





Building Resilience into a System of Systems: Conceptualizing Vulnerability, Risk Perception, & Behavior

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University of Virginia/National Science Foundation Workshop

Systems of Systems Perspectives on Critical Infrastructure Management in Response to Climate Change and Sea Level Rise March 7-9, 2016



Research, Cooperation, a vision for combating rising seas

Virginian Pilot March 6, 2016



Joshua Behr, ODU

The region's approach to climate change thus far exhibits what is best about America: a belief that we can tackle any problem, an ability to engage and harness our collective ingenuity and an unyielding optimism for the future.

HAMPTON ROADS' changing climate holds enormous implications. These changes have the potential to fundamentally alter our physical landscape, economy, national readiness and quality of life. Responding to a changing climate is daunting, but we are making headway. There is reason for optimism.

Old Dominion University has long produced cutting-edge research that advances the science of oceanography, climatology and geophysics. But the university is also at the forefront in deepening our understanding of the social, economic and health impacts of these changes and has articulated an approach to building resiliency. For example, we have combined the physical modeling of storm impacts with the economic health and wellbeing of vulnerable populations.

The approach emerging from ODU emphasizes the intersection of the physical, engineering and social sciences by recognizing that Hampton Roads is a "system of systems" — not only critical infrastructure like transportation, communications and water, but also critical social, economic and health systems. Through investment in mitigation and adaptation strategies, we can toughen these critical systems and, in turn, strengthen our region's resilience.

We must stay focused on the primary fronts.

Continue to mitigate storm-related risks, meaning that we must make less severe the immediate- and mid-term consequences of larger storm events. Our coastal region historically is subject to tropical storms, Nor'easters and hurricanes. Localities and the state have increased their investments in emergency operations centers and other critical infrastructure, as well as planning and exercising response, logistics and communications.

Continue to take adaptive measures. Last year, the General Assembly



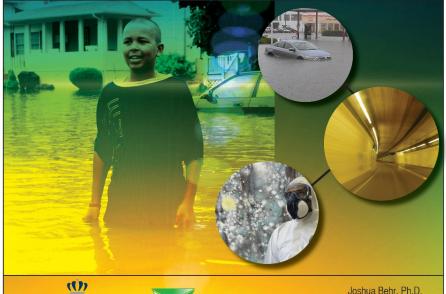
OLD DOMINION





TO RECURRENT FLOODING

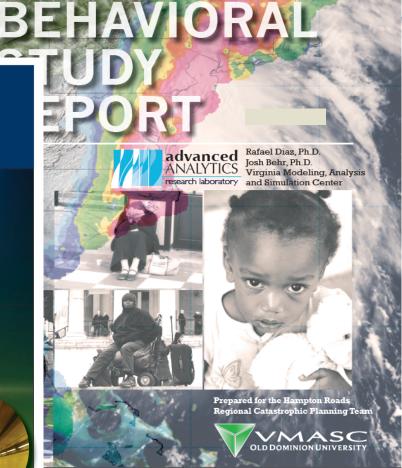
Portsmouth Comprehensive Planning Support REPORT 1



VMASC OLD DOMINION UNIVERSITY

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Hampton Roads







Guiding Principle #1

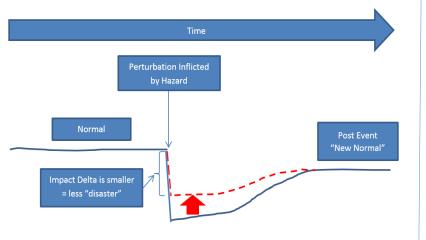
Building resiliency means altering the recovery curve.

Resilience is the ability of the System of Systems, on the whole, to "bounce back" from a shock, to absorb the disruption from a perturbation as well as to rebound from the perturbation.

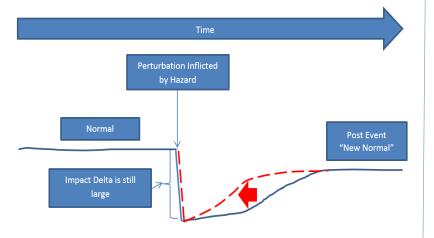




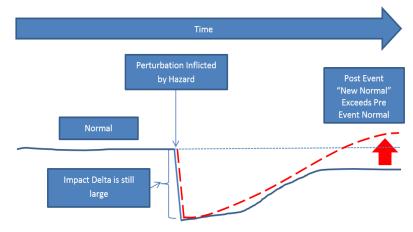
Decrease the Impact Delta



Shift Recovery Curve to the Left



New Normal Exceeds Pre-event Normal









Guiding Principle #2

Our premise is that in order to enhance resilience, there must be an alignment between core systems and the prioritization of mitigation strategies.

Core Systems are those the are essential to the life, limb, and wellbeing of the populations, especially vulnerable, medically fragile, and traditionally underserved populations.

