katrina and other recent natural and manmade disasters is ever present. Faith-based Organizations (FBOs) in the Atlanta Metropolitan Statistical Area (MSA) may have appropriate staffing to address emergency planning but the question is how many constructive drills and/or simulations have been conducted with follow up after-action reviews and corrective action plans executed? This study utilized a survey developed to assess a sampling of FBOs level of readiness in planning and preparing for disasters. The survey was disseminated to the membership of the Concerned Black Clergy of Metropolitan Atlanta, Inc. (CBC) during weekly meetings.

The study consisted of surveying individuals (clergy) about the practices and culture of their organizations. Participants answered objective survey questions via an internet-generated survey tool (Survey Monkey) regarding their organizations planning and preparedness for emergencies. Respondent FBO's information remained anonymous throughout the survey process. The results of the survey provided data for six task areas cited in the survey questionnaire (Planning/Mission, Communication, Planning for Impact, Policies, Allocation of Resources, Coordination). It is hoped this project can serve as a national model for FBOs to gauge, assess, and enhance community emergency preparedness.

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Chapter I:

Introduction

Introduction and Rationale

Hurricane Katrina was one of the worst natural disasters in our Nation's history and has caused unimaginable devastation and heartbreak throughout the Gulf Coast Region. A vast coastline of towns and communities has been decimated.
President George W. Bush, September 8, 2005

On February 23, 2006, President George W. Bush's Administration released its report on the federal government's participation in the response to Hurricane Katrina. Entitled "The Federal Response to Hurricane Katrina: Lessons Learned," and drafted by the Assistant to the President for Homeland Security and Counter-terrorism, the document fulfills President Bush's mandate to comprehensively evaluate the federal response to Hurricane Katrina with a goal of providing a better preparation and response to catastrophic natural or manmade disasters[i]. The document reviews in detail events prior to and after landfall, and offers a series of lessons learned with accompanying recommendations. Two of the lessons learned bear directly on the capacity and willingness of the faith-based community to serve as integrated partners in emergency management preparedness, response and recovery.

In the White House Report, the Bush Administration concluded that faith-based and other volunteer organizations provided essential support to the Hurricane victims, but were not adequately integrated into the overall response. As a result, in a key lesson learned, the White House Report called directly for the integration of faith-based disaster related efforts into the emergency management system at the State and local levels. Perhaps most noteworthy, however, the White House Report called attention to the need for this integration to occur prior

to future incidents (Preparedness). In a related lesson learned, the White House Report stressed the need to develop a comprehensive program for the professional development and education of homeland security personnel, faith-based and community-based groups.

Throughout the White House Report is the Bush Administration's call for a national "culture of preparedness" that incorporates the contributions of government, private sector, and volunteer, including faith-based, efforts. This call for a national shift in preparedness thinking is echoed in the United States Senate's 2006 report entitled "Hurricane Katrina: A Nation Still Unprepared" in which the Senate Committee on Homeland Security and Governmental Affairs called for the replacement of the Federal Emergency Management Agency (FEMA) with a National Preparedness and Response Authority that would, in part, renew the national commitment to integrating the capabilities of the faith-based organizations[ii].

Despite its reference to the White House Report on the 2006 incident, this thesis is not a response to the tragedy caused by Hurricane Katrina. Nor is this thesis a response to the multitude of national, state, and local challenges that arose in its wake. Rather, this thesis makes the quiet claim that faith-based organizations offer a largely untapped emergency preparedness resource to emergency management, and the strength of that capability lies in the pre-coordination of identified tasks and functions specifically associated with preparedness, response and recovery. Through careful cultivation of partnerships between houses of worship, and pre-coordination of life-saving and life-enhancing tasks, the faith-based community is well situated to assume the responsibility of direct connection to community-level emergency preparedness and relief. The discussion below and subsequent survey presents the concept of faith-based emergency preparedness planning with community partners and local government.

The spark that ignited the proverbial fire of emergency management began in 19th century Portsmouth, New Hampshire. Prior to the year 1800, Portsmouth was home to approximately 4800 men, women and children. The population grew exponentially as this small port city became an ideal location for maritime trade and shipbuilding. Due to the rapidly growing population, timber buildings, and accelerants such as used candles and stored hay, several large fires ensued[iii]. On January 14, 1803, just 19 days after the fire, Congress authorized "the Secretary of the Treasury to suspend, for a limited time, the collection of bonds due to the United States by merchants of Portsmouth, New Hampshire who suffered by the conflagration of that town[iii]. The rationale behind providing federal support to the town of Portsmouth was its huge contribution to US commerce; Portsmouth needed to rebuild as soon as possible so that their revenues could continue to flow to the Treasury. This action was the only emergency management task completed by the federal government until the following century[iv].

The next era of emergency management intervention started with the threat of a nuclear attack on the United States. The commencement of the Cold War created the necessity for an emergency management program that would prepare the American people in the event of a nuclear attack on the nation. Preparing for natural disasters wasn't a major concern during this decade specifically because there were few natural disasters occurring at this time. The Federal Civil Defense Administration and the Office of Defense Mobilization were created to handle the emergency management needs of the country. However, the bulk of the emergency management strategies implemented during this era were community based.

Between 1960 and 1980, the United States' emergency management strategy shifted gears and focused more on natural disasters. In response to these new threats to national security, the

Kennedy Administration created the Office of Emergency Preparedness[iii]. This agency was responsible for handling natural disaster planning and response, leaving the Department of Defense in charge of civil defense issues. In an effort to centralize emergency management activities during the 1970s, President Carter established the Federal Emergency Management Agency (FEMA). The final two decades of the 20th century saw further shifts in US emergency management focus. After several changes in emergency management focus, by the end of the 1990s, Project Impact had finally ushered in an era of all inclusive emergency management planning strategies[iii].

On September 10, 2001, Americans had a well-defined mental barrier between what was real and what was imaginary. It was unfathomable that any serious threat from outside nations existed or that American infrastructure could not withstand an attack of any magnitude. The United States was an impenetrable fortress and any menace to their carefree, well-protected society was simply a figment of their imagination. The aforementioned mental barrier between real and imaginary was destroyed the following day. On Tuesday morning, September 11, 2001, 19 suicide hijackers took control of four United States commercial airplanes and crashed them, respectively, into the Twin Towers of the World Trade Center (WTC) in New York City, the Pentagon in Washington, DC, and in a field in Somerset County, west of Pittsburgh, Pennsylvania[v].

The horrifying images of this ill-famed day will forever be engrained in the memory of all Americans who experienced it. An estimated 5000-6000 people were killed and thousands more were emotionally and psychologically traumatized beyond measure[iii]. Eleven years later, a cold and eerie feeling still overwhelms visitors to the site where the Twin Towers once stood.

Unlike natural disasters, such as Hurricane Katrina and the 2004 Indian Ocean Tsunami, this terrorist attack came without warning and with a merciless mission to destroy as many lives as possible. In response to the terror attacks of 9/11, President Bush immediately created the Department of Homeland Security (DHS) by executive order[iii]. The governor of Pennsylvania, Tom Ridge, was appointed as the agency's leader.

Within a few months of creating this agency, a five-stage, color coded warning system that ranged from elevated risk to high risk, was implemented[iii]. This system would be used as a way to keep the public informed of possible terror threats. The next advancement for DHS would come in November of 2002 with the passing of the Homeland Security Act[iii]. This act completely reorganized the emergency management system within the United States. However, while the reorganization impacted FEMA, state level and local level emergency planning agencies, its main function would be to focus on preventing, responding to and minimizing damage from terrorism[iii].

Public health is an entity that dons many hats and can provide assistance in a myriad of disasters. However, the long running managers of disasters and emergency management have recently had to work collaboratively with public health and in some cases take a secondary role while public health was the lead in a disaster situation. Prior to the 9/11 bioterrorist attacks, public health served in an advisory role during disaster responses. It has historically been public health's duty to lead in infectious disease outbreaks; however, with vast advancements in medicine and technology, the threat of infectious disease as well as the leadership role of public health greatly faded.

Currently, public health has several roles and responsibilities in disaster response and recovery: providing proactive and reactive disaster education to the public, identifying groups most at risk from disasters, preventing disease by providing health advisories on injury prevention, food and water safety and vector control, collaborating with other health and human service professionals to rigorously evaluate intervention outcome, and assuring that health services continue post impact, including acute, primary, and emergency care[vi].

According to the Institute of Medicine (IOM), the re-emergence of infectious diseases in part related to demographic change and globalization has elevated interest in public health's role as both a responder to and a preventer of epidemics and infectious disease outbreaks[vii]. In non-bioterrorism events, public health serves in a support capacity to limit morbidity due to secondary health impacts.

The role of emergency management in a disaster is to coordinate resources before, during, and after an emergency and to manage activities in all four phases of emergency management: mitigation, preparedness, response, and recovery. In essence, faith based organizations and public health have not been integrated due to the dysfunctional relationship between emergency management and faith based organizations.

Integrating public health into the complex field of emergency management presents a stressful challenge. Conflicts may arise between the jurisdictions of public health and emergency management during a disaster because of their different approaches and methodologies. Disaster planning requires a multi-faceted, multi-disciplinary approach if it is to be as success. Every plan should begin with a thorough risk analysis. Understanding risk and vulnerability should provide the foundation for crafting the plan. With events like the anthrax

attacks of 2001 becoming more likely to recur in the future and the re-emergence of diseases like

smallpox and malaria, public health will be required to take a leadership role in disaster

preparedness and response once again. The capacity that Faith Based Organizations (FBOs) will

participate in the emergency management cycle (Figure 1 below) during future disasters will be

theorized based on literature review and data analysis of this thesis.

Figure 1. Emergency Management Cycle[viii]

Problem Statement

Is the Faith-based community prepared to assist in a time of crisis? Faith-based

organizations are severely under-utilized as a resource for emergency preparedness. The staff in

many Faith-based Community Organizations lacks sufficient emergency preparedness education

and training. They may also have limited knowledge or access to emergency preparedness

response networks (resources) to coordinate response activities. Facilities, if not certified, may

not meet minimum environmental compliance standards set forth by the American Red Cross or

the local Public Health; therefore there will be concerns about safety and liability insurance. Due

to the close proximity to vulnerable populations and disaster/emergency impact sites, Faith-based

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Organizations may have limited capacity if damages occur to local facilities/utilities or professional and volunteer staff is reduced. There is also limited tracking infrastructure to monitor services provided during a response effort which can hinder the extent of their remuneration for services rendered. Ultimately, research efforts should be targeted at examining if there is an innate distrust of formal collaboration with government agencies, especially in African-American communities.

Theoretical Framework

"I hate the way they portray us in the media; you see a black family and it says 'they're looting', you see a white family and it says 'they're looking for food'…George Bush doesn't care about black people [ix]." Although Grammy award-winning artist Kanye West's statements regarding the media and federal government's response to the devastation of Hurricane Katrina in New Orleans were racially charged and emotionally unsettling, substantial evidence exists to the fact that some African-Americans have a distrust for the government due to circumstances such as those mentioned by Mr. West. This lack of trust for the government bleeds over into psychological research and clinical trials, thereby limiting the amount and validity of information regarding how African-Americans are affected by emerging infectious diseases and natural or man-made disasters. This thesis will examine exploratory data collected via surveys of prominent black clergymen in the greater Atlanta, Georgia area on how faith-based organizations contribute to emergency preparedness and disaster resilience in the communities they service.

