

Template for District Health Department (DHD) Health Preparedness Coordination with Populations with Special Needs in Idaho

Scope of Work II.F.2.

Contract activity: *The DHD will identify representatives of populations with special needs and document activities that could be implemented to communicate with and provide prophylaxis and/or treatment to special populations that include, but are not limited to, people with disabilities, people with serious mental illness, minority groups, the non-English speaking, children, the homeless, and the elderly.*

Indicator of completion: *Complete coordination with special needs population template (to be provided at the annual IDHW Health Preparedness Program meeting during Fall 2004).*

Note: *Each DHD will be required to fill this survey out twice for the reporting periods ending 11/30/04 and 08/30/05. The second time each DHD will be asked to fill this out (for the reporting period ending 08/30/05) the DHD will only need to provide updated information to what was submitted for the reporting period ending 11/30/04.*

Background

The guidance for the Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) Cooperative Agreements on Health Preparedness and Response to Bioterrorism includes the directive to coordinate preparedness planning with populations with special needs. Both the Idaho Department of Health and Welfare (IDHW) and District Health Departments (DHDs) are being asked to include populations with special needs in the preparedness planning and implementation process. Populations with special needs have been identified as: people with disabilities, homeless, children, frail elderly, non-English speaking, minority groups (as identified in the 2000 census), people with severe mental illness, and individuals that are incarcerated.

Objective

To accomplish the goal of meeting the needs of populations with special needs in Idaho, the Health Preparedness Program developed a survey that the DHD will use to gather information on the identified special needs populations. The questions have been formulated to identify the following:

- the agencies working with populations with special needs,
- preferred communication methods,
- potential barriers to communicating effectively, and
- unique preparedness planning issues.

Instructions

For each special needs population, please complete section "A" once. Complete Sections "B"- "D" for each agency in your district that works primarily with and/or represents this special needs population (i.e., if there are two such agencies in your district that work primarily with and/or represent a particular special needs population, you will need to fill these sections ["B"- "D"] out twice.). Certain survey questions may require input from the agency working with the special needs population.

District Health Department (DHD)
Health Preparedness Coordination with Populations with Special Needs in Idaho

DHD Name: Southwest District Health, District 3

Date Completed: 29 November 2004

People with Disabilities

A “disability” is a diagnosable physical or mental condition which interferes with one of a person’s major life activities, such as walking, doing manual tasks, learning, or working.

Source: Idaho Commission on Human Rights

A. Population Coordination (Complete Section “A” Once for This Population)

1. What is the population of people with disabilities in your district? Please provide the data source and date. 27,745 WITCO (Western Idaho Training Company) and Idaho Census

2. Is there a hospital or health care center in your district that specializes in working with this population? If yes, please provide the name of the hospital or health care center.
Idaho State School and Hospital

3. How will important health messages be communicated to this population?
HAN and Blast Fax systems

4. If cellular and telephone circuits were overloaded and electrical power was out, would a different strategy be employed to provide emergency messages to people with disabilities as compared to the general population? If yes, please describe.

Utilizing Ham Radio Operators

Contact Ham radio operator with plane for potential dropping go leaflets

Hand delivering flyers posting in key areas of the communities

Using word of mouth and help your neighbor concept for handicap, elderly, other languages, etc.

Using radio media as partner to get the word out and encouraging public to utilize battery-operated radios

5. In the event that a mass dispensing site is set up, people with disabilities would be served by:

- Clinic site
- Mobile site
- Other (Please describe) On site at Hospital

5a. What modifications to the above need to be made to accommodate people with disabilities? **N/A**

5b. Have these modifications been included in your DHD preparedness plan?

- Yes
- No

6. Is this population represented in the HRSA Regional Health Care System Planning Group?

- Yes
- No

7. What percentage of this population is homebound and needs services brought to them?

20 persons = .0005 %

8. Please identify any additional needs of people with disabilities in an emergency and whether they have been addressed in your DHD preparedness plan. **None Noted at this time**

(Complete Sections "B"- "D" for each agency in your district that works primarily with and/or represents this population)

B. Agency Coordination

1. Name of agency located in your district that works primarily with and/or represents people with disabilities? **WITCO (Western Idaho Training Co.)**

2. Has your DHD worked with this agency and/or its representatives in the past?

- Yes
- No

2a. If yes, please describe.

Referral to Southwest District Health and emergency plans

C. Communicating with Agency

1. Who are your main points of contact for this agency? Please provide contact information for each individual.

Name:

Title: WITCO President and CEO

Contact Info:

Name:

Title: Director of Nursing, Idaho State Hospital and School

Contact:

2. How will the persons listed above be contacted in an emergency?

HAN or Blast fax

3. Have agency representatives been included in the process of reviewing communication messages on health preparedness and/or general public health?

- Yes
- No

3a. If yes, please describe.

4. Has the agency been included in the HAN system recipient list for your DHD?

- Yes
- No

D. Planning with Agency

1. Is the agency interested in health preparedness efforts?

- Yes
- No
- Agency has not been approached to coordinate health preparedness planning efforts.

2. What barriers, if any, have you experienced in coordinating health preparedness efforts with this agency and/or its agency representatives? If barriers exist, how do you plan to resolve them?

N/A

3. Does the agency have its own preparedness and/or response plan for public health or other emergencies?

- Yes
- No

3a. If yes, briefly describe what activities the agency plans to undertake relevant to health preparedness efforts and how their plan integrates with your DHD plan.

WITCO has established emergency plans when noticing any out ordinary medical situations.
State Hospital has procedures but needs updating.

4. Describe how this agency has been included in DHD planning for health preparedness activities and exercises; include the roles they play and any additional roles you would like them to play.

State Hospital and WITCO are not currently part of exercises but are part of prophylaxis plan.

Homeless or homeless individual or homeless person

- (1) an individual who lacks a fixed, regular, and adequate nighttime residence; and
- (2) an individual who has a primary nighttime residence that is -
 - (A) supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
 - (B) an institution that provides a temporary residence for individuals intended to be institutionalized; or
 - (C) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Source: US code, Title 42, Chapter 119, Subchapter 1, Section 11302.

A. Population Coordination (Complete Section "A" Once for This Population)

- 1. What is the population of homeless in your district? Please provide the data source and date.
4500, Lighthouse Rescue Mission, 28 Nov 04
- 2. Is there a hospital or health care center in your district that specializes in working with this population? If yes, please provide the name of the hospital or health care center.
N/A
- 3. How will important health messages be communicated to this population?
Blast Fax, Media
- 4. If cellular and telephone circuits were overloaded and electrical power was out, would a different strategy be employed to provide emergency messages to homeless people as compared to the general population? If yes, please describe.
Utilizing Ham Radio Operators
Contact Ham radio operator with plane for potential dropping go leaflets
Hand delivering flyers posting in key areas of the communities
Using radio media as partner to get the word out and encouraging public to utilize battery-operated radios
- 5. In the event that a mass dispensing site is set up, homeless people would be served by:
 - Clinic site
 - Mobile site
 - Other (Please describe)_____
- 5a. What modifications to the above need to be made to accommodate homeless people?
N/A
- 5b. Have these modifications been included in your plan?
 - Yes
 - No
- 6. Is this population represented in the HRSA Regional Health Care System Planning Group?
 - Yes
 - No

7. Please identify any additional needs of homeless people in an emergency and whether they have been addressed in your DHD preparedness plan.