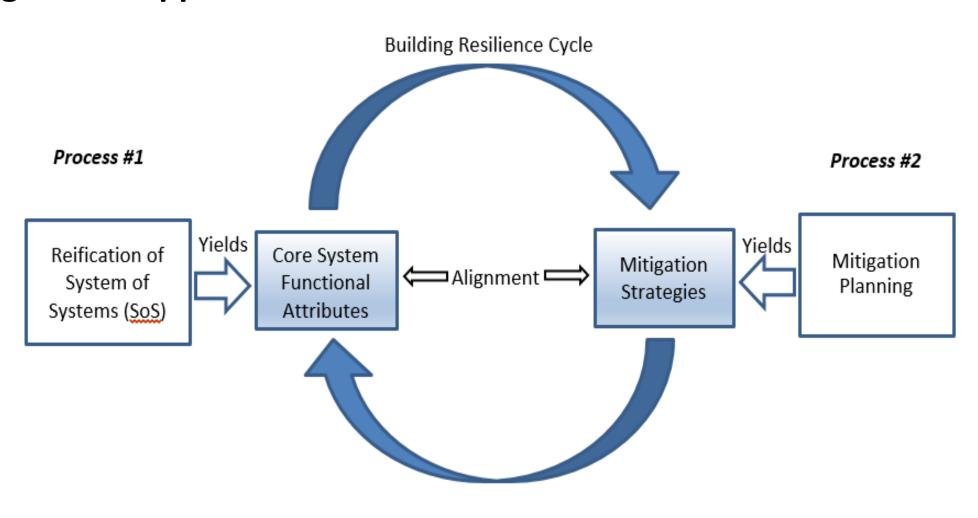
Engage localities and stakeholders to identify core systems that may have a large ROI for particular population groups.







High Level Approach



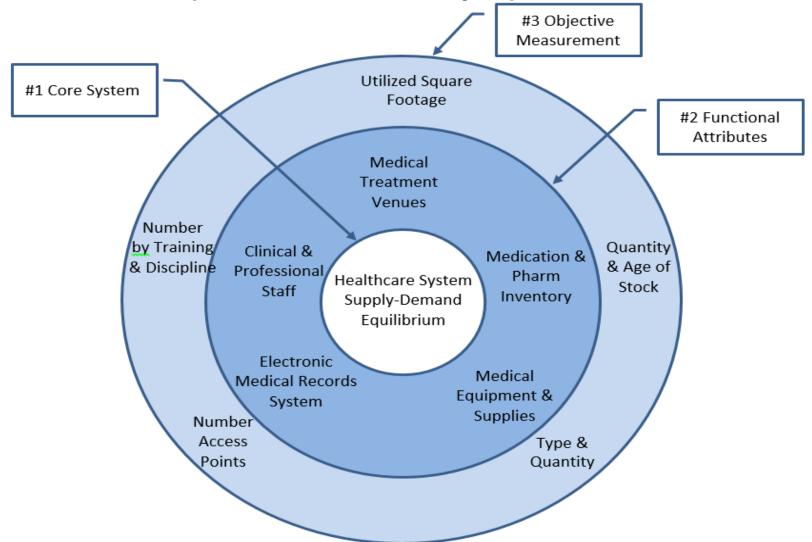






Core System & Attributes (Healthcare Example)

Process #1



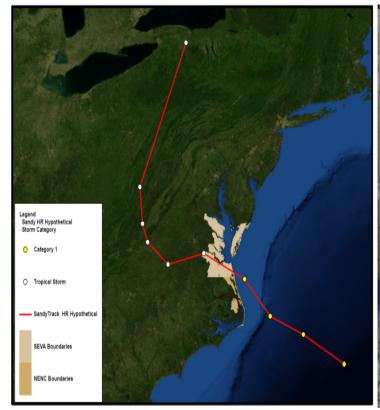






Sandtrina Scenario...

- The path of the Sandy passed through the Greater Hampton Roads Region.
- Intersecting natural systems data and built environment data with knowledge of household vulnerability.
- Informed by Hampton
 Roads experiential data and
 Katrina lessons learned.