The methodology for collecting and analyzing the data will be explained in greater detail in the data analysis section. To address the purpose of this thesis, literary analyses were performed on the following: The historical relationship between the African-American church

and the federal government; African-Americans and their attitude towards clinical trials and seeking medical attention; and the role faith-based organizations, specifically the African-American church, has played in previous disasters.

Purpose Statement

The purpose of this survey was to gain an understanding of the level of emergency preparedness within the African-American church and to better gauge the role of the African-American church in emergency preparedness. In this thesis, the African-American church is used as one example of the faith-based community. Faith-based Organizations in the Atlanta Metropolitan Statistical Area (MSA) may have people in place working to address emergency planning; this project will investigate the validity of this statement. Although concern about the threat of an emergency or disaster is ever present, there needs to be a sense of urgency among FBOs in detailed preparation and practical constructive scenarios. This thesis aims to debunk the myth that it would take an actual emergency or prompting by authorities before many FBOs would be motivated to prepare for and plan to deal with emergencies or disasters. It is assumed that FBOs express modest interest in obtaining information to help educate their congregation, employees and community. The results of the survey will provide statistical data for six task areas cited in the survey questionnaire (Planning/Mission, Communication, Planning for Impact, Policies, Allocation of Resources, Coordination) for analysis.

Public and private sectors organizations have developed plans, exercises, as well as other preparedness activities to reinforce the planning within and between each sector. Coordination between public-private partnerships that include FBOs will enable communities to build relationships, coordinate efforts, as well as contribute towards building community resiliency to

deal with any major incident. It is hoped that this survey can serve as a model for other FBOs to gauge and assess the readiness of their organization and the community in which they serve.

Study Questions

The following questions were formulated based on the literature review and synthesis of relevant information.

1. How does the African-American church, which is predominately a Southern Baptist denomination, prepare for and respond to disasters?
2. What has been the attitude of the faith-based community toward emergency preparedness and the local, state and federal government?
3. How or should faith based organizations be integrated in local/state/federal exercises?
4. What message should faith-based organizations be delivering to their congregation and the communities they serve regarding emergency preparedness?
5. In the wake of a disaster, what role(s) can FBOs play in disaster response and recovery?
6. Should inter-faith partnerships be developed between different religious entities to enhance management of resources?

Significance Statement

Faith-based organizations are and can be important partners with emergency preparedness agencies during an emergency. The strength of these resources lies in the coordination of identified tasks and functions before an incident or event, specifically those tasks and functions that would be associated with preparedness, response and recovery.

FBOs make up the moral and ethical fabric of many communities and often provide support services as part of their ministries. During times of crisis churches have played a critical role in the response and recovery phases of disasters. It is important for FBOs to play a prominent/leadership role in preparing for emergency response. Second to family and friends, FBOs are where people turn to in times of need.

Definition of Terms

Bioterrorism – Terrorism involving the intentional release or dissemination of biological agents**.**

Faith-based Organizations - Organizations with religious motivation

Metropolitan Statistical Area - A geographical region with a relatively high population density at its core and close economic ties throughout the area.

Mitigation – The effort to reduce loss of life and property by lessening the impact of disasters.

National Volunteer Organizations Active in Disasters - A coalition of nonprofit organizations that respond to disasters as part of their overall mission.

Preparedness - The state of being ready or prepared for specific or unpredictable events or situations

Chapter II:

Review of the Literature

Introduction

Traditionally faith communities have significant roles in helping survivors cope in the aftermath of disasters. The responses to Hurricane Katrina and other recent natural and man-made disasters remind us of the importance of those roles. All segments of society must be prepared to respond to catastrophes. To support this study, a literature review was performed achieve the following: 1) to assess the role of African American faith-based organizations (FBOs) in emergency preparedness and disaster response and 2) to determine strengths and weaknesses of emergency preparedness in the faith-based community and identify methods to improve the cited weaknesses.

The Role of African-American FBOs in Emergency Preparedness and Disaster Response

The authors of the article "Collaborating with African American Churches to Overcome Minority Disaster Mental Health Disparities: What Mental Health Professionals Can Learn from Hurricane Katrina" explore how mental health professionals and African-American pastors and their churches could collaborate to overcome minority disaster mental health disparities. A disproportionate number of African-Americans have been found to experience higher levels of psychological and physical distress than their Caucasian counterparts following a disaster[x]. Specifically, Hurricane Katrina heavily damaged the African-American church as an entity through the destruction of churches, community centers, and displacement of thousands of people[xi]. The church is a major component of the African-American community and way of life.

In an article entitled "Religion and Health among African-Americans: A qualitative examination", Marks et al. state that African-Americans who attend faith services are more likely to live longer and enjoy psychological and physical health benefits[xii]. Based on this information, a qualitative study was designed to determine how the African-American church could collaborate with mental health professionals to assist in disaster preparedness activities and mental health disparities.

While this study exhibits that clergymen in the African-American church are concerned about disaster recovery and response, little is mentioned about their willingness to participate in emergency management exercises and drills prior to an event. This article illustrates how important it is for African-American pastors and their churches to be proactive and prepare the communities they serve with information and resources to withstand an event before it occurs. The significance of this thesis and all the research it entails is further validated by the findings in this article.

Massey and Sutton examined the role of the faith community in responding to disasters in reference to services they provide and organizations dedicated to emergency preparedness. Faith-based groups dedicate volunteers, facilities, and other resources to shelter and feed the homeless daily. The authors determined that one major contribution the faith community makes in disaster response is in the area of spiritual and emotional care. A survey of New Yorkers following the September 11 terrorist attacks found that 59% of disaster survivors preferred to receive support from a clergy or religious counselor, compared with 45% who sought a physician and 40% who sought a mental health professional for emotional support[xiii]. Spiritual and emotional needs are especially important in disasters that involve traumatic loss, such as terrorism[xiv]. Positive religious counseling is associated with lower levels of depressive symptoms following a major

loss[xv]. Many faith communities receive support from their denominational bodies at the state or national level; however, like most organizations, disaster response is a process that begins locally. Any assistance from neighboring states is often coordinated through individual denominational disaster response headquarters or through a coordinating body such as the National Voluntary Organizations Active in Disasters (NVOAD)[xvi]. In conclusion, Massey and Sutton determined that "local faith leaders living and serving in disaster-affected communities will serve as a bridge to social service resources and provide spiritual accompaniment to disaster survivors throughout the process of community healing and recovery[vii] (pg 945)."

Renne et al. performed an extensive literature review on emergency preparedness planning and the evacuation of special needs populations[xvii]. Special needs populations were defined as individuals who are carless, residents with limited mobility and health problems, the elderly, disabled, minorities, and low income families (as experienced during Katrina)[xvii]. Carless is defined as people who, for any reason, lack access to automobile transport. Areas of weakness within the field of emergency preparedness with respect to special needs population are identified[xvii]. This review also discusses the role of an integrated, multimodal approach for evacuation planning to assist with evacuating people in the most efficient manner possible. One identified area of weakness was the lack of planning mass evacuations for large metropolitan statistical areas (MSAs) where a majority of the population is carless and relies on public transportation[xvii]. Another weakness identified was a lack of understanding by emergency management of the broad spectrum contained within the special needs populations. Some special needs people only require transportation or immediate medical assistance; while others may be completely disabled, disoriented, have no family, no financial means to support themselves and need the care provided by a nurse or doctor, not merely a civilian volunteer[xvii]. A third point of

consideration for emergency management is the ever-changing demographics of the elderly population in America[xvii].

The question remains, however, where does the faith-based community tie in to the issues faced by emergency management and special needs populations? Churches, synagogues, mosques, and other physical structures designated as places of worship could easily function as shelters for individuals with special needs prior to, during, and after a disaster. Buses utilized by the faith-based organization for day-to-day activities could be used to retrieve carless individuals from their homes or in the case that they are stranded and transport them to safety. Faith-based organizations can also maintain a designated amount of beds, medical supplies, and food for the evacuees who will seek shelter in their facilities. The literature in this article speaks to the importance of faith-based communities as shelters, alternative methods of transportation, and as multi-purpose resource centers.

Determine Strengths and Weaknesses in Emergency Preparedness and Methods of Improvement

In his book *In the wake of disaster: Religious responses to terrorism and catastrophe,* Koenig argues that faith communities play a significant and important role in helping people prepare for and respond to disasters because many people will turn to their faith communities for guidance, support, and meaning[xviii].

Although it appears that faith communities have a history of providing vital services that respond to the spiritual, physical, emotional, and resource needs of disaster survivors, authors Aten & Topping reveal that there is still a need for greater emphasis on preparedness activities[xix]. In a qualitative study exploring the role of the African-American church in southern Mississippi communities directly affected by Hurricane Katrina, researchers found that disaster preparedness plans were noticeably absent prior to and one year after the storm[xx]. A separate survey of

churchgoers in the same area three years after Hurricane Katrina also revealed that very few

participants had disaster preparedness plans in place prior to or after the storm[xxi]. When

researchers met with clergymen throughout the area, they reported that one of the biggest

obstacles encountered before and after the storm was the break in social networks (e.g., not

knowing how to get into contact with congregation members) that emerged from lack of

communication capabilities. Thus, Aten and Topping felt it necessary to discuss a social

networking tool that can be used by faith communities in developing preparedness and response

plans. This tool evolved in the wake of Hurricane Katrina as researchers and psychologists

worked directly with faith communities and the victims of the storm.

Aten and Topping cite several limitations to the tool, in regards to applicability and

adaptability[xix]. Internet access is still in many ways a luxury and is often not found in rural areas,

such as those researched in this study. In addition to limited or no access to the Internet, many

faith communities are not technologically inclined to operate most computer software let alone

develop a disaster preparedness tool[xix]. Some selection bias was present due to the fact that the

researchers developed the tool based upon their own experiences with Hurricanes Katrina and

Gustav[xix]. This tool may not have the same impact on disaster preparedness with an event such as

an earthquake, where little to no warning is present prior to the destruction. Therefore, further

research is needed to create additional faith community social network tools. Essentially,

research efforts should include surveys of clergymen to assess their understanding of emergency

management, disaster preparedness and response, and what role they have played in previous

disasters in their communities[xix].

Summary and Study Relevance

As in any response to an emergency or disaster, management of resources is crucial and

cannot be under emphasized. This was realized early on when the National Voluntary

Organizations Active in Disaster (NVOAD) was organized in 1970[xxii]. Prior to the establishment of the NVOAD, numerous organizations attempted to serve disaster victims independently of one another, this included non-profit and governmental organizations[xii]. During a response both organized volunteers and individual good Samaritans would converge on the impacted area[xii]. This caused duplicity in effort, mass confusion that would exacerbate an already bad situation although the intent was to help[xii]. The organizers of NVOAD realized that in order to provide useful support to disasters victims they would have to communicate, coordinate, collaborate, and cooperate effectively[xii].

Aten & Topping cited that the break in social networks and communications was a major problem after Hurricane Katrina. Clergy as well as other community leaders lost contact with their congregations and constituencies. Internet and telephone access was limited or lost. This was a clear indication that technology and communications are vital in bringing a community back to normal. It was stated that many citizens would seek psychological and spiritual support from their faith communities. However there is a need for preparedness planning for all hazards that may impact the community and technology has an important role[xix].