(Complete Sections "B"- "D" for each agency in your district that works primarily with and/or represents this population)

B. Agency Coordination

1. Name of agency located in your district that works primarily with and/or represents homeless people? **Light House Mission**

2. Has your DHD worked with this agency and/or its representatives in the past?

Yes

No

2a. If yes, please describe.

C. Communicating with Agency

1. Who are your main points of contact for this agency? Please provide contact information for each individual.

Name:

Title: **Coordinators**

Contact Info:

2. How will the persons listed above be contacted in an emergency?

Blast Fax

3. Have agency representatives been included in the process of reviewing communication messages on health preparedness and/or general public health?

Yes

No

3a. If yes, please describe.

4. Has the agency been included in the HAN system recipient list for your DHD?

Yes

No

D. Planning with Agency

1. Is the agency interested in health preparedness efforts?

Yes

No

Agency has not been approached to coordinate health preparedness planning efforts.

2. What barriers, if any, have you experienced in coordinating health preparedness efforts with this agency and/or its agency representatives? If barriers exist, how do you plan to resolve them?

N/A

3. Does the agency have its own preparedness and/or response plan for public health or other emergencies?

Yes

No

3a. If yes, briefly describe what activities the agency plans to undertake relevant to health preparedness efforts and how their plan integrates with your DHD plan.

Mandated by regulations. They will call health agencies.

4. Describe how this agency has been included in DHD planning for health preparedness activities and exercises; include the roles they play and any additional roles you would like them to play.

Only in notification at this time and will be called as part of exercise development.

Children

Anyone under the age of 18.

For the purpose of this survey we will be focusing on schools and daycare centers to serve as the point of contact for children.

A. Population Coordination (Complete Section "A" Once for This Population)

1. How will important health messages be communicated to this population?

HAN and Blast Fax

The primary source for communicating with the schools will be through the Health Alert Network. Messages can be designated to the superintendents, the principals, and the school nurses. In addition to the faxed information, follow-up calls would be made to the superintendents. Principals may also be contacted. SWDH has worked with Region 3 Superintendent's Association to obtain emergency numbers for each school in case emergency contact is required outside of regular school hours and/or holidays.

2. If cellular and telephone circuits were overloaded and electrical power was out, how would this strategy change?

If telephone service is unavailable, the first choice is to utilize radio media to get the word out. (As part of emergency response planning, citizens are encouraged to have a battery-operated radio available.) Ham Radio Operators may also be utilized to get the message out to the schools. In addition, volunteer groups such as the Citizen's Emergency Response Team (CERT) would be called to carry the message to the schools, along with specific instructions. Depending on the severity of the crisis SWDH may also depend on law enforcement to get the word to the schools.

3. Have these strategies been included in your DHD preparedness plan?

Yes

No, specifics to schools will be added to the plan and emergency numbers will be available so that it can be updated???

4. Is this population represented in the HRSA Regional Health Care System Planning Group?

Yes

X No

5. Please identify any additional needs of children in an emergency and whether they have been addressed in your DHD preparedness plan. **Additional needs: facility lock down, shelter, contacting parents and/or guardians, health precautions, mass vaccinations, evacuations, quarantine, and isolation. Some of these needs have been addressed in SWDH DHD preparedness plan**

(Complete Sections "B"- "D" for each agency in your district that works primarily with and/or represents this population)

B. Agency Coordination

1. Name of agency located in your district that works primarily with and/or represents schools and/or daycare centers? **Environmental Health (Southwest District Health) for Daycares.**

Schools

Meadows Valley School District 11

Council School District 13

Nampa School District 131

Caldwell District School 132

Wilder District School 133

Middleton School District 134

Notus School District 135

Melba Joint School District 136

Parma School District 137

Vallivue School District 139

GEM COUNTY Independent School District 221of Emmett

Marsing Joint School District 363

**Bruneau-Grand View
Joint School District 365**

HOMEDALE JOINT SCHOOL DISTRICT STUDENTS 370

PAYETTE COUNTY

Fruitland School District 373

WASHINGTON COUNTY

Weiser School District 431

Cambridge Joint School District 432

Midvale School District 433

C. Communicating with Agency

1. Do you have a plan for communicating with schools and daycare centers in an emergency?
 - Yes
 - No
- 1a. If yes, has this plan been included in your DHD preparedness plan?
 - Yes
 - No
2. Has a school and/or daycare center representative been included in the process of reviewing communication messages on health preparedness and/or general public health?
 - Yes
 - No
- 2a. If yes, please describe.
4. Have schools located in your district been included in the HAN system recipient list for your DHD?
 - Yes
 - No
5. Have daycare centers located in your district been included in the HAN system recipient list for your DHD?
 - Yes
 - No

D. Planning with Agency

1. What health preparedness efforts have you worked on with schools and/or daycare centers?

Health Alert messages have been distributed through HAN. Public Health Preparedness presentations have been made to superintendents meetings and school nurse meetings. Utilizing the schools as mass evacuation sites has also been introduced. Utilized MOUs (Memorandums of Understanding), for possible clinic locations and HAN system notification.
2. What barriers, if any, have you experienced in coordinating health preparedness efforts with schools and daycare centers? If barriers exist, how do you plan to resolve them?

None for schools, but daycares due to sheer volume with almost all do not have fax capabilities. Also the change over of businesses is a logistical challenge. School administrators have been very cooperative in coordination health preparedness efforts. The only barriers that exist have been the limitations of the facilities themselves.
3. Describe how schools and daycare centers have been included in DHD planning for health preparedness activities and exercises; include the roles they play and any additional roles you would like them to play. Utilized school for flu clinic training and possible Mass Prophylaxis centers.

Frail Elderly

Activities of daily living (ADL) means eating, dressing, bathing, grooming, and household management activities, as further described below:

(1) Eating--May need assistance with cooking, preparing, or serving food, but must be able to feed self;

(2) Bathing--May need assistance in getting in and out of the shower or tub, but must be able to wash self;

(3) Grooming--May need assistance in washing hair, but must be able to take care of personal appearance;

(4) Dressing--Must be able to dress self, but may need occasional assistance; and

(5) Home management activities--May need assistance in doing housework, grocery shopping, laundry, or getting to and from activities such as going to the doctor and shopping, but must be mobile. The mobility requirement does not exclude persons in wheelchairs or those requiring mobility devices.