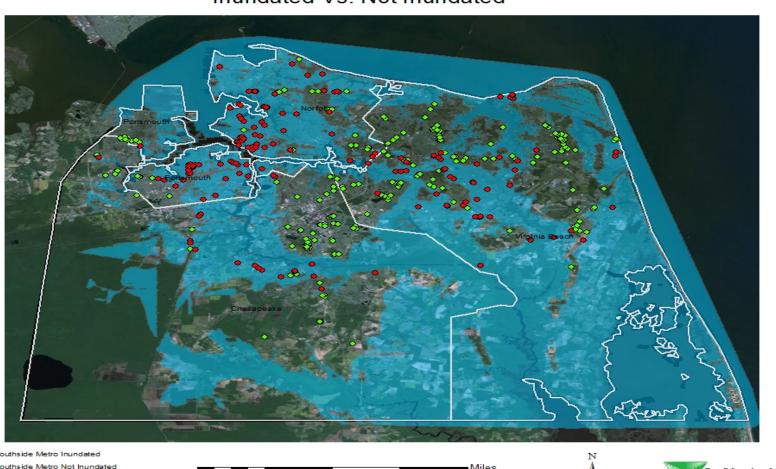






Healthcare as a Core Infrastructure

Southside Metro Inundated Vs. Not Inundated

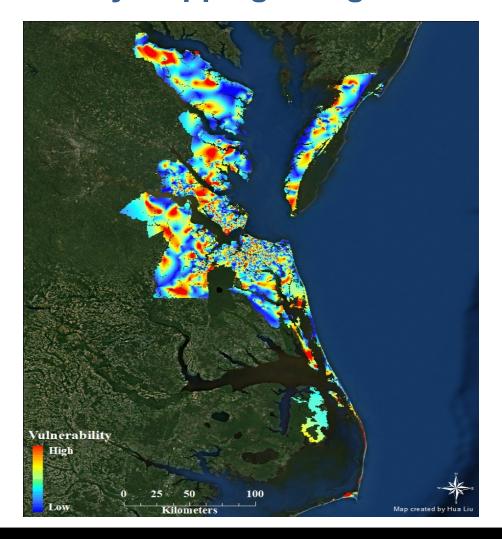


Shouthside Metro Boundary Inundated Areas





Vulnerability Mapping – Regional View







Dimensions of Vulnerability

- Financial Vulnerability
- Risk Perception Vulnerability
- Fatalism-Efficacy Vulnerability
- Mobility Vulnerability
- Sensory Vulnerability
- Mental Cognition Vulnerability
- Medical Regimen Vulnerability
- Healthcare Access Vulnerability
- Assistance Daily Living (ADL) Vulnerability
- Insurance Vulnerability
- Social-Familial Network Vulnerability
- Personal Responsibility Vulnerability
- Aged Vulnerability
- Single Parent Household Vulnerability
- Dependent Vulnerability
- Preparation Vulnerability
- Theft Vulnerability

Example: Hyper

Vulnerability

"Composite

Medical

Vulnerability"







Hyper Vulnerability

"Dimensions of vulnerability do not necessarily stand alone; several dimensions of vulnerability may compound within one social group or within one geographic location"

(e.g., Tapsell et al. 2010)







Risk Perception (2)

Safer Than Evacuation

- Safer than traveling in chaos or on highway.
- Risk of dying in evacuation is greater than sheltering at home, history supports this.

Fatalism

- Nothing we can do/out of our control
- Take chance, roll dice
- It is in God's hands







Storm as Opportunity => Risk

Cleanup = cash

- Debris removal
- Tree/yard waste removal

Skilled Labor & Trade Services

- Housing/roofing repair
- Auto repair

Catch-up

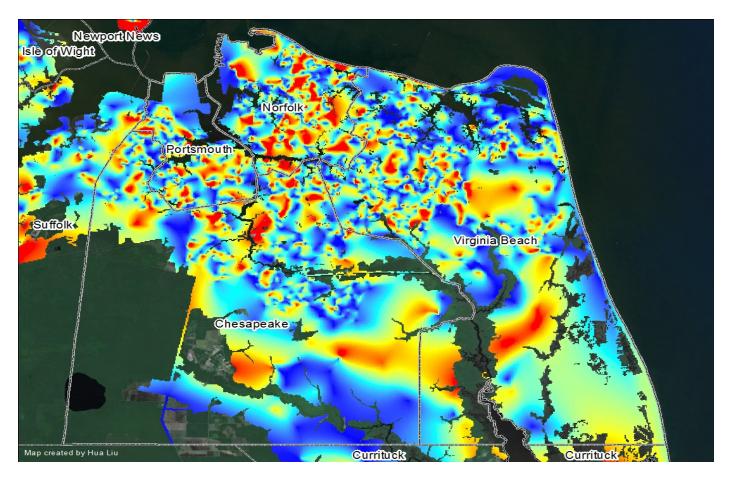
- House chores
- 'Honey Do' lists



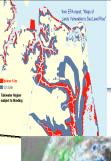




Vulnerability Mapping – Localized View



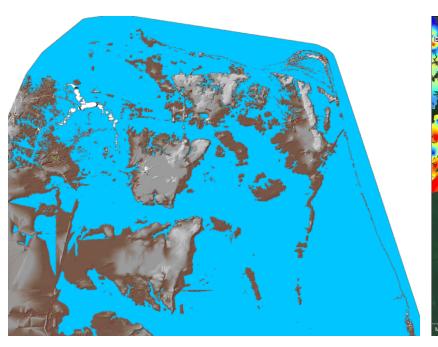
Neighborhood Variation in Financial Vulnerability

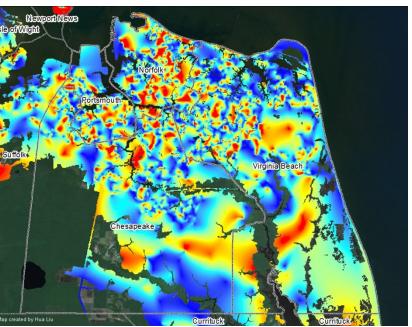






So far we have several data streams...









Sandtrina Scenario Modeling Spatial
- Vulnerability
Modeling



Displaced Population

by

Vulnerability

by

Owner/Renter ... etc.