During the aftermath of a disaster, the stress of loss and fear of the unknown takes its toll on a community impacting both physical health and mental health. As stated in the article on collaborating with African-American Churches, psychological and physical distress is higher in the African-American community when compared to other ethnicities[xx]. That is why formalizing relationships with mental health professionals to provide spiritual direction and pastoral care to community and congregational members and those in need. African-American pastors also need to be proactive in preparing their congregations and communities by networking and collaborating planning efforts with local government officials.

During emergencies the evacuation of our most vulnerable population the low income and persons who have access and functional needs require special consideration. Transportation challenges have long been an issue for emergency planners in smaller communities and in the large metropolitan statistical areas (MSAs). Planners must develop databases listing all available public and private transportation conveyances to include faith organizations. Emergency management should develop an integrated, multimodal approach for evacuation planning to assist with evacuating vulnerable populations in the most efficient manner possible.

The flood story in the Bible is an excellent example and starting point for emergency preparedness in a faith community. Just as Noah was preparing for a worst-case scenario event, it is also incumbent that FBOs become more cognizant of emergency planning. This chapter has reviewed some of the available literature that revealed a number of factors that contribute to the need for more involvement of faith organizations in emergency preparedness. For the purpose of this thesis, the reviewed articles demonstrated that response; technology; mental health; and transportation are points of interests that FBOs in the African American community should make high priorities.

Chapter III:

Methodology

Introduction

The purpose of this study was to accurately assess the level of disaster preparedness amongst faith-based organizations, specifically the African-American church in the Metropolitan area of Atlanta, Georgia. Members of the Concerned Black Clergy (CBC) of Atlanta were surveyed to address this issue. This chapter will describe the methodology including population and sample, research design, procedures, and limitations and delimitations of the data.

Population and Sample

When selecting survey participants, the only solid criterion was to be a member of the Concerned Black Clergy of Metropolitan Atlanta, Inc. (CBC). CBC is the primary, proactive and principle-centered organization comprising mostly African-American ministers and laity. Their mission is to provide leadership, advocacy and service to the homeless, helpless and hopeless in their communities. CBC has over 100 church congregations and many community activists and corporations within their network[xxiii].

The CBC's area of service spans 28 counties, known collectively as the Atlanta Metropolitan Statistical Area (MSA). Figure 2 provides a map of the MSA. The 28 counties that comprise the MSA are: Fulton, Gwinnett, DeKalb, Cobb, Clayton, Cherokee, Henry, Forsyth, Paulding, Douglas, Coweta, Bartow, Carroll, Fayette, Newton, Rockdale, Walton, Barrow, Spalding, Pickens, Haralson, Butts, Meriwether, Dawson, Pike, Lamar, Jasper, and Heard. Although the counties that comprise the MSA are richly diverse in culture and ethnic

backgrounds, the presence and influence of the African-American church is not to be underestimated.

Figure 2. Map of Atlanta MSA

Twenty-Eight Metro Counties, Georgia

Research Design

A survey was constructed using a scale to rate the importance of and the progress made for a particular task regarding emergency management in faith-based organizations.

Procedures

The survey was distributed on paper at (weekly) meetings over a six-month timeframe to members of the CBC. In addition to the paper surveys distributed, an electronic version of the survey was generated using the software SurveyMonkey©. A link to the survey was sent via email to a distribution list containing the email addresses of members of the CBC. Every effort was made to track down participants via the Internet and in person. During this six-month period, 75 surveys were distributed by hand and the link to the survey was emailed twice to the distribution list. (Please refer to Appendix A to view the survey in its entirety.)

Limitations and Delimitations

These exploratory data, like data from any other study, were accompanied by several strengths and weaknesses. Prior to conducting this survey, a search was performed for literature on this particular subject. No previous studies had been performed to explore the significance of faith-based organizations in emergency preparedness. While several studies alluded to the fact that faith-based organizations played some type of role in disaster response, no one study had suggested the importance of the African-American church in being proactive to prevent total devastation during a disaster. This study possesses the strength to spawn future research on the role of the African-American church in emergency preparedness and bring awareness to the fact that a proactive approach to disasters will substantially benefit the African-American community.

Survey participants remained completely anonymous, no survey identification (ID) numbers were provided and no follow-up was performed after the survey had been completed. A statistical method that combats confounding yet maintains diversity in the sample would have been to perform random selection. All of the members of the CBC could have been given a

number, and numbers could have been randomly selected to decide who would participate in the survey. Each member of the CBC received a survey, either by hand or electronically, but most did not complete it. Several hypotheses have been formulated regarding why so few surveys were completed: (1) Clergy were not educated or felt uneducated on principles of emergency management and therefore did not complete the survey for fear of revealing their ignorance to the subject matter; (2) As mentioned previously, a distrust for the federal government and scientific experimentation exists within the African-American community, mainly due to horrific historical instances such as the Tuskegee Syphilis Experiment; (3) The survey was distributed electronically and by hand; the option to participate in the survey via telephone or in a face-to-face interview was not provided. The clergy may have felt more comfortable being interviewed and having the ability to ask questions on the spot instead of speculating while completing the survey on their own.

Results

Introduction

The survey was distributed to members of the Concerned Black Clergy (CBC) of

metropolitan Atlanta, which is comprised of faith-based (Christian, et al) organizations in the

Atlanta Metropolitan Statistical Area (MSA). Forty-three surveys were completed either via

SurveyMonkey© or on paper. The paper surveys were entered into SurveyMonkey and data

analysis was performed using this software. The results of this study, as well as implications for

future inquiry, will be discussed in accordance with the study questions proposed in chapter one

of this thesis. For each study question, the researcher examined key tasks related to each

overarching study question.   Please see Appendix C for the complete list of responses to all

survey questions and task categories.

Findings

Study Question 1: How does the African-American church, which is predominately a

Southern Baptist denomination, prepare for and respond to disasters?

Under Section 1 of the survey, "Plan for the impact of an emergency on the organization

and its mission", for Task A, 85.7% (n=36) of respondents said that determining the potential

impact of an emergency or disaster on the organization's usual activities and services was very

important. However, when asked what progress was made on this task at the time of the survey,

only 7.1% (n=3) of respondents had completed the task; see Figure 3. Task C asked participants

if they planned for situations likely to require increasing, decreasing or altering the services and

activities of your organization (social, ecumenical, spiritual, school, daycare, etc.). Eighty-three

percent (n=35) of respondents said that this task was very important; only 7.1% (n=3) of

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respondents had completed the task at the time of the survey; see Figure 3. Task D asked about determining the potential impact of an emergency on outside resources that support the organization's delivery of services (e.g. transportation, supplies, etc.). Seventy-six percent (n=32) of respondents rated this task very important, but again only 7.1% (n=2) had completed the task; see Figure 3. Task H, testing of the organization's response and preparedness plans via exercises or drills was rated very important by 82.5% (n=33) of respondents and 7.3% (n=3) of participants specified that this task was completed; see Figure 3. Exercises and drills focused on emergency preparedness serve as tests for an organizations' disaster plan; any shortfalls discovered are cited in the After Action Report (AAR). As a result of the AAR Task I, revision of the response plan may be needed, and it was indicated as very important 80.5% (n=33). However, only 4.9% (n=2) of respondents have completed this task; see Figure 3.

Figure 3: Responses to Section 1 – Prepare for and respond to disasters
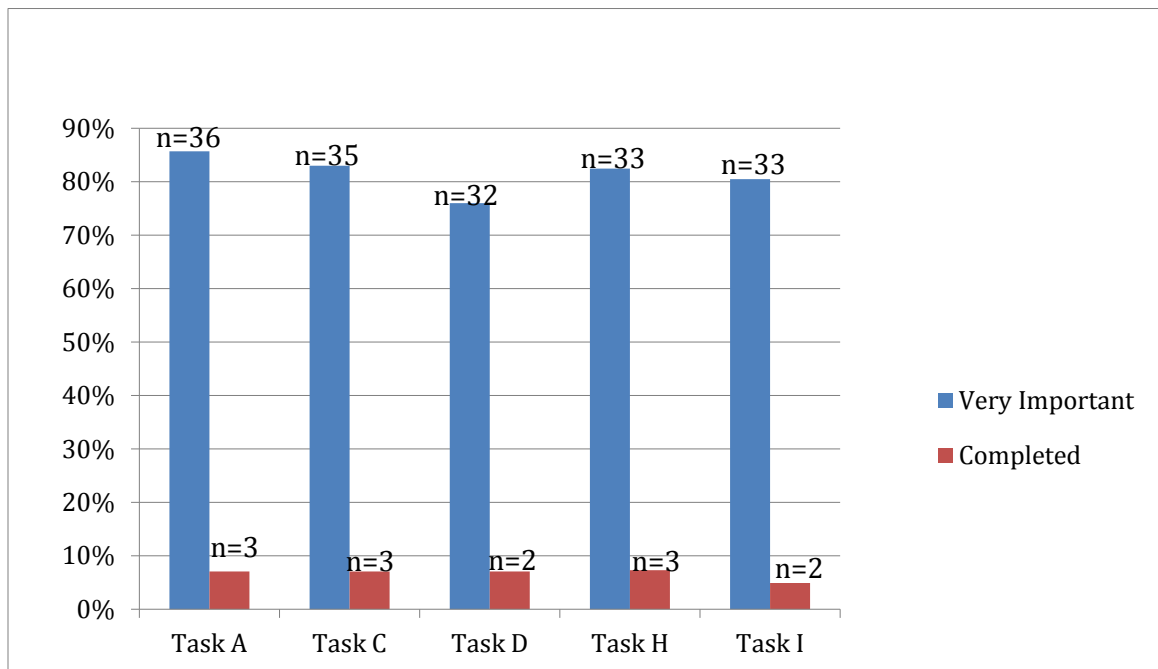
The emergency preparedness task referred to in Section 3, "Plan for the impact of an emergency/disaster on your staff, congregation, and community on the organization and its mission" Task A is concerned about the importance of planning for staff absences during an emergency/disaster due to personal, family, school, business, and public transportation closures. Eighty–five percent (n=36) cited that this was very important and 9.8% (n=4) had completed plans for this task; see Figure 4.