...

Elderly person means a household composed of one or more persons at least one of whom is 62 years of age or more at the time of initial occupancy.

Frail elderly means an elderly person who is unable to perform at least three activities of daily living as defined in this section.

Source: US code, Title 24, Chapter 8, Section 891.205

A. Population Coordination (Complete Section "A" Once for This Population)

1. What is the population of frail elderly in your district? Please provide the data source and date.
8354; Census 2003, WICAP, Area Agency on Aging 1 Dec04.
2. What are the names of the nursing homes, hospices, residential centers, and assisted living facilities in your district that specialize in working with the frail elderly?

FirstName	Department	BusinessCity	BusinessFax	BusinessPhone
Prestige Assisted living at Autumn Wind	Assisted Living Facilities	Caldwell	(208)	(208)
Apple Valley Residential Care	Assisted Living Facilities	Emmett	(208)	(208)
The Cottages	Assisted Living Facilities	Emmett	(208)	(208)
Emmett Serenity Living	Assisted Living Facilities	Emmett	(208)	(208)
BeeHive Home #7	Assisted Living Facilities			(208)
Clearwater House	Assisted Living Facilities	Nampa	(208)	(208)
Country Care Midland	Assisted Living Facilities	Nampa	(208)	(208)
Heritage Parkview	Assisted Living Facilities	Nampa	(208)	(208)
Meadow Creek Memory Care	Assisted Living Facilities	Nampa	(208)	(208)
Parma Living Center	Assisted Living Facilities	Parma	(208)	(208)
Royal Villa	Assisted Living Facilities	Payette	(208)	(208)
The Cottages	Assisted Living Facilities	Payette	(208)	(208)
Indianhead Estate	Assisted Living Facilities	Weiser	(208)	(208)
The Cottages	Assisted Living Facilities	Weiser	(208)	(208)

FirstName	LastName	Company	Department	BusinessFax	BusinessPhone
Judy		Weiser Senior Citizen Center	Senior Centers		
Judy		Retired Senior Volunteer Program	Senior Centers		
Sharon		Payette Senior Citizen Center	Senior Centers		
Melissa		Parma Senior Citizen Center	Senior Centers		
Brenda		Nampa Senior Citizens Center	Senior Centers		
Sylvia		Marsing Senior Center	Senior Centers		
Christine		Homedale Senior Citizen Center	Senior Centers		
Jo		Gem County Senior Center	Senior Centers		
Nettie		Elderly Opportunity Agency	Senior Centers		
Rich		Canyon County Organ. on Aging	Senior Centers		
		Caldwell Senior Citizen Center	Senior Centers		
Carolyn		Cambridge Senior Center	Senior Centers		
Eleanor		Council Senior Center	Senior Centers		
Marty		Melba Valley Senior Center	Senior Centers		
Kathleen		New Meadows Senior Center	Senior Centers		
Helen		New Plymouth Senior Center	Senior Centers		
Pat		Rimrock Senior Center	Senior Centers		
Sherry		Malheur Council on Aging	Senior Centers		

Nursing Homes	BusinessCity	BusinessFax	BusinessPhone
HOLLY NURSING AND REHABILITATION CENTER	NAMPA		
KARCHER ESTATES	NAMPA		
MIDLAND HEALTH AND REHABILITATION	NAMPA		
SUNBRIDGE CARE AND REHABILITATION FOR PAYETTE	PAYETTE		
NAMPA CARE CENTER	NAMPA		
OWYHEE HEALTH AND REHABILITATION CENTER	HOMEDALE		
SUNBRIDGE RETIREMENT AND REHABILITATION FOR NAMPA	NAMPA		
CALDWELL CARE CENTER	CALDWELL		
CASCADE REHABILITATION AND CARE CENTER	CALDWELL		
EMMETT REHABILITATION AND HEALTHCARE	EMMETT		
SUNBRIDGE CARE AND REHABILITATION FOR EMMETT	EMMETT		
West Valley Medical Center	CALDWELL		
WEISER REHABILITATION AND CARE CENTER	WEISER		

3. How will important health messages be communicated to this population?

HAN and Blast fax.

4. If cellular and telephone circuits were overloaded and electrical power was out, would a different strategy be employed to provide emergency messages to the frail elderly as compared to the general population? If yes, please describe.

If telephone service is unavailable, the first choice is to utilize radio media to get the word out. (As part of emergency response planning, citizens are encouraged to have a battery-operated radio available.) Ham Radio Operators may also be utilized to get the message out to the senior citizen and nursing homes. In addition, volunteer groups such as the Citizen's Emergency Response Team (CERT) would be called to carry the message to the neighborhoods, along with specific instructions. Depending on the severity of the crisis SWDH may also depend on law enforcement to get the word to the senior communities.

5. In the event that a mass dispensing site is set up, frail elderly would be served by:
- X Clinic site
 - X Mobile site
 - X Other (Please describe) Medical Travel Bus
- 5a. What modifications to the above need to be made to accommodate the frail elderly?
 Coordination of home or senior citizen visits for prophylaxis of clients.
- 5b. Have these modifications been included in your DHD preparedness plan?
- Yes
 - X No
6. Is this population represented in the HRSA Regional Health Care System Planning Group?
- X Yes
 - No
7. What percentage of this population is homebound and needs services brought to them?
 2%
8. Please identify any additional needs of the frail elderly in an health emergency and whether they have been addressed in your DHD preparedness plan.
 Transportation of patients/clients to clinics and mobile units to those homebound.

(Complete Sections "B"- "D" for each agency in your district that works primarily with and/or represents this population)

B. Agency Coordination

1. Name of agency located in your district that works primarily with and/or represents the frail elderly? **Area Agency On Aging**
2. Has your DHD worked with this agency and/or its representatives in the past?
- Yes
 - X No
- 2a. If yes, please describe.

C. Communicating with Agency

1. Who are your main points of contact for this agency? Please provide contact information for each individual.

Name:

Title: Director of Area Agency On Aging

Contact Info: 2

2. How will the persons listed above be contacted in an emergency?

Blast Fax /HAN

3. Have agency representatives been included in the process of reviewing communication messages on health preparedness and/or general public health?

Yes

No

3a. If yes, please describe.

4. Has the agency been included in the HAN system recipient list for your DHD?

Yes

No – Will update in future.

D. Planning with Agency

1. Is the agency interested in health preparedness efforts?

Yes

No

Agency has not been approached to coordinate health preparedness planning efforts.

2. What barriers, if any, have you experienced in coordinating health preparedness efforts with this agency and/or its agency representatives? If barriers exist, how do you plan to resolve them?

N/A

3. Does the agency have its own preparedness and/or response plan for public health or other emergencies?

Yes

No

3a. If yes, briefly describe what activities the agency plans to undertake relevant to health preparedness efforts and how their plan integrates with your DHD plan.