	1	SEVA NENC Population Hazards			
	2	Locality / Vulnerability	Sum of Displaced Population	Displaced Population (Owner)	Displaced Population (Renter)
	3	Accomack County	13,027	9416	3611
	4	1 - Low Vulnerability	9,238	6783	2455
	5	2 - Medium Vulnerability	3,326	2293	1033
	6	3 - High Vulnerability	463	342	121
	7	Chesapeake city	75,087	57746	17341
	8	1 - Low Vulnerability	32,259	26113	6146
	9	2 - Medium Vulnerability	37,307	27857	9450
	10	3 - High Vulnerability	5,521	3377	2144
	11	Currituck County	16,399	13322	3077
	12	1 - Low Vulnerability	4,418	3631	787
	13	2 - Medium Vulnerability	9,511	7803	1708
	14	3 - High Vulnerability	2,470	1884	586
	15	Dare County	26,117	19675	6442
	16	1 - Low Vulnerability	6,727	5477	1250
	17	2 - Medium Vulnerability	13,684	9968	3716
	18	3 - High Vulnerability	5,706	4174	1532
	19	Gloucester County	8,810	7272	1538
	20	1 - Low Vulnerability	6,497	5424	1073
1	21	2 - Medium Vulnerability	1,969	1552	417
	22	3 - High Vulnerability	344	305	39
	23	Hampton city	105,525	63356	42169
1	24	1 - Low Vulnerability	32,098	22561	9537
	25	2 - Medium Vulnerability	63,993	36651	27342
1	26	3 - High Vulnerability	9,434	3948	5486
, :	27	Isle of Wight County	2,868	2351	517
/ :	28	1 - Low Vulnerability	1,329	1088	241
	29	2 - Medium Vulnerability	1,385	1124	261
;	30	3 - High Vulnerability	154	137	17
;	31	James City County	3,482	2785	697
:	32	1 - Low Vulnerability	2,511	2173	338

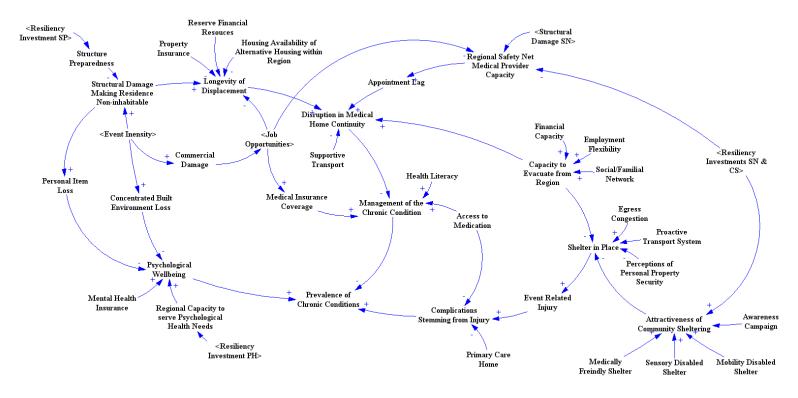
Theoretical/ Illustrative Figures





System Dynamics Model: MICRO

Conceptual Localized Dynamics...