Figure 4: Responses to Section 3 – Plan for impact on staff, congregation, on and community
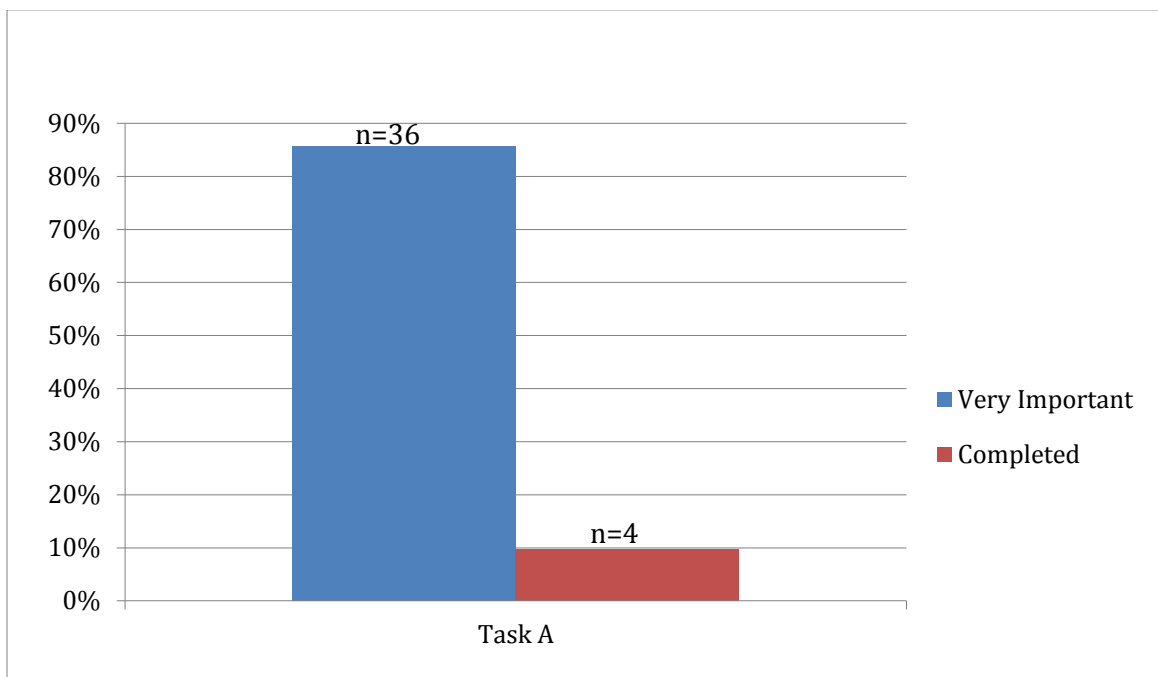
Under Section 5, "Allocation of resources to protect your staff, members, and persons in the community" Task A of this section asked to determine the amount of supplies (e.g. bottled water, batteries, etc.) needed during an emergency/disaster. As part of the planning process 83.3% (n=35) rated this task as very important and only 2.4% (n=1) have completed it; see Figure 5. Also under Section 5, Task B asked about the importance of determining what the organization's targeted efforts will be during an emergency/disaster in providing services that are most needed (e.g. mental/spiritual health and social services), of the total respondents, 85.7%

(n=36) of them indicated that this task is very important, and 7.3% (n=3) completed the task; see Figure 5.

Figure 5: Responses to Section 5 – Allocation of resources to protect staff/ members/community
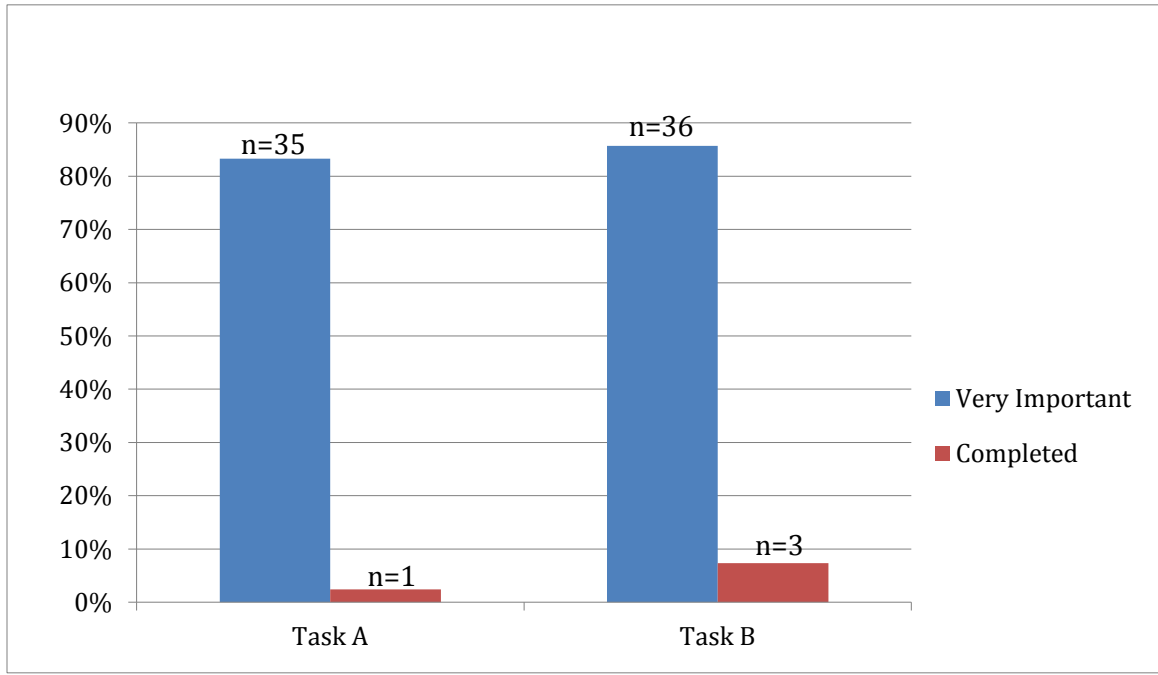
Study Question 2: What has been the attitude of the faith-based community toward emergency preparedness and the local, state and federal government?

The emergency preparedness task cited in Section 2, "Communicate with and educate your staff, congregation, and your community" Task A focused on with providing up-to-date, reliable emergency/disaster information and other public health advisories from state and local health departments, emergency management agencies, and the Centers for Disease Control and Prevention (CDC) to the community. Participants indicated that providing accurate and timely risk communications is very important 85.7% (n=36), but only 9.5% (n=4) completed plans for this task; see Figure 6. Distribution of materials with basic emergency/disaster preparedness

information Task B rated very important 81.0% (n=34), with 9.5% (n=4) having provisions in place for completing this task; see Figure 6. Also under this section, the survey Task F asked if staff, congregation, and community were advised to follow information provided by local/state public health, and other authorities. Eighty-one percent (n=34) of respondents indicated that it is very important to adhere to emergency advisories. In regards to the completion rate on this particular task, 15.0% (n=6) of respondents completed the task is somewhat higher than other completion rate activity; see Figure 6.

Figure 6: Responses to Section 2 – Communicate/Educate staff, congregation and community
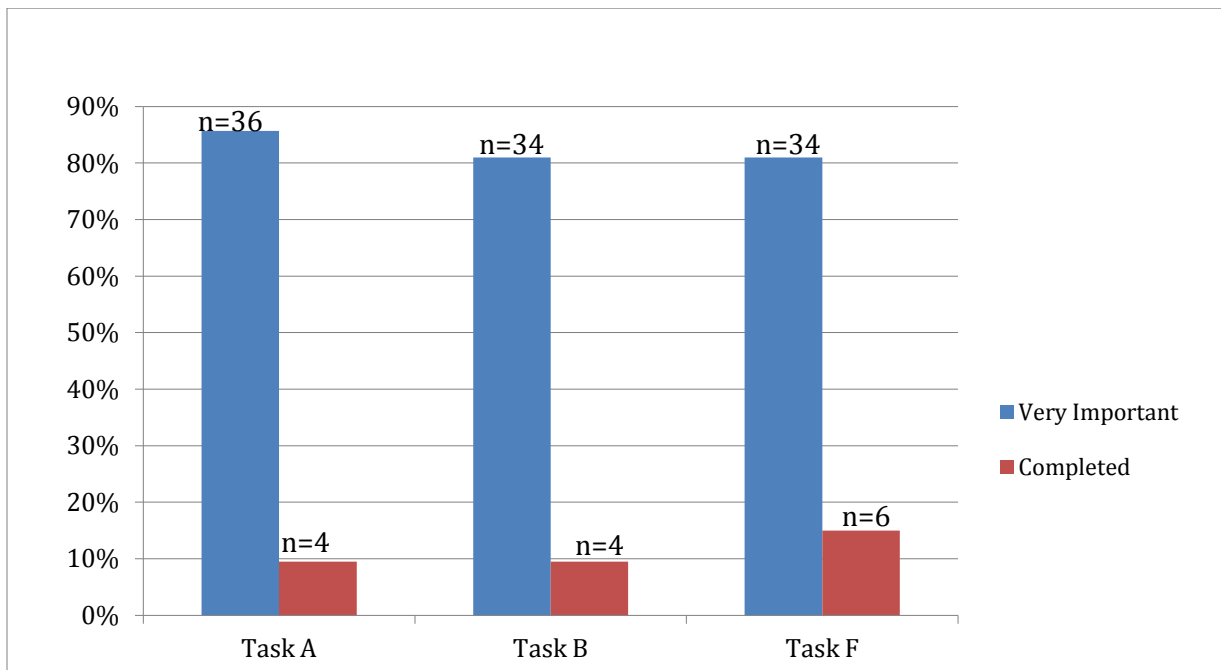
The emergency preparedness task described in Section 3,"Plan for the impact of an emergency/disaster on your staff, congregation, and community" working with local health authorities to encourage yearly influenza vaccination for staff, congregation, and community Task B, rated 73.8% (n=31) as very important. The task was completed by 7% (n=3) of respondents; see Figure 7.

Figure 7: Responses to Section 3 – Attitude of faith community towards emergency preparedness
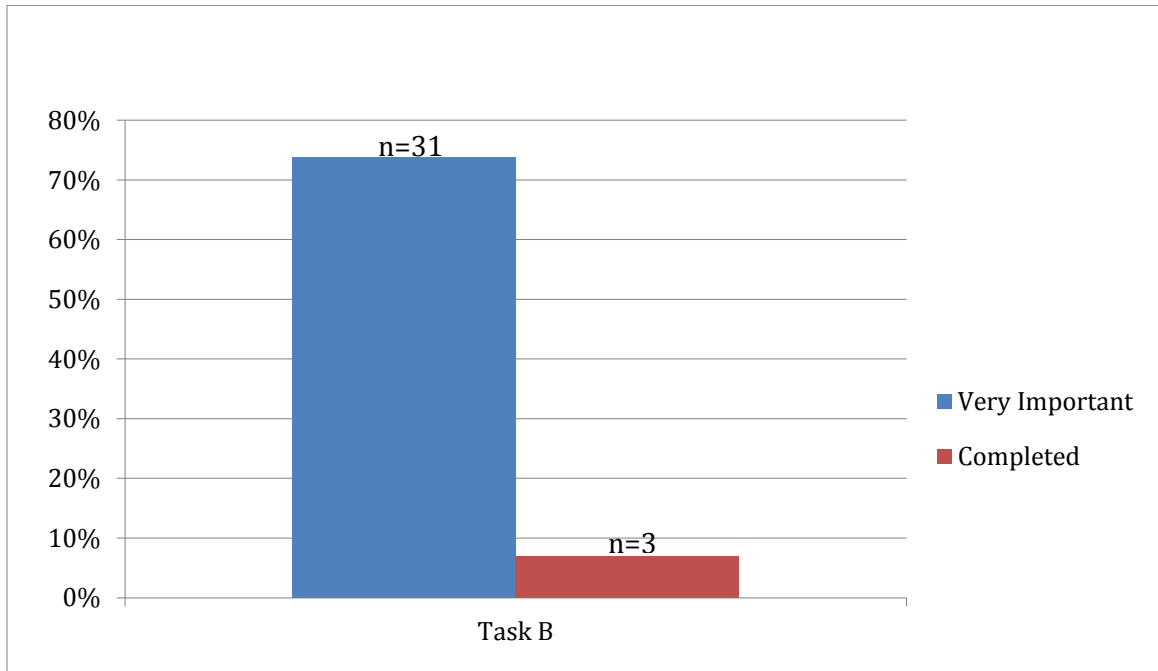
Study Question 3: How or should faith based organizations be integrated in local/state/federal exercises?