Mandated by law and have 72 hour kits. Integrates procedures into SWDH 's EPI plans and will review.

4. Describe how this agency has been included in DHD planning for health preparedness activities and exercises; include the roles they play and any additional roles you would like them to play.

None other than notification at this moment.

Non-English Speaking – Spanish

A. Population Coordination (Complete Section “A” Once for This Population)

1. What is the population of people who primarily speak and understand Spanish in your district? Please provide the data source and date.

According to the U. S. Census Bureau Census 2000 191,297 reside in the Idaho counties of Adams, Canyon, Gem, Owyhee, Payette, and Washington. Of this 191,297, 27,639 speak Spanish, with 7,095 who do not speak English well or not at all.

2. Is there a hospital or health care center in your district that specializes in working with this population? If yes, please provide the name of the hospital or health care center.

In addition to the hospitals located within District 3, Terry Reilly and Southwest District Health are the two major health care providers for the Spanish-speaking population. No agency specializes in working with this population, specifically. Idaho's small, isolated population centers, separated by vast distances of mountain and desert terrain, pose many challenges to provide adequate health services to the Hispanic and migrant farm worker population, given their migratory patterns, low incomes, limited education, and lack of health insurance.

3. How will important health messages be communicated to this population?

District 3 has conducted extensive research to determine the most effective means to communicate health messages to this population. The three major means are through Spanish radio stations and programs, simple printed flyers with pictures, and word-of-mouth.

4. If cellular and telephone circuits were overloaded and electrical power was out, would a different strategy be employed to provide emergency messages to people who primarily speak and understand Spanish as compared to the general population? If yes, please describe.

Messages need to be in Spanish and at the 5th grade level. Mass media, for the most part, would be the main means to provide emergency messages to the masses, but this would not be effective in reaching this population. In general, a more personal, one-on-one approach would be employed.

Spanish radio media would primarily be utilized to reach this market, focusing on battery-operated and car radios. Hand-delivering flyers may also be employed to highly concentrated areas where Hispanics live, such as migrant farm camps and trailer parks within the counties. Spanish-speaking staff would be utilized to go door-to-door. This door-to-door effort would also include encouraging the contacts to let anyone they know about the crisis at hand. Lastly, the priests and key religious leaders at the Catholic churches, specifically, would be contacted to get the word out to their Spanish parishioners. (Note: Not all Mexicans are Catholic, but high percentages are, so this would be an effective means.) The Migrant Council and the Hispanic Cultural Center would also be contacted.

5. In the event that a mass dispensing site is set up, people who primarily speak and understand Spanish would be served by:

Clinic site

Mobile site

Other (Please describe) Mobile Medical Transport

5a. What modifications to the above need to be made to accommodate people who primarily speak and understand Spanish?

Interpreters and Spanish informational fliers

5b. Have these modifications been included in your DHD preparedness plan?

Yes

No

6. Is this population represented in the HRSA Regional Health Care System Planning Group?

Yes

No

7. What percentage of this population is homebound and needs services brought to them?

Information provided in Census 2000 did not break out the Spanish population who are homebound. From the research the health district has conducted, however, the word-of-mouth communication is an effective means to reach anyone that is homebound.

8. Please identify any additional needs of people who primarily speak and understand Spanish in a health emergency and whether they have been addressed in your DHD preparedness plan.

The messages would need to be communicated by people that are trusted within the Hispanic community. It is possible that the name of a highly-respected priest in this area would be used with permission to say, "Father X wants you to know that we can be trusted and you need to follow our instructions to be safe." As a high percentage of the Mexicans living in District 3 are illegal, the messages would need to stress that their safety and that of their families is the number one concern.

In addition, many of this population are in the poverty level as described below, so most will not have emergency preparation kits, nor extensive stored food.

Poverty - Based upon information in Idaho's Health, published in 1999 by the state Center for Vital Statistics, 12.5% of all Idaho residents have incomes below the poverty level. The counties within Southwest Health District serve the highest poverty level, 17.2%. Additionally, 30% of Hispanic population lived below the poverty level. Income levels in District 3 are well below the state average as shown in the table below.

**Southwest District Health Poverty Levels
Poverty Represented In Blue**

	Adams County, Idaho	Canyon County, Idaho	Gem County, Idaho	Owyhee County, Idaho	Payette County, Idaho	Washington County, Idaho	All Counties
Total:	3,426	128,693	14,987	10,567	20,447	9,801	187,921
Under .50	270	5,417	661	592	846	400	8,186
.50 to .74	111	3,912	536	457	695	384	6,095
.75 to .99	137	6,109	762	732	1,150	518	9,408
1.00 to 1.24	233	8,280	896	854	1,292	711	12,266
1.25 to 1.49	189	9,256	1,050	1,134	1,823	751	14,203
1.50 to 1.74	249	8,803	1,056	809	1,169	830	12,916
1.75 to 1.84	74	2,966	418	312	703	411	4,884
1.85 to 1.99	153	4,566	402	285	623	317	6,346
2.00 and over	2,010	79,384	9,206	5,392	12,146	5,479	113,617

U.S. Census Bureau
Census 2000

(Complete Sections “B”-“D” for each agency in your district that works primarily with and/or represents this population)

B. Agency Coordination

1. Name of agency located in your district that works primarily with and/or represents people who primarily speak and understand Spanish?

Idaho Migrant Council
Hispanic Cultural Center
Farmway Village
Nampa Housing Authority

2. Has your DHD worked with this agency and/or its representatives in the past?

Yes
 No

2a. If yes, please describe.

These community partners have been utilized to review and provide input to health messages concerning the syphilis outbreak within District 3. Eighty percent of the positive syphilis cases are Hispanic.

C. Communicating with Agency

1. Who are your main points of contact for this agency? Please provide contact information for each individual.

Idaho Migrant Council
Hispanic Cultural Center
Farmway Village
Nampa Housing Authority

Name:

Title:

Contact Info:

2. How will the persons listed above be contacted in an emergency?

By phone and/or e-mail or through a Spanish-speaking person that would drive to their location and communicate the emergency message face-to-face

3. Have agency representatives been included in the process of reviewing communication messages on health preparedness and/or general public health?

Yes

No

- 3a. If yes, please describe.

These community partners have been utilized to review and provide input to health messages concerning the syphilis outbreak within District 3. Eighty percent of the positive syphilis cases are Hispanic.

4. Has the agency been included in the HAN system recipient list for your DHD?

Yes

No

D. Planning with Agency

1. Is the agency interested in health preparedness efforts?

Yes

No

Agency has not been approached to coordinate health preparedness planning efforts.

2. What barriers, if any, have you experienced in coordinating health preparedness efforts with this agency and/or its agency representatives? If barriers exist, how do you plan to resolve them?