Household Adaptive Capacity Recurrent Flooding









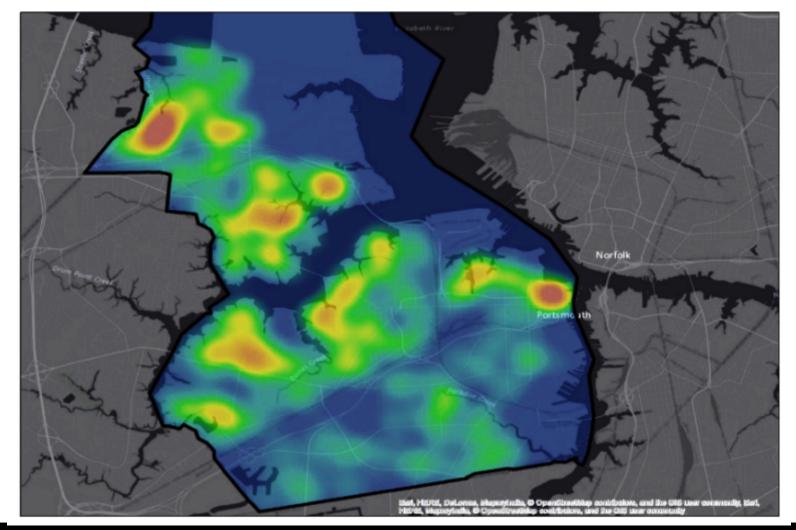
Sampling East Side of City







Residential Neighborhood Street Flooding





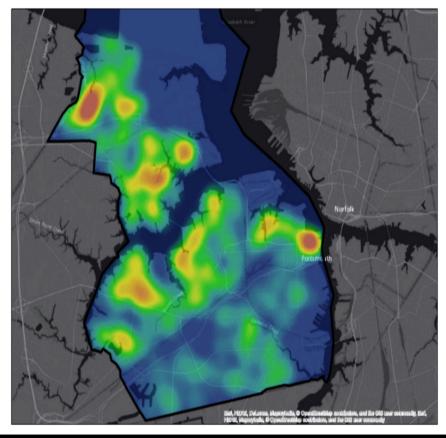


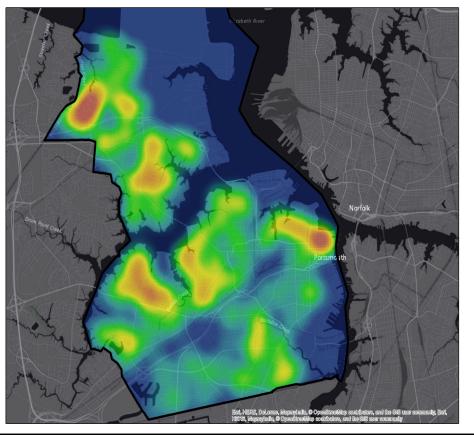


Perception Variable: SLR Will Limit Economic Opportunity for Citizens

Neighborhood Flooding



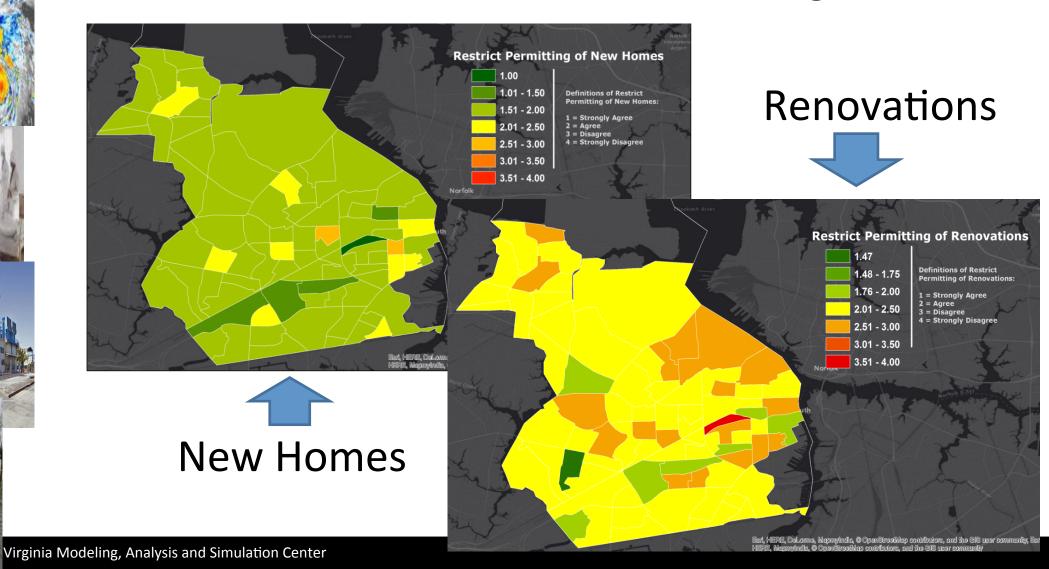








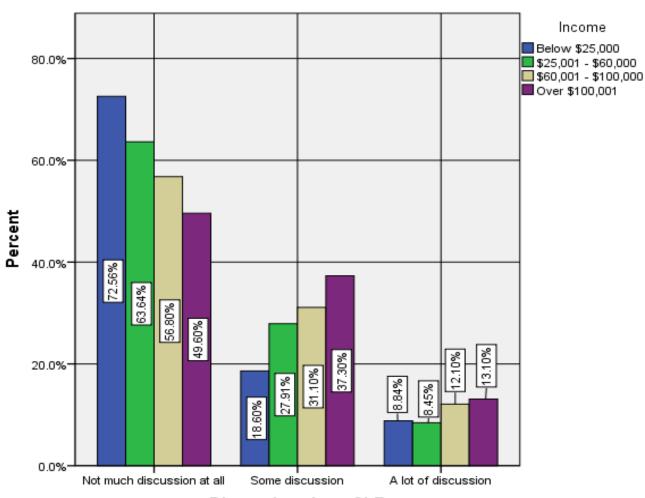
NIMBY: Restrict Permitting....







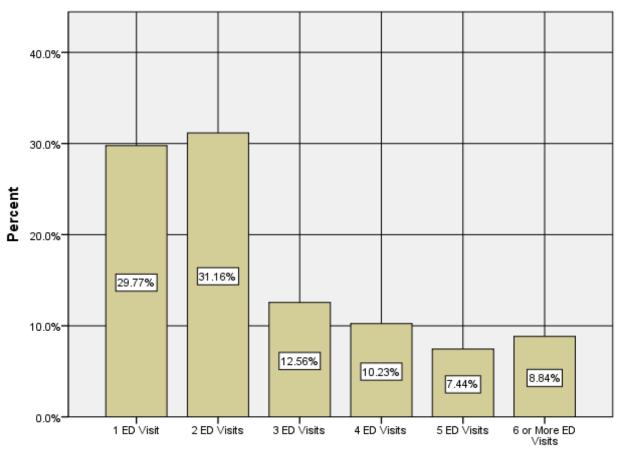
Discussion about Sea Level Rise







Mold, Asthma, & ED Visitation



Number of asthma-related ED visits by household (with an asthma member) within past year (Excludes No Visits)