The emergency preparedness task referred to in Section 6, "Coordinate with external organizations" Task A, understanding the roles of federal, state, and local agencies and emergency responders received an 88.1 % (n=37) very important rating, while only 4.9% (n=2) of the participants completed this task; see Figure 8. According to Task B, this asked if assigning a point of contact would maximize communication between the organization and the state and local public health systems. The response to this task was scored as very important 83.3% (n=35), and the completion rate was 16.7% (n=7); see Figure 8. This indicates there is interest in developing linkage with state and local public health. Working with local public health, emergency responders, healthcare and/or insurance companies to understand planning

efforts were asked in Task F. This task was rated very important by 83.3% (n=35) of respondents and 4.8% (n=2) of respondents completed this task; see Figure 8.

Figure 8: Responses to Section 6 – Integration in local/state/federal exercises
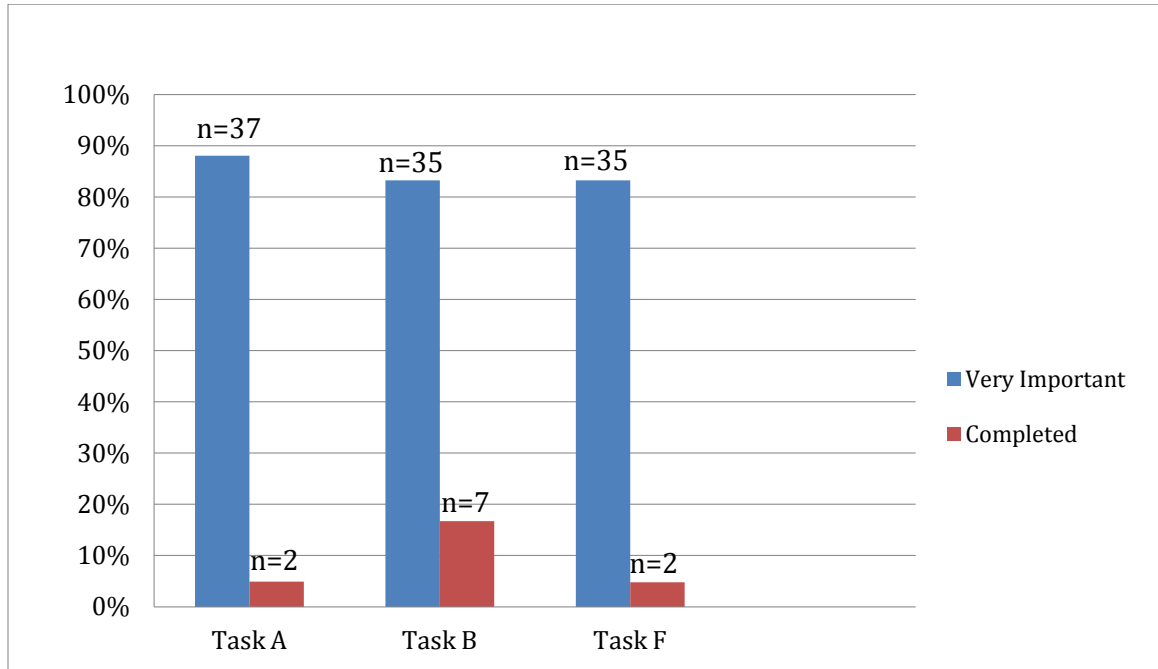
Study Question 4: What message should faith-based organizations deliver to their congregation and the communities they serve regarding emergency preparedness?

The emergency preparedness task cited in Section 2, "Communicate with and educate your staff, congregation, and your community" Task C discussed how basic emergency/disaster preparedness information can be included in public meetings and 81.0% (n=34) of respondents rated this task as very important. Only 4.8% (n=2) indicated that this task had been completed; see Figure 9. Task D, sharing information about emergency/disaster preparedness and response planning with staff, congregation, et al, was deemed as very important by 85.7% (n=36) of respondents, yet just 7.1% (n=3) of respondents have completed this task; see Figure 9. Task E, dealt with developing communication mechanisms to provide information about

emergency/disaster status and the organization's actions was rated very important by 78.6% (n=33) of the respondents. Ten percent (n=4) completed websites, flyers, etc., for this task; see Figure 9.

Figure 9: Responses to Section 2 – Message delivery regarding emergency preparedness
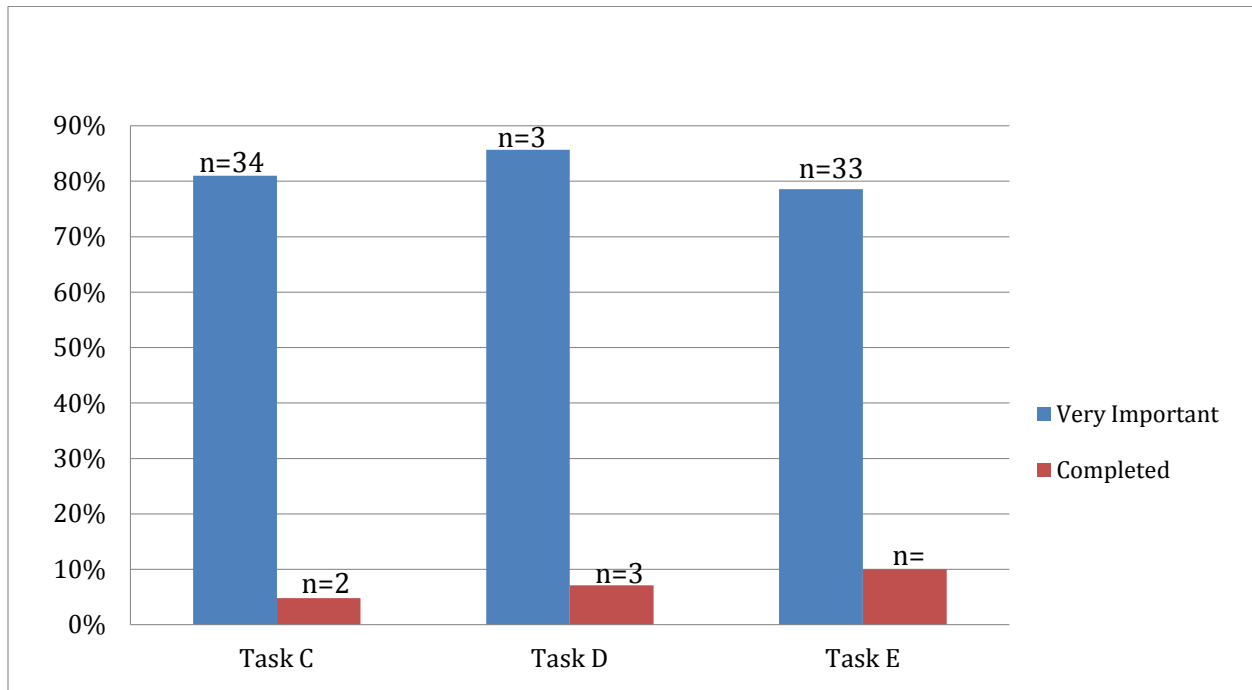
Study Question 5: In the wake of a disaster, what role(s) can FBOs play in disaster response and recovery?

The emergency preparedness task referred to in Section 5, "Allocation of resources to protect your staff, members, and persons in the community" Task B asked participants to determine the importance of their organization's targeted efforts will be during an emergency/disaster in providing services that are most needed. Eight-five percent (n=36) answered that this task was very important, but only 7.3% (n=3) had completed this task; see Figure 10.

Figure 10: Responses to Section 5 – Roles in disaster response and recovery
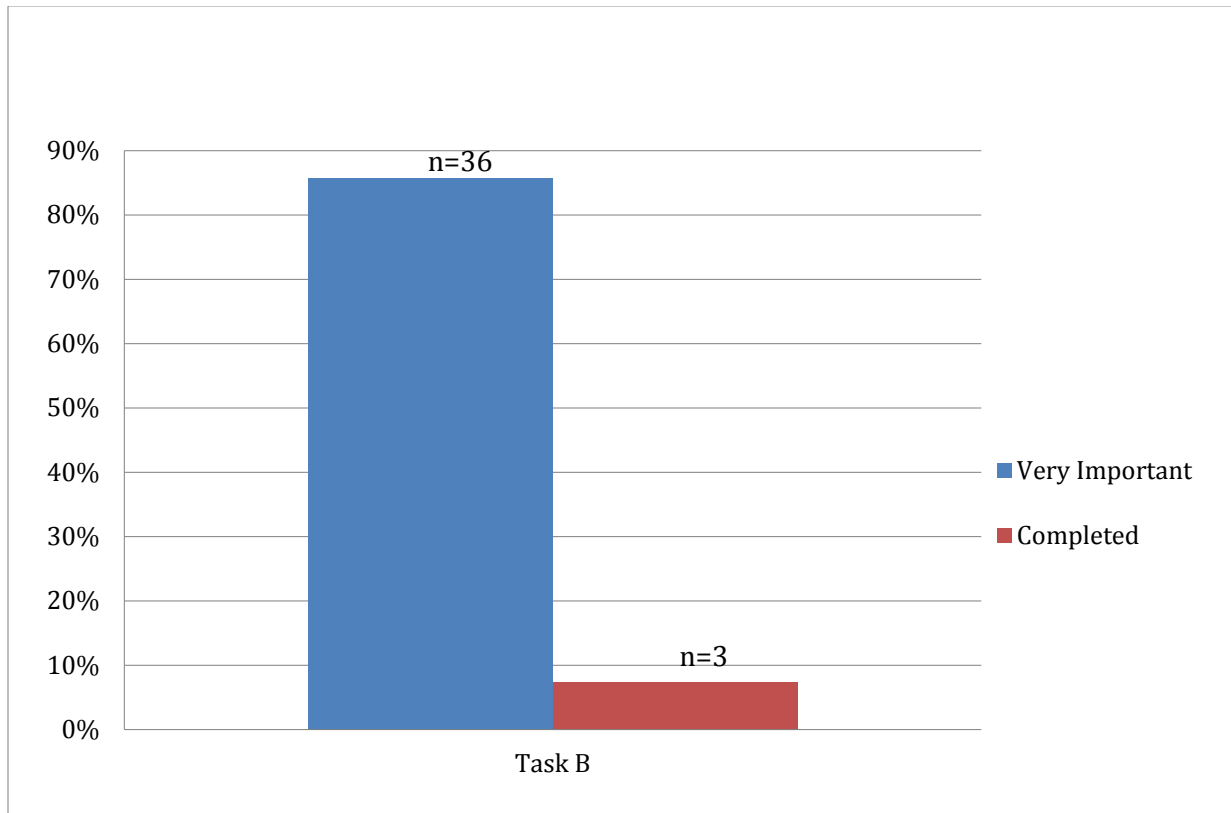
The emergency preparedness task cited in Section 6, "Coordinate with external organizations" the FBO takes on the role of coordinator working with emergency responders and local healthcare facilities to improve availability of medical advice and timely/urgent care services in Task C. Eighty-one percent (n=33) considered this task to be very important, and 4.8% (n=2) of the respondents completed this important task; see Figure 11.