Whereas, SWDH has an impressive number of Hispanic staff, the majority of personnel is Anglo which creates barriers, miscommunications, and cultural differences. Currently, partnerships are

being established and trust is emphasized to build relationships with key Hispanic leaders within the community. These key Hispanic leaders are also being engaged to assist SWDH in our efforts. SWDH plans to overcome these barriers with key Hispanic leaders communicating the message and trusting SWDH.

3. Does the agency have its own preparedness and/or response plan for public health or other emergencies?

- Yes
- No

3a. If yes, briefly describe what activities the agency plans to undertake relevant to health preparedness efforts and how their plan integrates with your DHD plan.

4. Describe how this agency has been included in DHD planning for health preparedness activities and exercises; include the roles they play and any additional roles you would like them to play.

Spanish speaking community will be an intricate part of mass clinic operations by being interpreters, greeters and a friendly voice in a non- Spanish speaking arena.

Non-English Speaking – Serbo-Croatian (Please disregard if this is not a major non-English speaking language in your district.)

A. Population Coordination (Complete Section “A” Once for This Population)

1. What is the population of people who primarily speak and understand Serbo-Croatian in your district? Please provide the data source and date.

Not part of demographics in this area. If situation arose an interpreter would be called in.

2. Is there a hospital or health care center in your district that specializes in working with this population? If yes, please provide the name of the hospital or health care center.

3. How will important health messages be communicated to this population?

4. If cellular and telephone circuits were overloaded and electrical power was out, would a different strategy be employed to provide emergency messages to people who primarily speak and understand Serbo-Croatian as compared to the general population? If yes, please describe.

5. In the event that a mass dispensing site is set up, people who primarily speak and understand Serbo-Croatian would be served by:

- Clinic site
- Mobile site
- Other (Please describe) _____

5a. What modifications to the above need to be made to accommodate people who primarily speak and understand Serbo-Croatian?

5b. Have these modifications been included in your DHD preparedness plan?

Yes

No

6. Is this population represented in the HRSA Regional Health Care System Planning Group?

Yes

No

7. What percentage of this population is homebound and needs services brought to them?

8. Please identify any additional needs of people who primarily speak and understand Serbo-Croatian in an emergency and whether they have been addressed in your DHD health preparedness plan.

(Complete Sections "B"- "D" for each agency in your district that works primarily with and/or represents this population)

B. Agency Coordination

1. Name of agency located in your district that works primarily with and/or represents people who primarily speak and understand Serbo-Croatian?

2. Has your DHD worked with this agency and/or its representatives in the past?

Yes

No

2a. If yes, please describe.

C. Communicating with Agency

1. Who are your main points of contact for this agency? Please provide contact information for each individual.

Name:

Title:

Contact Info:

2. How will the persons listed above be contacted in an emergency?

3. Have agency representatives been included in the process of reviewing communication messages on health preparedness and/or general public health?

Yes

No

3a. If yes, please describe.

4. Has the agency been included in the HAN system recipient list for your DHD?

- Yes
- No

D. Planning with Agency

1. Is the agency interested in health preparedness efforts?

- Yes
- No
- Agency has not been approached to coordinate health preparedness planning efforts.

2. What barriers, if any, have you experienced in coordinating health preparedness efforts with this agency and/or its agency representatives? If barriers exist, how do you plan to resolve them?

3. Does the agency have its own preparedness and/or response plan for public health or other emergencies?

- Yes
- No

3a. If yes, briefly describe what activities the agency plans to undertake relevant to health preparedness efforts and how their plan integrates with your DHD plan.

4. Describe how this agency has been included in DHD planning for health preparedness activities and exercises; include the roles they play and any additional roles you would like them to play.

Non-English Speaking – Other (Please use this for any other major non-English speaking language in your district.)

A. Population Coordination (Complete Section “A” Once for This Population)

1. What is the population of people who primarily speak and understand _____ in your district?
Please provide the data source and date.

Indian (Native American) 1667

Asian (Chinese/ Japanese/Korean/ Philippine) 1453

Hawaiian 206

Census 2003

2. Is there a hospital or health care center in your district that specializes in working with this population? If yes, please provide the name of the hospital or health care center.

3. How will important health messages be communicated to this population?

SWDH will use faith based community, fliers in native language, and all media according community demographics

4. If cellular and telephone circuits were overloaded and electrical power was out, would a different strategy be employed to provide emergency messages to people who primarily speak and understand _____ as compared to the general population? If yes, please describe.

If telephone service is unavailable, the first choice is to utilize radio media to get the word out. (As part of emergency response planning, citizens are encouraged to have a battery-operated radio available.) Ham Radio Operators may also be utilized to get the message out to communities. In addition, volunteer groups such as the Citizen’s Emergency Response Team (CERT) would be called to carry the message to the communities along with specific instructions. Depending on the severity of the crisis SWDH may also depend on interpreters with law enforcement to get the word to those areas. Fliers in their language.

5. In the event that a mass dispensing site is set up, people who primarily speak and understand _____ would be served by:

Clinic site

Mobile site

Other (Please describe)_____

5a. What modifications to the above need to be made to accommodate people who primarily speak and understand _____?

Using interpreters will be needed as volunteers and as greeter at clinics in those demographics locations

5b. Have these modifications been included in your DHD preparedness plan?

Yes

No

6. Is this population represented in the HRSA Regional Health Care System Planning Group?

Yes

No

7. What percentage of this population is homebound and needs services brought to them?

Unknown from census numbers.

8. Please identify any additional needs of people who primarily speak and understand _____ in an emergency and whether they have been addressed in your DHD preparedness plan.

Education in communities needed for understanding of mass clinics and understand needs of communities. Update to plans will follow study of demographics of counties from cultural organizations, city , town and county support organizations.

(Complete Sections "B"- "D" for each agency in your district that works primarily with and/or represents this population)

B. Agency Coordination

1. Name of agency located in your district that works primarily with and/or represents people who primarily speak and understand _____? **Unknown at this time.**
2. Has your DHD worked with this agency and/or its representatives in the past?
 Yes
 No

2a. If yes, please describe.

C. Communicating with Agency

1. Who are your main points of contact for this agency? Please provide contact information for each individual.

Name: **Unkown at this time**

Title:

Contact Info:

2. How will the persons listed above be contacted in an emergency?
SWDH will use faith based community, fliers in native language, and all media according community demographics

3. Have agency representatives been included in the process of reviewing communication messages on health preparedness and/or general public health?
 Yes
 No

3a. If yes, please describe.

4. Has the agency been included in the HAN system recipient list for your DHD?
 Yes
 No

D. Planning with Agency

1. Is the agency interested in health preparedness efforts?
 Yes
 No
 Agency has not been approached to coordinate health preparedness planning efforts.

2. What barriers, if any, have you experienced in coordinating health preparedness efforts with this agency and/or its agency representatives? If barriers exist, how do you plan to resolve them?

Due to demographics and unclear of where communities are located from census; more investigations is needed.