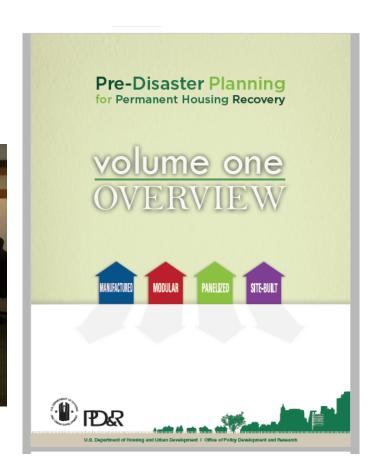




HUD Pre-planning: Modeling Housing Stock Recovery





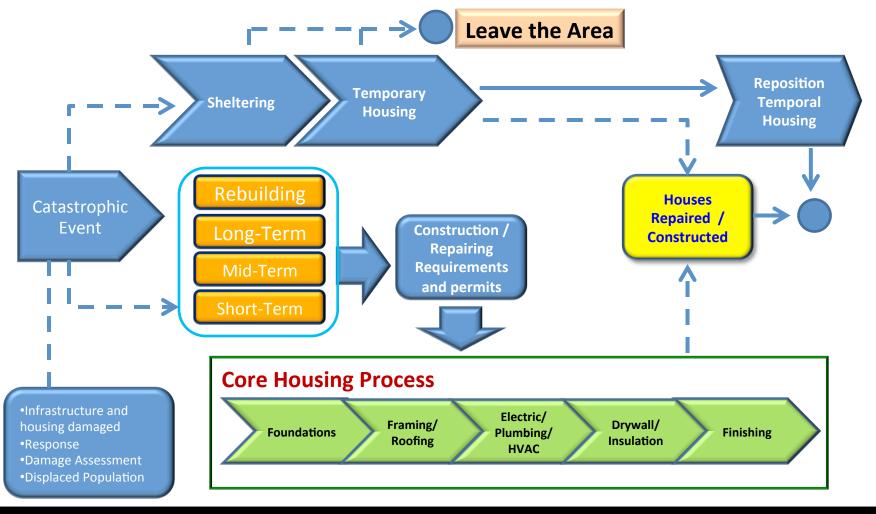


HUD Group Model Building Events Norfolk & Portsmouth





HUD Pre-planning: Modeling Housing Stock Recovery





Part-2 Conceptualizing Household Vulnerability







Vulnerability Scaling

- Identified 17 dimensions of vulnerability + 2 'hyper' measures vulnerability.
- Constructed set of weighted indicators intended to 'capture' the substantive nature of household vulnerability on each dimension.
- SMEs engaged through a structured process to establish the relative weights of the indicators within each dimension.







Financial Vulnerability...

A forecast of a household's inability to absorb the financial impact of a disrupting severe storm event.

That is, disrupted household income or stormrelated preparation & response costs (food, fuel, shelter, and logistics) may be difficult to absorb and, thus, conditions propensity to evacuate.







Financial Vulnerability

Scale Indicators:

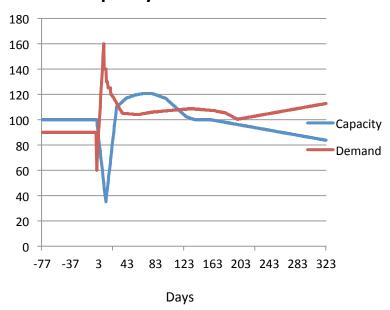
- 1. Anyone in the household lose pay.
- 2. Anyone in the household lose vacation time or use sick time.
- 3. If lose a week's pay, would have trouble paying next month's rent or making the mortgage.
- 4. If lose a month's pay, would have trouble paying next month's rent or making the mortgage.
- 5. Enough cash or credit to support the household for five days outside the region.



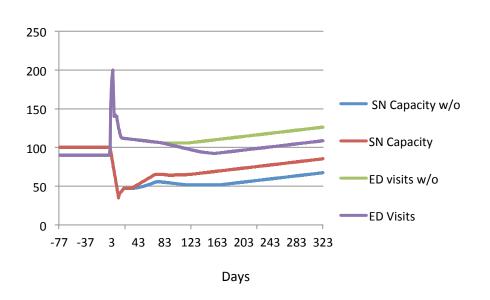


Dynamic System Behavior

Demand-Capacity for Acute Care



Safety Net Capacity & ED Visits, by resiliency investment





Part-3 Household Risk Perceptions







Risk Perception (1)

"I am not stupid!"

- Visualize the extremes of a 'L-R Risk Continuum'
- Those that sheltered see negligible risk and those that exited see imminent risk, yet it is the same event.

"I live on the 1st (or is it the 2nd) floor!"