Figure 11: Responses to Section 6 – Coordination with external organizations
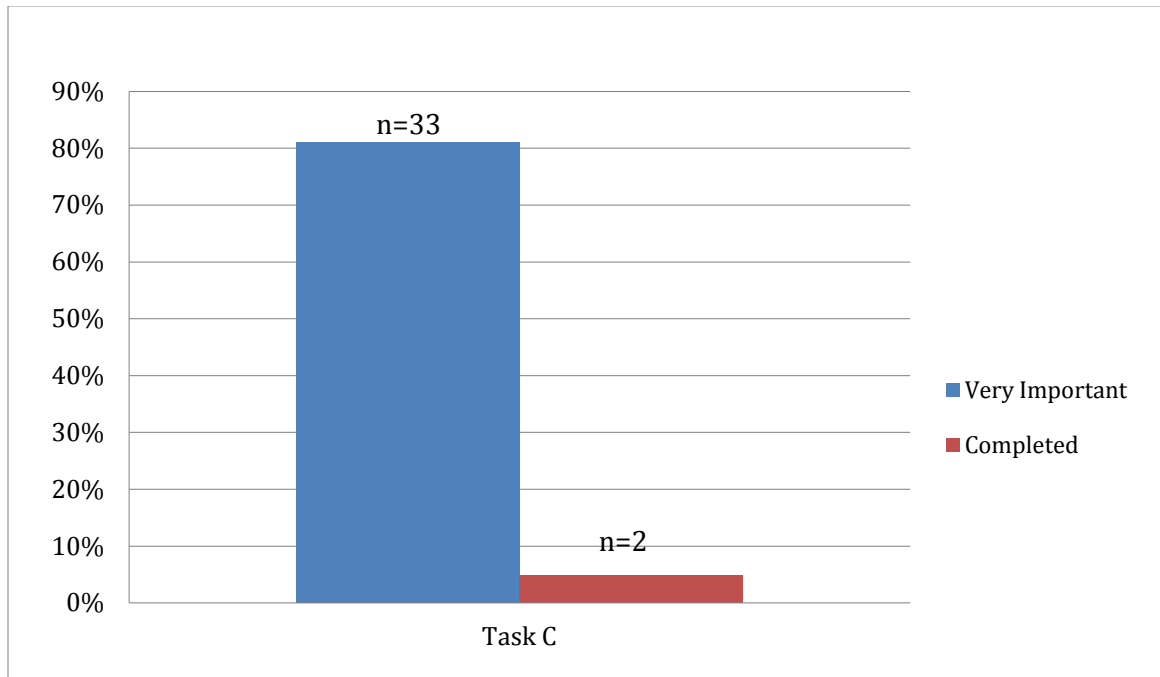
Study Question 6: Should inter-faith partnerships be developed between different religious entities to enhance management of resources?

The emergency preparedness task described in Section 6, "Coordinate with external organizations" Task D, by sharing what has been learned from developing preparedness and response plans with other faith-based and community organizations to improve response efforts was rated 81.0% (n=34) as being very important, but only 4.8% (n=2) completed this task; see Figure 12. Task E, working together with other faith-based and community organizations through networks to help the communities preparedness planning, was deemed as very important by 78.6% (n=33) while a mere 2.4% (n=1) have completed this task; see Figure 12.

Figure 12: Responses to Section 6 – Interfaith Partnerships
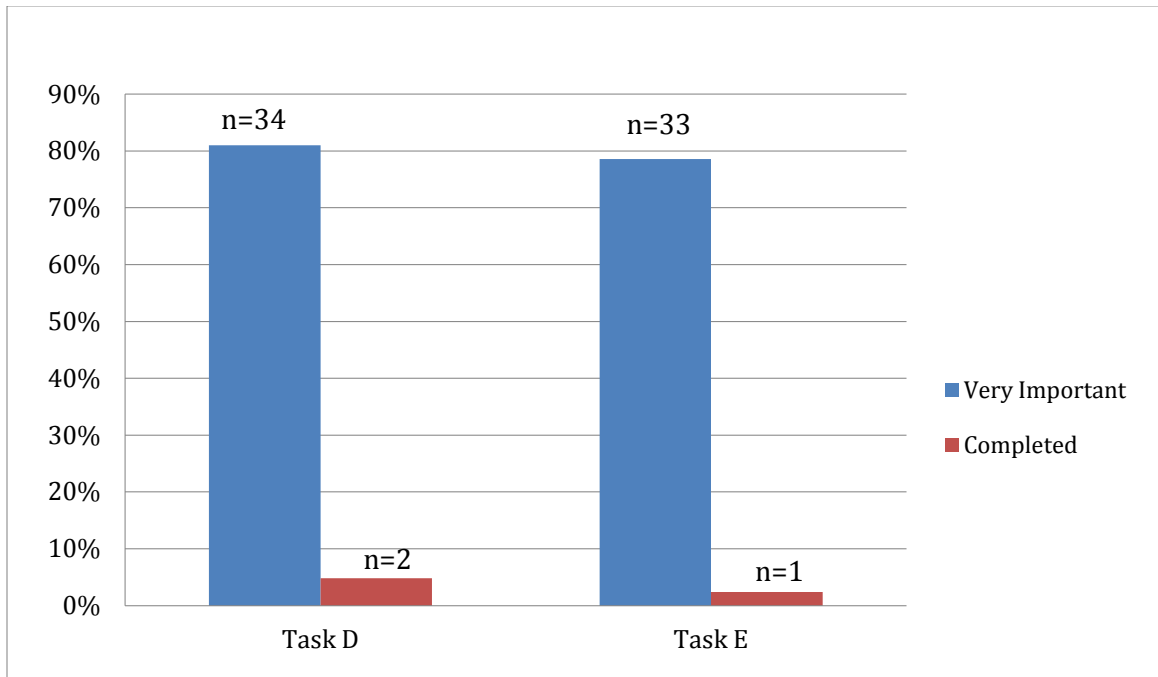
Summary

This project provides insight into the knowledge and attitudes of this particular segment of the faith-based community (Concerned Black Clergy of Metro Atlanta). Participants are aware of the potential danger and effects of emergencies and disasters and the importance of preparing for such incidents. This was indicated by all responses being rated very important by more than 80% of respondents (see Appendix C). Nevertheless only diminutive action has been taken to implement planning to mitigate the impact of the ever-present threats to their communities (see Appendix C). It cannot be over emphasized that the first 48 hours hold the key to managing the response and recovery from natural disasters and other major incidents. This is especially true in our area where tornadoes, flash floods, or other short notice disasters are most likely to occur, and help immediately following the incident is limited to local responders and resources. Therefore, if the faith community is properly trained and included as a partner, they can step in

and assist in the initial recovery efforts for any incident. This thesis has attempted to identify

distinct roles and activities for the faith-based community in emergency preparedness and

proposed practical means through which the faith-based community can fulfill these roles.

Chapter V:

Discussion

Introduction

This chapter briefly summarizes the study and provides recommendations and conclusions. As part of the study, a survey was conducted to gauge attitudes, knowledge and practices in regards to emergency preparedness in the African-American faith-based community in the metropolitan Atlanta area. The results of the study, its implications and recommendations for future research are discussed in accordance with the research questions proposed in chapter I and further discussed in this chapter.

Discussion and Recommendations

In American society, FBOs make up the spiritual, moral and ethical fabric of many communities and often provide support services as part of their ministries. In times of crisis, houses of worship will be looked upon to take leadership and critical roles in the response and recovery phases of disasters. The time has come for African-American FBOs to step up and play a more prominent role in preparing for emergencies and disasters.

1. How does the African-American church, which is predominately a Southern Baptist denomination, prepare for and respond to disasters?

   According to the study and subsequent survey, it appears that the churches have a desire to prepare for emergencies yet implementation and planning was not started or completed by many of the survey respondents. Within the African-American community, the church serves as

a conduit for communication that has not been properly used for emergency management purposes. The common approach to emergency preparedness within the membership of the African-American church is to rely heavily upon their faith and pray for a favorable outcome. The message of preparedness in the form of disaster aid kits, documented medical information, and contact information for family members and close friends is not preached often enough. However, in the wake of disasters, the African-American church and its membership often serve as first responders for physical, mental, spiritual and emotional support. The African-American church should strive to deliver a message of disaster preparedness in addition to having a strong religious foundation.

2. What has been the attitude of the faith-based community toward emergency preparedness and the local, state and federal government?

As cited in chapter 1 there is a perceived mistrust of the government in some African American communities prior to emergencies. However, in times of crisis, the government is welcomed and often blamed for not responding fast enough. An effort should be made by government entities and churches to foster a collaborative relationship to prepare for and respond to disasters in the communities they serve. One way is to establish a relationship with the local public health Medical Reserve Corps (MRC). MRC's are always actively seeking to recruit volunteers both medical and non-medical. This is an opportunity for church members to receive valuable training that will mutually benefit their families, faith organizations and the community.

3. How or should faith based organizations be integrated in local/state/federal exercises?

Local responders and support agencies need to implement public information campaigns that target the adjacent communities in which they serve. The church could also serve as a

supplemental means to deliver emergency management information to their local communities and ultimately save lives and lessen the financial strain of a disaster.

4. What message should faith-based organizations deliver to their congregation and the communities they serve regarding emergency preparedness?

An answer to this question is best exemplified by Appendix C of this thesis. The message (s) should include, e.g.: Do you have a family action plan? Do you have nonperishable items stored away? Are you prepared to evacuate if the need arises? Do you have a disaster supply checklist that can be used in prepare for severe weather and or other emergencies? Do you maintain an up to date copy of the church/ministry directory? Do you maintain accurate contact information for family and friends? Do you keep important documents, i.e. birth certificates/social security cards in a safe and secure place? Some congregations have members who serve in local first responder agencies (Fire, Police, etc). These personnel can assist in the training and education of church members. They can and should be recruited by church leadership to assist in developing the preparedness message for the church.

5. In the wake of a disaster, what role(s) can FBOs play in disaster response and recovery?

FBOs can contribute significantly in the response to disasters by providing, food, transportation, clothing, and spiritual uplift. During the recovery phase of a disaster FBO facilities can serve as temporary schools, medical aid stations and shelters for evacuees. FBOs can draw upon the expertise found within the congregation to further support the response and recovery efforts.

6. Should inter-faith partnerships be developed between different religious entities to enhance management of resources?

The African-American church like any church is not just a house of worship but also a business. It must make and maintain a profit like any other business. Inter-faith partnerships between and among different religious entities not only enhance the business aspect of the church but also relay the message of the four principles of emergency management: mitigation, preparation, response and recovery. Inter-faith partnerships would lessen the burden of disaster recovery on local, state and federal entities as citizens often seek shelter and consolation from the church first.

Based on the findings of the study data there are a couple of recommendations that the CBC and other faith organizations can follow to assist in developing or implementing emergency preparedness planning. One recommendation is contacting the local and state Emergency Management Agency (EMA) and developing a professional relationship. The local EMA is an excellent resource for training and education. Another recommendation is that the CBC develops disaster preparedness partnerships with other houses of worship (non-denominational) for the express purpose of facilitating and strengthening disaster preparedness coalitions. The North American Mission Board's Southern Baptist Disaster Relief is an example of a well-organized FBO that can be contacted for assistance in planning and implementing an effective emergency preparedness program.

Conclusion:

Recent mass catastrophes impacting the United States have made the nation aware of its vulnerability to both man-made and natural incidents. In the wake of the September 11, 2001, terrorist attacks, U.S. citizens certainly concede greater risk of terrorist threat, while Hurricane Katrina and its biblical imagery remind us of the awesome power of Mother Nature. Both

tragedies promote cognizance of the fallibility of federal, state, and local governments. In the same instance, both catastrophes highlight the courage, commitment, and capability of many in the private sector who risked everything to help others in need. The African-American faith based community can and will emerge as the quiet heroes of this discussion, as faith organizations and individuals willingly embrace the challenges facing our communities. Faith-based organizations are important in the communities they serve and can be integrated into all phases of local emergency planning. It is envisioned that the survey questionnaire developed for this study be adopted for use as a national model for other faith-based organizations.

