



**At-Risk Populations in Emergencies:
A Review of State and Local Stories,
Tools, and Practices**

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Table of Contents

Executive Summary	3
Background and Introduction	4
<i>Overview of State and Local Pandemic Influenza Planning Efforts</i>	4
<i>Research Methods</i>	4
Literature Review and Survey Results	6
<i>Current State and Local Planning Efforts for At-Risk Populations</i>	6
<i>Innovative and Sound State and Local Planning Efforts for At-Risk Populations</i>	6
<i>Summary of DPHP Survey Findings</i>	13
<i>Critical Gaps in State and Local Planning Efforts for At-Risk Populations</i>	15
Conclusion	16
Appendices	17
<i>Appendix A: DPHP Survey Results</i>	17
<i>Appendix B: State Planning Efforts Table</i>	33
<i>Appendix C: Local Planning Efforts Table</i>	42
<i>Appendix D: References and Other Works Reviewed</i>	58

Executive Summary

In 2007, the Association of State and Territorial Health Officials (ASTHO) entered into a cooperative agreement with the Centers for Disease Control and Prevention (CDC) to develop evidence-based, model guidance on the protection of at-risk populations during an influenza pandemic. As part of this project, ASTHO performed an extensive review of relevant publications and plans, convened subject matter expert-led work groups, and held stakeholder engagement meetings to provide key input during the drafting process. The draft guidance will be reviewed by public health practitioners, finalized and disseminated to state and local public health jurisdictions by May, 2008.

*At-Risk Populations in Emergencies: A Review of State and Local Stories, Tools, and Practices** serves as the second in a series of data-gathering methods used to inform the development of the guidance. The first data-gathering method, *At-Risk Populations Project Federal and National-Level Document Review*, looked at federal and national-level guidance documents for their level of inclusion of at-risk populations in emergency planning. In *At-Risk Populations in Emergencies: A Review of State and Local Stories, Tools, and Practices*, stories, tools, and projects issued by state and local agencies and organizations were reviewed to determine the extent of preparing and planning for at-risk populations. While the focus of this project is pandemic influenza, stories, tools, and projects for all types of emergencies were reviewed in order to identify potentially applicable plans and procedures for pandemic influenza.

State and local agencies have developed many different types of tools and practices to assist at-risk populations in emergencies. Regardless of the medium used, the overall message is the same – planning for and preparing at-risk populations is an integral part of providing an effective and efficient emergency response in a given community.

Many agencies, organizations, and departments are involved in creating new and innovative tools and practices to better serve at-risk communities. Public health, emergency management, universities, community-based and faith-based organizations all have participated in some aspect of developing the tools and practices that are listed in this document.

It is evident that state and local leaders are committed to developing preparedness materials for all members of the community. The volume of tools and practices currently available exemplifies this commitment and understanding that a variety of methods are required to reach a variety of citizens. The following sections of this report describe existing tools and practices, highlight some innovative practices, review some of the critical gaps that currently exist, and provide direct feedback from state directors of public health preparedness. A complete listing of tools and practices uncovered during the development of this report is provided at the end of this document.

* The intent in developing this document was to include data from the US territories; however, due to a paucity of available data specific to territories, this report focuses on state and local activities.

Background and Introduction

Overview of State and Local Pandemic Influenza Planning Efforts

Since 1996, the United States Government has placed an increasing focus on pandemic influenza planning efforts. Funding and guidance has been directed at pandemic influenza preparedness, which the states, territories, and local governments are using to improve their readiness for a pandemic. Because the H5N1 high pathogenic strain of avian influenza is widespread among the bird population in specific regions of the world (e.g., Indonesia), health officials are becoming increasingly concerned that this H5N1 strain has the potential to mutate into a new strain that is capable of causing an influenza pandemic among humans. Influenza pandemics can be caused by any novel strain of virus; however, the H5N1 strain of avian influenza is currently causing the most concern. While human infections with avian influenza are rare, co-infection can occur: a human, pig, or other host must become infected with the avian strain and at the same time the host must be co-infected with a strain of influenza to which humans are susceptible. The two strains of virus must then recombine in such a way to create a new strain that has the virulence and pathogenicity required to cause a pandemic in humans[†]. As of April 17, 2008, 240 human deaths from H5N1 were reported (23 have occurred since January 1, 2008)¹. These deaths resulted from direct avian to human infection with H5N1 and have not resulted from human to human transmission.

As planning and preparedness efforts progressed, it became clear that additional attention was needed for those populations who may need extra assistance during a pandemic. Federal guidance and plans mention the need for planning for at-risk populations; however, specific recommendations or instructions on how best to address the unique needs of these populations have not been established. In February 2007, CDC published a draft version of *Public Health Workbook to Define, Locate and Reach Special, Vulnerable, and At-Risk Populations in an Emergency*.² This document marked the first federal-level guidance document to assist states, territories, and local governments in their planning for at-risk populations. In the meantime, various agencies and organizations in all levels of government have been working diligently to develop a multitude of tools and practices to provide planners and responders with methods to assist at-risk populations during emergencies. *At-Risk Populations in Emergencies: A Review of State and Local Stories, Tools, and Practices* serves as a mechanism by which to consolidate and summarize these tools and practices, to the extent possible, in order to provide a synthesis of existing plans and practices that are occurring throughout the United States.