- 1st floor is low and safe from the wind
- 2nd floor is high and safe from the water
 Note: Use of contextual/environmental elements to rationalize less risk than neighbors







Policy Resistance

Neighborhood Shelters, Fire & Police Stations

- Have known shelter in neighborhood (e.g., school), that's our 'insurance'
- Neighborhood shelter will be on the radar of emergency officials and will meet our needs.
- "...live right by a fire department and police station can't get any safer than that..."

Preparation Efficacy

- Follow what Red Cross and EMs tell us we can do to reduce our vulnerability...
 - Food + Water + Fuel + Generator + Medications
- Increase in sense of efficacy = perception that household can weather the storm and its aftermath







Tethers* & Anchors*

Tethers...

- Member within network either cannot or is unwilling to depart region.
- Other network members remain out of obligation, guilt, professional commitment.
- Deference given to opinion leader within network.

Anchors...

- Member employed in hospitality/service employment not relieved from job until 12-48 hours before landfall.
- Other network members remain.
- Protective Services and associated network.

*Original concept & term coined by the authors.







Evacuation

Evacuation Costs are Burdensome

Fuel + Food + Accommodations

Delay & Exponential Costs

- Those households with financial constraints are more likely to delay – exiting means expense!
- Practice wait-and-see tactics.
- Delay is associated with increased exit costs:
 - ➤ More congestion means burn more gas.
 - > Close hotels fill up first, have to travel farther.
- Those households who are least able to afford financial costs are more likely to incur heavier financial costs.







A Few Observations on Evacuation

Number of Vehicle Occupants Mode...

- Not optimal
- 2 person, 2 car family take both

Recreational vehicles & trailers

- Slower acceleration
- Increased breakdowns

Caravanning

Multiple vehicles

Exit paths

- Not intuitive
- Crisscross region more activity than Monday morning comute.

Departure timing

- Not linear; imminent/landfall triggers exit
- About 7.5% of those departing delay their departure close to storm landfall so they can miss or lessen anticipated congestion

Exit destination

Vacations and social visiting







Message Credibility

Message Discounting

 Know that officials/weather reports are exaggerated, discount the severity of forecast to arrive at the 'real' threat

Manipulation of Population

 Past forecasts/reports have been purposely exaggerated to get people to move

Incompetence of Weather Experts & EMs

- Storm alarms in past have been false
- Weather reports cannot be relied upon

Conspiracy

- Evacuation orders are hoaxes
- Conspiracy to sell more food and supplies







Medical Fragility(1)

Access

- Don't want to be away from familiar doctors
- Pain management regimen (e.g., chemo for RA)

Disabilities & Comorbidity

- Sensory, Mobility, or Cognitive disabilities
- Chronic conditions (COPD, diabetes, obesity, etc.)
- Disruption/dislocation may exacerbate medical condition

Aging

- Unfamiliar places are upsetting
- Logistical arrangements are overwhelming







Medical Fragility(2)

Propensity to Evacuate?

Theory:

- Elderly and medically fragile populations are least able to cope with storm-related disruptions to normal routines (power loss, acute injuries, heat sensitivity etc).
- Thus, more vulnerable and propensity to evacuate should increase.

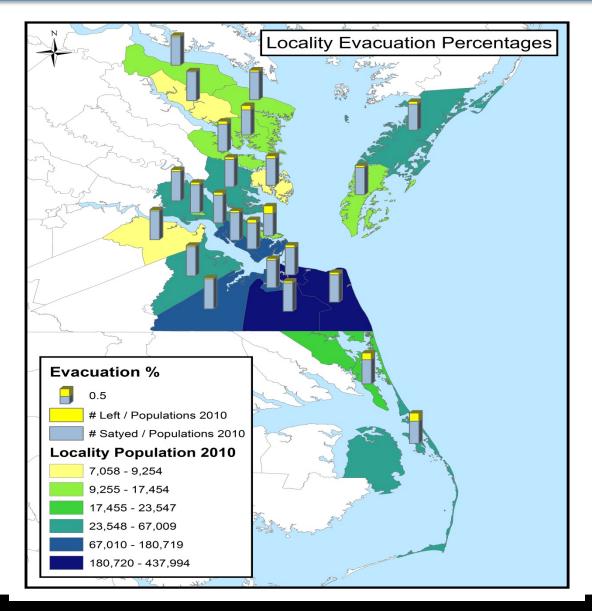
Ground Truth:

 These populations are equally likely to shelter in place.