Craig Fugate the current FEMA Administrator reflected on 2011 and the multitude of disasters experienced, and stated, "We cannot underestimate the importance of the entire team - government, business, non-profit, the faith community, and the public[xxiv]".

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Faith Based Community Emergency Preparedness Questionnaire

Faith-Based organizations have historically played a vital role in bringing communities together during a crisis. When an emergency or disaster hits a community, the churches, mosques, synagogues, and other places of worship have responded. It is important to consider the role of the faith-based communities when planning for emergency/disaster response.

As a leader in the faith-based community, we would like to know more about your organization's progress in planning for an emergency. This questionnaire is divided into six sections:

1. Plan for the impact of an emergency on the organization and its mission
2. Communicate with and education of staff members, and persons in the community that is served
3. Plan for the impact of an emergency on staff members and the community that is served
4. Set up policies and/or Standard Operating Procedures (SOP) to follow during an emergency or disaster
5. Allocate resources to protect staff, members/congregation and persons in the community during an emergency/disaster
6. Coordinate with external organization (government/private sector) to assist the community

In each section are specific tasks that are part of planning for an emergency. For each task, please indicate: a.) how important the task is for your organization; and b.) what progress your organization has made towards the completion of the task. ***(Participation in this survey is considered as consent to provide information)***

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1. Plan for the impact of an emergency on the organization and its mission:

Task	How **important** is this task for your organization?			What **progress** has your organization made towards completion of this task?		
	Not Important	Neutral	Very Important	Not Started	In Progress	Completed
a. Determine the potential impact of an emergency or disaster on the organization's usual activities and services	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

b.	Assign key staff with the authority to develop, maintain and act upon an emergency or disaster preparedness response plan.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
c.	Plan for situations likely to require increasing, decreasing or altering the services and activities of your organization (social, ecumenical, spiritual, school, daycare, etc.).	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
d.	Determine the potential impact of an emergency or disaster on outside resources that support your organization's delivery services (e.g. transportation, supplies, etc.).	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
e.	Outline the organizational structure to be used during an emergency including roles and responsibilities, who reports to whom, key contact personnel, and multiple back-ups.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
f.	Identify essential staff (including full/part-time and volunteer) needed to perform your organization's work during an emergency/disaster.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
g.	Train essential staff (including full/part-time and volunteer) needed to perform your organizations work during an emergency/disaster.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
h.	Test your response and preparedness plan using an exercise or drill.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
i.	Revise your plan as needed to accommodate any shortfalls discovered during exercises or tests.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
j.	Coordinate planning and exercise activities working with the local EMA and PH.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

2. **Communicate with and educate your staff, congregation, and your community:**

Task	How **important** is this task for your organization?			What **progress** has your organization made towards completion of this task?		
	Not Important	**Neutral**	**Very Important**	**Not Started**	**In Progress**	**Completed**
a. Provide up-to-date, reliable emergency/ disaster information and other public health advisories from state and local health departments, emergency management agencies, and the Centers for Disease Control and Prevention (CDC) to the community.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
b. Distribute materials with basic information about emergency/ disaster preparedness (e.g. natural/ technological disasters, pandemic influenza) to the community.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
c. When appropriate, include basic information about emergency/disaster preparedness in public meetings (e.g. sermons, classes, trainings, small group meetings and announcements).	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
d. Share information about your emergency/ disaster preparedness and response plan with staff, congregation, community, local EMA and PH organizations.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

		How important is this task for your organization?			What progress has your organization made towards completion of this task?		
	Task	Not Important	Neutral	Very Important	Not Started	In Progress	Completed
e.	Develop communication mechanisms (e.g., websites, flyers, local news media, pre-recorded phone messages) to provide information about emergency/disaster status and the organization's action.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
f.	Advise staff, congregation, and community to follow information provided by local public health authorities, state and local EMA, public safety authorities and CDC.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
g.	Ensure that communications are appropriate for the cultures, languages and reading levels of the staff, congregation, and persons in the community served.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

3. **Plan for the impact of an emergency/disaster on your staff, congregation, and community:**

		How important is this task for your organization?			What progress has your organization made towards completion of this task?		
	Task	Not Important	Neutral	Very Important	Not Started	In Progress	Completed
a.	Plan for staff absences during an emergency/ disaster due to personal, family, school, business, and public transportation closures.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

b.	Work with local health authorities to encourage yearly influenza vaccination for staff, congregation, and community.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
c.	Identify potential resources such as mental health and social services during an emergency/disaster for your staff, congregation, and community (may include licensed professional congregation members).	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
d.	Have plans for persons with access and functional needs (e.g. elderly, disabled, language barriers) been developed?	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

4. Set up policies to follow during an emergency/disaster:

Task	How important is this task for your organization?			What progress has your organization made towards completion of this task?		
	Not Important	Neutral	Very Important	Not Started	In Progress	Completed
a. Set up policies for non-penalized staff leave for personal illness or care for sick/injured family members during and after an emergency/disaster.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
b. Develop policies for flexible work schedules and teleworking.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
c. Set procedures for activating your organization's response plan when an emergency/ disaster has been declared by federal, state or local authorities.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

5. **Allocation of resources to protect your staff, members, and persons in the community:**

Task	How important is this task for your organization?			What progress has your organization made towards completion of this task?		
	Not Important	Neutral	Very Important	Not Started	In Progress	Completed
a. Determine the amount of supplies (e.g., bottled water, batteries, flash lights, canned goods) needed during an emergency/disaster	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
b. Determine what your organization's targeted efforts will be during an emergency/disaster in providing services that are most needed during the emergency (e.g. mental/spiritual health or social services).	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

6.   Coordinate with external organizations:

Task	How **important** is this task for your organization?			What **progress** has your organization made towards completion of this task?		
	Not Important	Neutral	Very Important	Not Started	In Progress	Completed
a. Understand the roles of federal, state, and local agencies and emergency responders (e.g., determine what to expect and what not to expect from each in the event of an emergency/ disaster).	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
b. Assign a point of contact to maximize communication between your organization and your state and local public health systems.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
c. Coordinate with emergency responders and local healthcare facilities to improve availability of medical advice and timely/urgent healthcare services and treatment for your staff, members, and persons in the community.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

d. Share what you have learned from developing your preparedness and response plan with other Faith-Based and Community Organizations to improve community response efforts.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
e. Work together with other Faith-Based and Community Organizations in your local area and through networks (e.g. denominations, associations, etc.) to help the communities preparedness planning.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
f. Work with: • local public health agencies • emergency responders • local healthcare facilities • insurance companies to understand their plans and what they can provide, share about your preparedness and response plan and what your organization is able to contribute, and take part in their planning.	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

Emergency Preparedness Questionnaire Survey Results

Faith-Based Community Emergency Preparedness Questionnaire   SurveyMonkey

1. Plan for the impact of an emergency on the organization and its mission:

How important is this task for your organization?

	Not Important	Neutral	Very Important	Not Ans
Determine the potential impact of an emergency or disaster on the organization's usual activities and services.	4.8% (2)	9.5% (4)	85.7% (36)	0.0%
Assign key staff with the authority to develop, maintain and act upon an emergency or disaster preparedness response plan.	7.1% (3)	9.5% (4)	83.3% (35)	0.0%
Plan for situations likely to require increasing, decreasing or alerting the services and activities of your organization (social, ecumenical, spiritual, school, daycare, etc.)	2.4% (1)	14.3% (6)	83.3% (35)	0.0%
Determine the potential impact of an emergency or disaster on outside resources that support your organization's delivery services (e.g. transportation, supplies, etc.).	11.9% (5)	11.9% (5)	76.2% (32)	0.0%
Outline the organizational structure to be used during an emergency including roles and responsibilities, who reports to whom, key contact personnel, and multiple backups.	2.4% (1)	14.6% (6)	82.9% (34)	0.0%
Identify essential staff (including full/part time and volunteer) needed to perform your organization's work during an emergency/disaster.	4.9% (2)	7.3% (3)	87.8% (36)	0.0%
Train essential staff (including full/part time and volunteer) needed to perform your organizations work during an emergency/disaster.	2.4% (1)	14.3% (6)	83.3% (35)	0.0%

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Test your response and preparedness plan using and exercise or drill.	2.5% (1)	15.0% (6)	**82.5% (33)**	0.0%
Revise your plan as needed to accommodate any shortfalls discovered during exercises or tests.	2.4% (1)	14.6% (6)	**80.5% (33)**	2.4%
Coordinate planning and exercise activities working with the local EMA and PH.	5.0% (2)	12.5% (5)	**80.0% (32)**	2.5%

What progress has your organization made towards completion of this task?

	Not Started	In Progress	Completed	Not Ans
Determine the potential impact of an emergency or disaster on the organization's usual activities and services.	**50.0% (21)**	42.9% (18)	7.1% (3)	0.0%
Assign key staff with the authority to develop, maintain and act upon an emergency or disaster preparedness response plan.	**64.3% (27)**	21.4% (9)	14.3% (6)	0.0%
Plan for situations likely to require increasing, decreasing or alerting the services and activities of your organization (social, ecumenical, spiritual, school, daycare, etc.)	**54.8% (23)**	38.1% (16)	7.1% (3)	0.0%
Determine the potential impact of an emergency or disaster on outside resources that support your organization's delivery services (e.g. transportation, supplies, etc.).	**78.0% (32)**	17.1% (7)	4.9% (2)	0.0%
Outline the organizational structure to be used during an emergency including roles and responsibilities, who reports to whom, key contact personnel, and multiple backups.	**57.1% (24)**	31.0% (13)	11.9% (5)	0.0%
Identify essential staff (including full/part time and voluteer) needed to perform your organization's work during an emergency/disaster.	**64.3% (27)**	16.7% (7)	19.0% (8)	0.0%

Train essential staff (including full/part time and volunteer) needed to perform your organizations work during an emergency/disaster.	65.9% (27)	24.4% (10)	9.8% (4)	0.0%
Test your response and preparedness plan using and exercise or drill.	73.2% (30)	17.1% (7)	7.3% (3)	2.4%
Revise your plan as needed to accommodate any shortfalls discovered during exercises or tests.	75.6% (31)	19.5% (8)	4.9% (2)	0.0%
Coordinate planning and exercise activities working with the local EMA and PH.	80.0% (32)	15.0% (6)	5.0% (2)	0.0%
				answere
				skippe

2. Communicate with and educate your staff, congregation, and your community:

How important is this task for your organization

	Not Important	Neutral	Very Important
Provide up-to-date, reliable emergency/ disaster information and other public health advisories from state and local health departments, emergency management agencies, and the Centers for Disease Control and Prevention (CDC) to the community.	4.8% (2)	9.5% (4)	85.7% (36)
Distribute materials with basic information about emergency/ disaster preparedness (e.g. natural/ technological disasters, pandemic influenza) to the community.	4.8% (2)	14.3% (6)	81.0% (34)
When appropriate, include basic information about emergency/disaster preparedness in public meetings (e.g. sermons, classes, trainings, small group meetings and announcements).	7.1% (3)	11.9% (5)	81.0% (34)
Share information about your emergency/ disaster preparedness and response plan with staff, congregation, community, local EMA and PH organizations.	2.4% (1)	11.9% (5)	85.7% (36)
Develop communication mechanisms (e.g., websites, flyers, local news media, pre-recorded phone messages) to provide information about emergency/disaster status and the organization's action.	2.4% (1)	19.0% (8)	78.6% (33)
Advise staff, congregation, and community to follow information provided by local public health authorities, state and local EMA, public safety authorities and CDC.	7.1% (3)	11.9% (5)	81.0% (34)

Ensure that communications are appropriate for the cultures, languages and reading levels of the staff, congregation, and persons in the community served.	9.5% (4)	11.9% (5)	**78.6% (33)**

What progress has your organization made towards completion of this task?