3. Does the agency have its own preparedness and/or response plan for public health or other emergencies?

Yes

No

3a. If yes, briefly describe what activities the agency plans to undertake relevant to health preparedness efforts and how their plan integrates with your DHD plan.

4. Describe how this agency has been included in DHD planning for health preparedness activities and exercises; include the roles they play and any additional roles you would like them to play.

N/A

Minority Group (as defined by the Idaho 2000 Census) – African Americans

A. Population Coordination *(Complete Section “A” Once for This Population)*

1. What is the population of African Americans in your district? Please provide the data source and date. **481; 2003 Census**

2. How will important health messages be communicated to this population?
. **Fliers and faith based communities. Media through radio, television.**

3. If cellular and telephone circuits were overloaded and electrical power was out, would a different strategy be employed to provide emergency messages to African Americans as compared to the general population? If yes, please describe.
If telephone service is unavailable, the first choice is to utilize radio media to get the word out. (As part of emergency response planning, citizens are encouraged to have a battery-operated radio available.) Ham Radio Operators may also be utilized to get the message out to the communities. In addition, volunteer groups such as the Citizen’s Emergency Response Team (CERT) would be called to carry the message to the neighborhoods, along with specific instructions. Depending on the severity of the crisis SWDH may also depend on law enforcement to get the word to the neighborhoods.

4. Is this population represented in the HRSA Regional Health Care System Planning Group?
 Yes
 No

5. Please identify any additional needs of African Americans in an emergency and whether they have been addressed in your DHD preparedness plan.
If it appears African American have recently arriving from African countires to area, education through organization to the non English speaking will need to be provide; as well as interpreters.

(Complete Sections “B”-“D” for each agency in your district that works primarily with and/or represents this population)

B. Agency Coordination

1. Name of agency located in your district that works primarily with and/or represents African Americans? **Unknown at this time**

2. Has your DHD worked with this agency and/or its representatives in the past?
 Yes
 No

2a. If yes, please describe.

C. Communicating with Agency

1. Who are your main points of contact for this agency? Please provide contact information for each individual.

Name:

Title:

Contact Info:

2. How will the persons listed above be contacted in an emergency?

If telephone service is unavailable, the first choice is to utilize radio media to get the word out. (As part of emergency response planning, citizens are encouraged to have a battery-operated radio available.) Ham Radio Operators may also be utilized to get the message out to the communities. In addition, volunteer groups such as the Citizen's Emergency Response Team (CERT) would be called to carry the message to the neighborhoods, along with specific instructions. Depending on the severity of the crisis SWDH may also depend on law enforcement with interpreters to get the word to the neighborhoods.

3. Have agency representatives been included in the process of reviewing communication messages on health preparedness and/or general public health?

Yes

No

3a. If yes, please describe.

4. Has the agency been included in the HAN system recipient list for your DHD?

Yes

No

D. Planning with Agency

1. Is the agency interested in health preparedness efforts?

Yes

No

Agency has not been approached to coordinate health preparedness planning efforts.

2. What barriers, if any, have you experienced in coordinating health preparedness efforts with this agency and/or its agency representatives? If barriers exist, how do you plan to resolve them?

Language if new to US and area.

3. Does the agency have its own preparedness and/or response plan for public health or other emergencies?

Yes

No

- 3a. If yes, briefly describe what activities the agency plans to undertake relevant to health preparedness efforts and how their plan integrates with your DHD plan.
4. Describe how this agency has been included in DHD planning for health preparedness activities and exercises; include the roles they play and any additional roles you would like them to play.

No agency has been identified. SWDH will investigate demographics and update plans.

Minority Group (as defined by the Idaho 2000 Census) – Native Americans

A. Population Coordination (Complete Section “A” Once for This Population)

1. What is the population of Native Americans in your district? Please provide the data source and date. **See Tribal Survey. Unknown at this time of other Native American tribal communities in other counties in this district.**

2. How will important health messages be communicated to this population?
Fliers and Media

3. If cellular and telephone circuits were overloaded and electrical power was out, would a different strategy be employed to provide emergency messages to Native Americans as compared to the general population? If yes, please describe.
If telephone service is unavailable, the first choice is to utilize radio media to get the word out. (As part of emergency response planning, citizens are encouraged to have a battery-operated radio available.) Ham Radio Operators may also be utilized to get the message out to the schools. In addition, volunteer groups such as the Citizen’s Emergency Response Team (CERT) would be called to carry the message to the neighborhoods , along with specific instructions. Depending on the severity of the crisis SWDH may also depend on law enforcement to get the word to the communities.

4. Is this population represented in the HRSA Regional Health Care System Planning Group?
 Yes
 No

5. Please identify any additional needs of Native Americans in an emergency and whether they have been addressed in your DHD preparedness plan.
Need to find out tribal designation in other communities in District 3.

(Complete Sections “B”-“D” for each agency in your district that works primarily with and/or represents this population)

B. Agency Coordination

1. Name of agency located in your district that works primarily with and/or represents Native Americans? None

2. Has your DHD worked with this agency and/or its representatives in the past?
 Yes
 No

2a. If yes, please describe.

C. Communicating with Agency

1. Who are your main points of contact for this agency? Please provide contact information for each individual. **Unknown at this time.**

Name:

Title:

Contact Info:

2. How will the persons listed above be contacted in an emergency?

N/A

3. Have agency representatives been included in the process of reviewing communication messages on health preparedness and/or general public health?

Yes

X No

3a. If yes, please describe.

4. Has the agency been included in the HAN system recipient list for your DHD?

Yes

X No

D. Planning with Agency

1. Is the agency interested in health preparedness efforts?

Yes

No

X Agency has not been approached to coordinate health preparedness planning efforts.

2. What barriers, if any, have you experienced in coordinating health preparedness efforts with this agency and/or its agency representatives? If barriers exist, how do you plan to resolve them?

Unknown at this time.

3. Does the agency have its own preparedness and/or response plan for public health or other emergencies?

Yes

X No

3a. If yes, briefly describe what activities the agency plans to undertake relevant to health preparedness efforts and how their plan integrates with your DHD plan.

4. Describe how this agency has been included in DHD planning for health preparedness activities and exercises; include the roles they play and any additional roles you would like them to play.

SWDH will continue to investigate and include into plans and future roles.

Minority Group (as defined by the Idaho 2000 Census) – Native Hawaiians/Pacific Islanders

A. Population Coordination *(Complete Section “A” Once for This Population)*

1. What is the population of Native Hawaiians/Pacific Islanders in your district? Please provide the data source and date. **Hawaiian 206; 2003 census**

2. How will important health messages be communicated to this population?
Faith groups, Media and fliers.

3. If cellular and telephone circuits were overloaded and electrical power was out, would a different strategy be employed to provide emergency messages to Native Hawaiians/Pacific Islanders as compared to the general population? If yes, please describe.