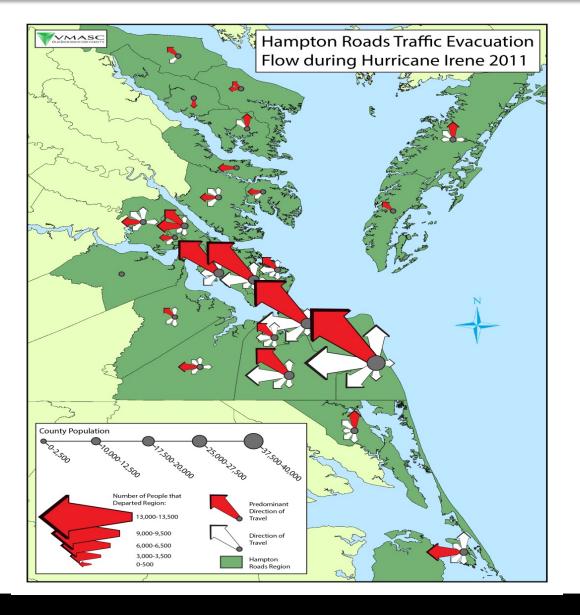
Relative
Percent
Departing
Region

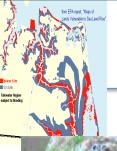






Multiple
Direction
Departure
Numbers

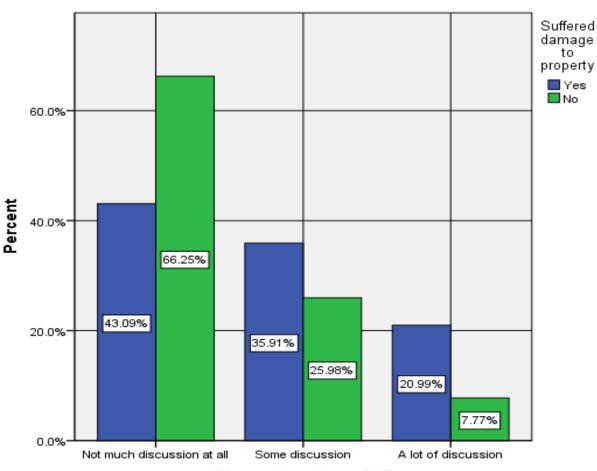








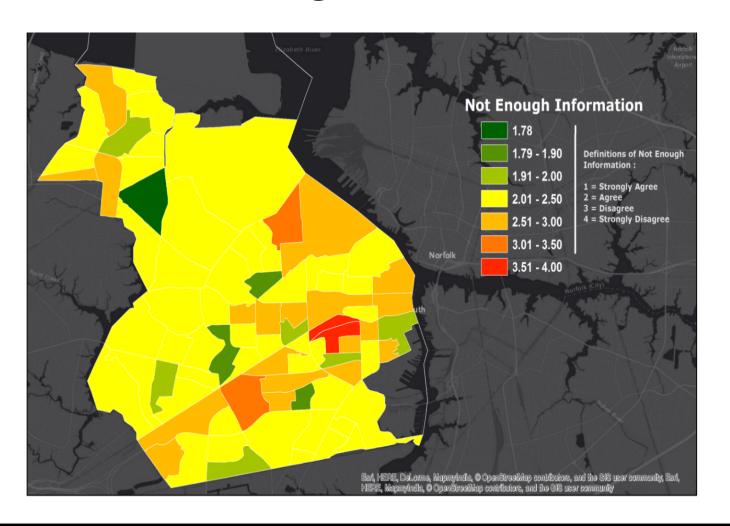
Discussion about Sea Level Rise







Not Enough Information



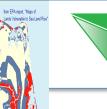






Mold, Asthma, & ED Visitation

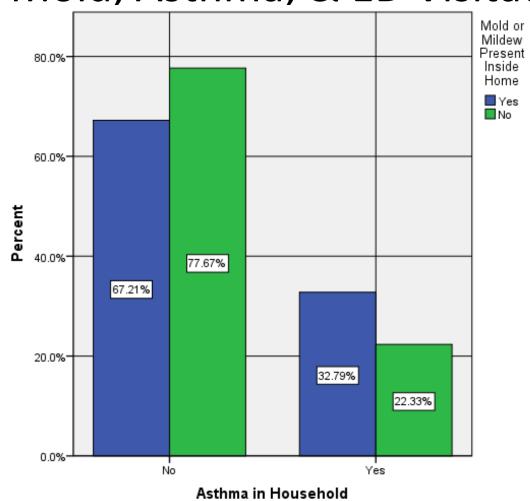
- Asthma in Household (diagnosed)
- Asthma Triggers
- Mold or Mildew within Interior
- Asthma-related Emergency Department Visits

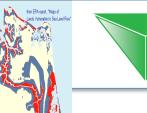






Mold, Asthma, & ED Visitation

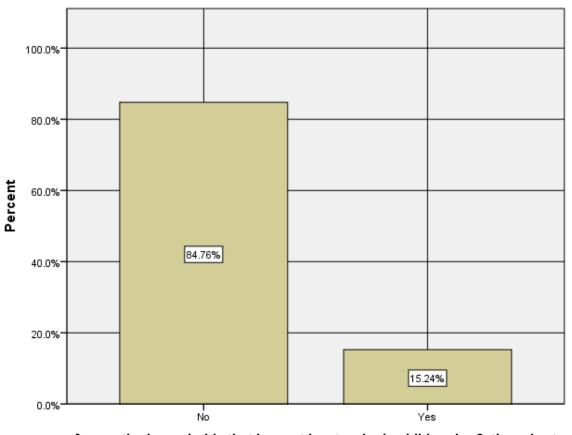








Mold, Asthma, & ED Visitation



Among the households that have at least a single child under 6, there is at least one pediatric asthma case (5 years or less) in household.



Part-5 Pre-planning and Housing Stock Recovery