	Not Started	In Progress	Completed
Provide up-to-date, reliable emergency/ disaster information and other public health advisories from state and local health departments, emergency management agencies, and the Centers for Disease Control and Prevention (CDC) to the community.	**71.4% (30)**	19.0% (8)	9.5% (4)
Distribute materials with basic information about emergency/ disaster preparedness (e.g. natural/ technological disasters, pandemic influenza) to the community.	**69.0% (29)**	21.4% (9)	9.5% (4)
When appropriate, include basic information about emergency/disaster preparedness in public meetings (e.g. sermons, classes, trainings, small group meetings and announcements).	**78.6% (33)**	16.7% (7)	4.8% (2)
Share information about your emergency/ disaster preparedness and response plan with staff, congregation, community, local EMA and PH organizations.	**69.0% (29)**	23.8% (10)	7.1% (3)
Develop communication mechanisms (e.g., websites, flyers, local news media, pre-recorded phone messages) to provide information about emergency/disaster status and the organization's action.	**77.5% (31)**	12.5% (5)	10.0% (4)
Advise staff, congregation, and community to follow information			

provided by local public health authorities, state and local EMA, public safety authorities and CDC.	82.5% (33)	2.5% (1)	15.0% (6)
Ensure that communications are appropriate for the cultures, languages and reading levels of the staff, congregation, and persons in the community served.	85.4% (35)	7.3% (3)	7.3% (3)
			answered question
			skipped question

3. Plan for the impact of an emergency/disaster on your staff, congregation, and community:

How important is this task for your organization?

	Not Important	Neutral	Very Important
Plan for staff absences during an emergency/ disaster due to personal, family, school, business, and public transportation closures.	4.8% (2)	9.5% (4)	85.7% (36)
Work with local health authorities to encourage yearly influenza vaccination for staff, congregation, and community.	11.9% (5)	14.3% (6)	73.8% (31)
Identify potential resources such as mental health and social services during an emergency/disaster for your staff, congregation, and community (may include licensed professional congregation members).	4.8% (2)	16.7% (7)	78.6% (33)
Have plans for persons with access and functional needs (e.g. elderly, disabled, language barriers) been developed?	7.3% (3)	7.3% (3)	85.4% (35)

What progress has your organization made towards completion of this task?

	Not Started	In Progress	Completed
Plan for staff absences during an emergency/ disaster due to personal, family, school, business, and public transportation closures.	78.0% (32)	12.2% (5)	9.8% (4)
Work with local health authorities to encourage yearly influenza vaccination for staff, congregation, and community.	82.9% (34)	9.8% (4)	7.3% (3)
Identify potential resources such as mental health and social services during an emergency/disaster for your staff,	82.9% (34)	12.2% (5)	4.9% (2)

congregation, and community (may include licensed professional congregation members).			
Have plans for persons with access and functional needs (e.g. elderly, disabled, language barriers) been developed?	83.3% (35)	9.5% (4)	7.1% (3)
			answered question
			skipped question

4. Set up policies to follow during an emergency/disaster:

How important is this task for your organization?

	Not Important	Neutral	Very Important
Set up policies for non-penalized staff leave for personal illness or care for sick/injured family members during and after an emergency/disaster.	9.5% (4)	11.9% (5)	78.6% (33)
Develop policies for flexible work schedules and teleworking.	14.3% (6)	11.9% (5)	73.8% (31)
Set procedures for activating your organization's response plan when an emergency/ disaster has been declared by federal, state or local authorities.	7.1% (3)	9.5% (4)	83.3% (35)

What progress has your organization made towards completion of this task?

	Not Started	In Progress	Completed
Set up policies for non-penalized staff leave for personal illness or care for sick/injured family members during and after an emergency/disaster.	83.3% (35)	4.8% (2)	11.9% (5)
Develop policies for flexible work schedules and teleworking.	78.6% (33)	11.9% (5)	9.5% (4)
Set procedures for activating your organization's response plan when an emergency/ disaster has been declared by federal, state or local authorities.	82.9% (34)	9.8% (4)	7.3% (3)
			answered question
			skipped question

5. Allocation of resources to protect your staff, members, and persons in the community:

How important is this task for your organization?

	Not Important	Neutral	Very Important
Determine the amount of supplies (e.g., bottled water, batteries, flash lights, canned goods) needed during an emergency/disaster	2.4% (1)	14.3% (6)	83.3% (35)
Determine what your organization's targeted efforts will be during an emergency/disaster in providing services that are most needed during the emergency (e.g. mental/spiritual health or social services).	4.8% (2)	9.5% (4)	85.7% (36)

What progress has your organization made towards completion of this task?

	Not Started	In Progress	Completed
Determine the amount of supplies (e.g., bottled water, batteries, flash lights, canned goods) needed during an emergency/disaster	81.0% (34)	16.7% (7)	2.4% (1)
Determine what your organization's targeted efforts will be during an emergency/disaster in providing services that are most needed during the emergency (e.g. mental/spiritual health or social services).	85.4% (35)	7.3% (3)	7.3% (3)
			answered question
			skipped question

6. Coordinate with external organizations:

How important is this task for your organization?

	Not Important	Neutral	Very Important
Understand the roles of federal, state, and local agencies and emergency responders (e.g., determine what to expect and what not to expect from each in the event of an emergency/ disaster).	7.1% (3)	4.8% (2)	88.1% (37)
Assign a point of contact to maximize communication between your organization and your state and local public health systems.	7.1% (3)	9.5% (4)	83.3% (35)
Coordinate with emergency responders and local healthcare facilities to improve availability of medical advice and timely/urgent healthcare services and treatment for your staff, members, and persons in the community.	4.9% (2)	14.6% (6)	80.5% (33)
Share what you have learned from developing your preparedness and response plan with other Faith-Based and Community Organizations to improve community response efforts.	9.5% (4)	9.5% (4)	81.0% (34)
Work together with other Faith-Based and Community Organizations in your local area and through networks (e.g. denominations, associations, etc.) to help the communities preparedness planning.	9.5% (4)	11.9% (5)	78.6% (33)
Work with: (1) local public health agencies (2) emergency responders (3) local healthcare facilities and/or (4) insurance companies to understand their plans and what they can provide, share about your preparedness and response plan and what your organization is able	7.1% (3)	9.5% (4)	83.3% (35)

What progress has your organization made towards completion of this task?

	Not Started	In Progress	Completed
Understand the roles of federal, state, and local agencies and emergency responders (e.g., determine what to expect and what not to expect from each in the event of an emergency/ disaster).	75.6% (31)	19.5% (8)	4.9% (2)
Assign a point of contact to maximize communication between your organization and your state and local public health systems.	76.2% (32)	7.1% (3)	16.7% (7)
Coordinate with emergency responders and local healthcare facilities to improve availability of medical advice and timely/urgent healthcare services and treatment for your staff, members, and persons in the community.	78.6% (33)	16.7% (7)	4.8% (2)
Share what you have learned from developing your preparedness and response plan with other Faith-Based and Community Organizations to improve community response efforts.	88.1% (37)	7.1% (3)	4.8% (2)
Work together with other Faith-Based and Community Organizations in your local area and through networks (e.g. denominations, associations, etc.) to help the communities preparedness planning.	76.2% (32)	21.4% (9)	2.4% (1)
Work with: (1) local public health agencies (2) emergency responders (3) local healthcare facilities and/or (4) insurance companies to understand their plans and what they can provide, share about your preparedness and response plan and what your organization is able	81.0% (34)	14.3% (6)	4.8% (2)

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to contribute, and take part in their planning.

Sample Church Bulletin

March 1, 2012

Deacons Ministry Monthly Meeting

Meeting is call to order:

Song:

Prayer:

Encouraging words: Deacons

Old Business:

    A. Last meeting minutes
    B. Last meeting financial updates
Love Offering:

New Business:

A. Communion Preparation Updates –

B. Communion Sunday attire:

       1. White/Ivory/Off White Garments- no dark colors
       2. Solid white/off white shoes
C. Ministry members (updates)

D. Required Services:

      1. Reminder concerning not attending requires service

    (Please fill out the absentee form)

E. **2012 Severe Weather and Emergency Information** (See insert)

F. Roster updates

Closing Prayer

<u>Next meeting Saturday, April 14 2012 – 9am</u>

Life Center's Deacons Ministry

March, 2012 Serving Schedule

Behold, what manner of love the Father hath bestowed upon us, that we should be

called the sons of God: therefore the world knoweth us not, because it know him not.

I John 3:1

Brothers,

Please review the serving schedule for the month of June. If your name is not listed below please do not serve unless advised. If you are unable to fulfill your serving please provide an alternate and contact Deacon Washington or Deacon Gordon. If you have any questions concerning this matter please contact Deacon Washington (###) ###-#### or Deacon Gordon (###) ###-#### or (###) ###-####.

If you are unable to attend the Monthly Meetings, Communion Services and Baptism Service please submit an Absentee Form.

Your cooperation is greatly appreciated concerning this matter.

Thank you,

Preparation for the 2012 Severe Weather Season

If you were notified that there was severe weather in the area, would you be prepared? Do you have an action plan? Do you have nonperishable items stored? Are you prepared to evacuate? Below is a checklist that you can use as you prepare for severe weather or other emergencies. In the event that we should have to evacuate the city, please keep the ministry directory with you and keep us informed on your whereabouts. We want to make sure that everyone is safe, as we are a family in Christ.

Disaster Supply Check List

☐ **Water** - at least 1 gallon daily per person for 3 to 7 days

☐ **Food** - at least enough for 3 to 7 days
— non-perishable packaged or canned food / juices
— foods for infants or the elderly
— snack foods
— non-electric can opener
— cooking tools / fuel
— paper plates / plastic utensils

☐ **Blankets / Pillows, etc.**

☐ **Clothing** - seasonal / rain gear/ sturdy shoes

☐ **First Aid Kit / Medicines / Prescription Drugs**

☐ **Special Items** - for babies and the elderly

☐ **Toiletries / Hygiene items / Moisture wipes**

☐ **Flashlight / Batteries**

☐ **Radio -** Battery operated and NOAA weather radio

☐ **Telephones -** Fully charged cell phone with extra battery and a traditional (not cordless) telephone set

☐ **Cash (with some small bills) and Credit Cards** - Banks and ATMs may not be available for extended periods

☐ **Keys**

☐ **Toys, Books and Games**

☐ **Important documents** - in a waterproof container or watertight re-sealable plastic bag
— insurance, medical records, bank account numbers, Social Security card, passport, etc.

☐ **Tools** - keep a set with you during the storm

☐ **Vehicle fuel tanks filled**

☐ **Pet care items**
— proper identification / immunization records / medications
— ample supply of food and water
— a carrier or cage
— muzzle and leash

2012 Tropical Storm and Hurricane Names

Alberto, Beryl, Chris, Debbie, Ernesto, Florence, Gordon, Helene, Isaac, Joyce, Kirk, Leslie, Michael, Nadine, Oscar, Pattie, Raphael, Sandy, Tony, Valerie, William