Media If telephone service is unavailable, the first choice is to utilize radio media to get the word out. (As part of emergency response planning, citizens are encouraged to have a battery-operated radio available.) Ham Radio Operators may also be utilized to get the message out to the schools. In addition, volunteer groups such as the Citizen’s Emergency Response Team (CERT) would be called to carry the message to the neighborhoods , along with specific instructions. Depending on the severity of the crisis SWDH may also depend on law enforcement to get the word to the communities.

4. Is this population represented in the HRSA Regional Health Care System Planning Group?
 Yes
 No

5. Please identify any additional needs of Native Hawaiians/Pacific Islanders in an emergency and whether they have been addressed in your DHD preparedness plan.
Demographics and census information unclear to where communities are located. SWDH will investigate potential need for interpreters.

(Complete Sections “B”-“D” for each agency in your district that works primarily with and/or represents this population)

B. Agency Coordination

1. Name of agency located in your district that works primarily with and/or represents Native Hawaiians/Pacific Islanders? **Unknown at this time.**

2. Has your DHD worked with this agency and/or its representatives in the past?
 Yes
 No

2a. If yes, please describe.

C. Communicating with Agency

1. Who are your main points of contact for this agency? Please provide contact information for each individual.

Name: **None noted at his time.**

Title:

Contact Info:

2. How will the persons listed above be contacted in an emergency?

No listings at this time

3. Have agency representatives been included in the process of reviewing communication messages on health preparedness and/or general public health?

Yes

No

3a. If yes, please describe.

4. Has the agency been included in the HAN system recipient list for your DHD?

Yes

No

D. Planning with Agency

1. Is the agency interested in health preparedness efforts?

Yes

No

Agency has not been approached to coordinate health preparedness planning efforts.

2. What barriers, if any, have you experienced in coordinating health preparedness efforts with this agency and/or its agency representatives? If barriers exist, how do you plan to resolve them?
None known at this time.

3. Does the agency have its own preparedness and/or response plan for public health or other emergencies?

Yes

No

3a. If yes, briefly describe what activities the agency plans to undertake relevant to health preparedness efforts and how their plan integrates with your DHD plan.

5. Describe how this agency has been included in DHD planning for health preparedness activities and exercises; include the roles they play and any additional roles you would like them to play.

No agency has been identified. SWDH will investigate demographics and update plans.

Minority Group (as defined by the Idaho 2000 Census) – Asian

A. Population Coordination (Complete Section “A” Once for This Population)

1. What is the population of Asians in your district? Please provide the data source and date.
1453; 2003 Census
2. How will important health messages be communicated to this population?
Business organizations, faith based communities and media.
3. If cellular and telephone circuits were overloaded and electrical power was out, would a different strategy be employed to provide emergency messages to Asians as compared to the general population? If yes, please describe.
If telephone service is unavailable, the first choice is to utilize radio media to get the word out. (As part of emergency response planning, citizens are encouraged to have a battery-operated radio available.) Ham Radio Operators may also be utilized to get the message out to the schools. In addition, volunteer groups such as the Citizen’s Emergency Response Team (CERT) would be called to carry the message to the neighborhoods , along with specific instructions. Depending on the severity of the crisis SWDH may also depend on interpreters with law enforcement to get the word to the communities.
4. Is this population represented in the HRSA Regional Health Care System Planning Group?
 Yes
 X No
5. Please identify any additional needs of Asians in an emergency and whether they have been addressed in your DHD preparedness plan. Interpreters and education to Asian non –English speaking community.

(Complete Sections “B”-“D” for each agency in your district that works primarily with and/or represents this population)

B. Agency Coordination

1. Name of agency located in your district that works primarily with and/or represents Asians?
Unknown at this time.
2. Has your DHD worked with this agency and/or its representatives in the past?
 Yes
 X No
 - 2a. If yes, please describe.

C. Communicating with Agency

1. Who are your main points of contact for this agency? Please provide contact information for each individual.

Name: N/A

Title:

Contact Info:

2. How will the persons listed above be contacted in an emergency? N/A

3. Have agency representatives been included in the process of reviewing communication messages on health preparedness and/or general public health?

Yes

No

3a. If yes, please describe.

4. Has the agency been included in the HAN system recipient list for your DHD?

Yes

No

D. Planning with Agency

1. Is the agency interested in health preparedness efforts?

Yes

No

Agency has not been approached to coordinate health preparedness planning efforts.

2. What barriers, if any, have you experienced in coordinating health preparedness efforts with this agency and/or its agency representatives? If barriers exist, how do you plan to resolve them?

Interpreters are needed and education.

3. Does the agency have its own preparedness and/or response plan for public health or other emergencies?

Yes

No

3a. If yes, briefly describe what activities the agency plans to undertake relevant to health preparedness efforts and how their plan integrates with your DHD plan.

4. Describe how this agency has been included in DHD planning for health preparedness activities and exercises; include the roles they play and any additional roles you would like them to play.

No agency has been identified. SWDH will investigate demographics and update plans.

People with Severe Mental Illness

Any individual who has a severe and persistent mental illness and who meets the following two criteria:

- (1) The individual must have a diagnosis under DSM-III R or DSM-IV of schizophrenia, schizo affective disorder, major affective disorder, delusional disorder or a borderline personality disorder; and,
- (2) This psychiatric disorder must be of sufficient severity to cause a disturbance in role performance or coping skills in at least two of these areas on either a continuous or an intermittent (at least once per year) basis: vocational/academic, financial, social/interpersonal, family, basic living skills, housing, community or health.

Source: Bureau of Mental Health and Substance Abuse, Division of Family and Community Health Services, IDHW

A. Population Coordination (Complete Section "A" Once for This Population)

1. What is the population of people with severe mental illness in your district? Please provide the data source and date. **75 in residence and unknown number on out patient status.**
Idaho State Hospital and School.

2. Is there a hospital or health care center in your district that specializes in working with this population? If yes, please provide the name of the hospital or health care center.
Idaho State Hospital and School. WITCO

3. How will important health messages be communicated to this population?
HAN and Blast Fax

4. If cellular and telephone circuits were overloaded and electrical power was out, would a different strategy be employed to provide emergency messages to people with severe mental illness as compared to the general population? If yes, please describe.
If telephone service is unavailable, the first choice is to utilize radio media to get the word out. (As part of emergency response planning, citizens are encouraged to have a battery-operated radio available.) Ham Radio Operators may also be utilized to get the message out to the schools. In addition, volunteer groups such as the Citizen's Emergency Response Team (CERT) would be called to carry the message to the hospitals , along with specific instructions. Depending on the severity of the crisis SWDH may also depend on law enforcement to get the word to the communities.

5. In the event that a mass dispensing site is set up, people with severe mental illness would be served by:
 - X Clinic site (at hospital/school)**
 - Mobile site**
 - Other (Please describe)_____**

- 5a. What modifications to the above need to be made to accommodate people with severe mental illness? **none**
- 5b. Have these modifications been included in your DHD preparedness plan?
- Yes
 - No

6. Is this population represented in the HRSA Regional Health Care System Planning Group?

Yes

X No

7. What percentage of this population is homebound and needs services brought to them?

1%

8. Please identify any additional needs of people with severe mental illness in an emergency and whether they have been addressed in your DHD preparedness plan.

(Complete Sections "B"- "D" for each agency in your district that works primarily with and/or represents this population)

B. Agency Coordination

1. Name of agency located in your district that works primarily with and/or represents people with severe mental illness? **Idaho State Hospital and School, WITCO**

2. Has your DHD worked with this agency and/or its representatives in the past?

X Yes

No

2a. If yes, please describe.

C. Communicating with Agency

1. Who are your main points of contact for this agency? Please provide contact information for each individual.

Name:

Title: WITCO President and CEO

Contact Info:

Name:

Title: Director of Nursing, Idaho State Hospital and School

Contact:

2. How will the persons listed above be contacted in an emergency?

HAN and Blast Fax

3. Have agency representatives been included in the process of reviewing communication messages on health preparedness and/or general public health?

Yes

X No

3a. If yes, please describe.

4. Has the agency been included in the HAN system recipient list for your DHD?

X Yes

No

D. Planning with Agency

1. Is the agency interested in health preparedness efforts?

X Yes

No

Agency has not been approached to coordinate health preparedness planning efforts.

2. What barriers, if any, have you experienced in coordinating health preparedness efforts with this agency and/or its agency representatives? If barriers exist, how do you plan to resolve them?

None at this time.

3. Does the agency have its own preparedness and/or response plan for public health or other emergencies?

X Yes

No

3a. If yes, briefly describe what activities the agency plans to undertake relevant to health preparedness efforts and how their plan integrates with your DHD plan.

WITCO has established emergency plans when noticing any out ordinary medical situations.

State Hospital has procedures but needs updating.

4. Describe how this agency has been included in DHD planning for health preparedness activities and exercises; include the roles they play and any additional roles you would like them to play.

State Hospital and WITCO are not currently part of exercises but are part of prophylaxis plan.

Incarcerated Persons

An offender who has been committed for a stay of incarceration to a city or county jail or to one of the institutions operated by the Idaho Department of Correction.

Working definition.

A. Population Coordination (Complete Section "A" Once for This Population)

1. What is the population of incarcerated persons in your district? Please provide the data source and date. **749 weekly, All jails, 1 Dec 04**

2. Is there a hospital or health care center in your district that specializes in working with this population? If yes, please provide the name of the hospital or health care center. *(Note: Each jail or prison is required to have their own clinic and medical services. Most are provided by visiting or full-time nurses. There may be agreements in place with physicians/clinicians and hospitals to provide needed services. Most incarcerated individuals are taken to the nearest emergency room if they need further services.)*

3. How will important health messages be communicated to this population?
The primary source for communicating with the correctional facilities will be through the Health Alert Network. Messages can be designated to the correction officers. In addition to the faxed information, follow-up calls would be made to the superintendents. Dispatches may also be contacted. SWDH has worked with local Law Enforcement to obtain emergency numbers for each correctional facility in case emergency contact is required outside of regular operating hours and/or holidays.

4. If cellular and telephone circuits were overloaded and electrical power was out, would a different strategy be employed to provide emergency messages to incarcerated persons as compared to the general population? If yes, please describe.
Ham Operators

5. In the event that a mass dispensing site is set up, incarcerated persons would be served by:
 - Clinic site
 - Mobile site
 - X Other (Please describe) Mobile Medical Unit

- 5a. What modifications to the above need to be made to accommodate incarcerated persons? None at this time.

- 5b. Have these modifications been included in your DHD preparedness plan?
 - Yes
 - X No

6. Is this population represented in the HRSA Regional Health Care System Planning Group?
 - X Yes

No

7. Please identify any additional needs of incarcerated persons in an emergency and whether they have been addressed in your DHD preparedness plan.

(Complete Sections “B”-“D” for each agency in your district that works primarily with and/or represents this population)

B. Agency Coordination

1. Name of agency located in your district that works primarily with and/or represents incarcerated persons?

First Name	Last Name	Department	city	fax	phone
Robert		Caldwell Police Department	Caldwell		
Chris		Canyon County Sheriff	Caldwell		
Blaine		Emmett Police Department	Emmett		
Rick		Fruitland Police Department	Fruitland		
Clint		Gem County Sheriff's Office	Emmett		
Jeffrey		Homedale Police Department	Homedale		
Chris		Melba Sheriff Department			
Curtis		Nampa Police Dept.	Nampa		
Gary		Owyhee County Sheriff's Office	Murphy		
Lennie		Parma Police Department	Parma		
		Payette Police Department	Payette		
Marvin		Washington County Sheriff's	Weiser		
Greg		Weiser Police Department	Weiser		
Jeff		Wilder Police Department	Wilder		
Chad		Payette County Sheriff's Office	Payette		
Rich		Adams County Sheriff's Dept.	Council		
Walter		Adams County Sheriff's Dept.	Council		

2. Has your DHD worked with this agency and/or its representatives in the past?

Yes

No

2a. If yes, please describe.

Exercises and Epidemiology Surveillances

C. Communicating with Agency

1. Who are your main points of contact for this agency? Please provide contact information for each individual. **See Above listings**

Name:

Title:

Contact Info:

2. How will the persons listed above be contacted in an emergency?

The primary source for communicating with the schools will be through the Health Alert Network. Messages can be designated to the nurses. In addition to the faxed information, follow-up calls would be made to the correctional medical staff. Sheriffs may also be contacted. SWDH has worked with Sheriff Departments to obtain emergency numbers for each school in case emergency contact is required outside of regular hours and/or holidays.

3. Have agency representatives been included in the process of reviewing communication messages on health preparedness and/or general public health?

- Yes
- XNo

3a. If yes, please describe.

4. Has the agency been included in the HAN system recipient list for your DHD?

- X Yes
- No

D. Planning with Agency

1. Is the agency interested in health preparedness efforts?

- X Yes
- No
- Agency has not been approached to coordinate health preparedness planning efforts.

2. What barriers, if any, have you experienced in coordinating health preparedness efforts with this agency and/or its agency representatives? If barriers exist, how do you plan to resolve them?
N/A

3. Does the agency have its own preparedness and/or response plan for public health or other emergencies?

- X Yes
- No

3a. If yes, briefly describe what activities the agency plans to undertake relevant to health preparedness efforts and how their plan integrates with your DHD plan.

Plans are being reviewed and coordinated with SWDH.

4. Describe how this agency has been included in DHD planning for health preparedness activities and exercises; include the roles they play and any additional roles you would like them to play.

HAN and Blast Fax, will exercise call downs in future tabletops