Research Methods

In order to assess the breadth of coverage of at-risk populations in preparedness and planning, multiple data-gathering methods were used. ASTHO staff performed an extensive Internet search, including:

[†] See Figure: Known mechanisms for the emergence of pandemic influenza A virus strains; Stevens, J., Blixt, O., Paulson, J., and Wilson I. *Nature Reviews Microbiology*. Available at: http://www.nature.com/nrmicro/journal/v4/n11/fig_tab/nrmicro1530_F2.html.

- State and territorial health department websites;
- The US Department of Homeland Security’s Lessons Learned Information Sharing (LLIS) website;
- The University of Minnesota’s Center for Infectious Disease Research and Policy, Promising Practices: Pandemic Preparedness Tools website;
- ASTHO’s online database; and
- Other websites discovered during the research process.

In pursuance of compiling as thorough a list as possible, ASTHO surveyed the state and territorial Directors of Public Health Preparedness (DPHP) because of their extensive knowledge of preparedness activities in their jurisdiction (see Appendix A). This survey was conducted using Zoomerang.com and developed with the intention of obtaining information about stories or practices that may not be publicly available.

ASTHO subcontracted with the National Association of County and City Health Officials (NACCHO) to research stories, tools, and practices at the local level. Concurrently with ASTHO’s research, staff at NACCHO performed an extensive review of NACCHO’s online data sources, including:

- EQUIPh – source for local health department-related preparedness tools
- Eight Advanced Practice Center websites and online Toolbox
- STOCKbox – source for Strategic National Stockpile-related tools and resources
- Model and Promising Practices database
- The Medical Reserve Corps Toolkit
- Project Public Health Ready webpage and online toolkit

NACCHO also searched the LLIS website and disseminated a Call for Practices to over 1300 local public health preparedness practitioners.

Literature Review and Survey Results

Current State and Local Planning Efforts for At-Risk Populations

A variety of planning efforts specific for pandemic influenza preparedness for at-risk populations are currently in progress. These efforts range from the development of an electronic mailing list that provides advice and recommendations for facilitating planning within businesses, community-based organizations, first responders, and government; to the development of guidebooks to assist responders in working with at-risk communities. Many efforts focus on developing collaborations among local health departments and community organizations, and identifying effective methods for communicating emergency messages to at-risk populations.

States and local strategies for protecting at-risk populations during an influenza pandemic include:

- Email, phone, and fax distributions
- Fact sheets, brochures, and fliers
- Response plans
- Action kits
- Websites and computer kiosks
- Care centers
- Toolkits
- Field guides
- Checklists and workbooks
- Television
- Advisory panels
- Tracking systems

The above strategies are used to disseminate multilingual health and safety information during emergency and non-emergency times; educate community groups about pandemic influenza and personal preparedness; and increase public interaction with preparedness information. Many of the strategies involve coordination with a variety of stakeholders, such as local governments, faith-based organizations, community organizations, and the public. The following section provides specific examples of innovative techniques currently used by state and local governments for reaching at-risk populations and reviewed according to the criteria listed. While not all stories, tools, and practices discovered during research for this project were reviewed for innovation, all of them are listed in Appendices B (state) and C (local) for reference.

Innovative and Sound State and Local Planning Efforts for At-Risk Populations

In order to provide a sample of innovative and sound practices, evaluation criteria were applied in the reviewing process. These criteria were adapted for this paper from the model developed by the Center for Infectious Disease Research and Policy (CIDRAP) for their Promising Practices: Pandemic Preparedness Tools Project. In order to be considered an innovative and sound practice or tool, it must:

- Belong in at least one of the five designated sections of the At-Risk Populations Project*
- Be considered promising**
- Contain useful, tangible materials or recommendations/suggestions
- Be transferable or relatively easy to adapt by other agencies or stakeholders (major potential challenges or barriers, e.g., cost-prohibitive for smaller jurisdictions, should be clearly stated)
- Have relevance beyond the jurisdiction that created it
- Not have any obvious flaws that would prevent it from being effective

**The five designated sections are: 1. Locating and quantifying at-risk populations; 2. Communications with and education of at-risk populations; 3. Collaboration with and engagement of at-risk populations; 4. Provision of services (clinical and non-clinical); 5. How to test, exercise, measure, and improve preparedness of at-risk populations.*

***In order for a practice to be considered promising for the terms of this project, those models and practices must have been peer reviewed in some manner via an Advanced Practice Center, Center for Public Health Preparedness, or ASTHO, CIDRAP, NACCHO, or by a subgroup of the Advisory Panel members.*

The following are innovative practices and preparedness tools based on the criteria above. This should not be considered an exhaustive list, but samples of some of the innovative practices and tools found during the research for this document.

Examples of Innovative and Sound State Practices and Tools

“**Stakeholders Help, Advice, and Recommendations Exchange (SHARE)**” is an electronic mailing list developed by the **Alabama Department of Public Health** to facilitate pandemic influenza planning among various partners, including the healthcare community, business leaders, first responders, education personnel, government, faith-based/community organizations, and communications sectors in Alabama. The electronic mailing list serves as a communication tool that promotes collaboration between pandemic influenza planners in all sectors to develop innovative solutions for managing a pandemic influenza outbreak. Subscribers may post suggestions or questions to the electronic mailing list and postings are distributed to all subscribers for response.³

The **Kentucky Cabinet for Health and Family Services** has developed the **Kentucky Outreach and Information Network (KOIN)**. KOIN is a grassroots approach to communication via a partnership between government and community-based organizations to provide preparedness and emergency information to special needs populations. The volunteer network of community-based organization representatives become versed in emergency preparedness language and better acquainted with the locations of their populations. The messages from state health officials reach these hard to reach vulnerable populations through the community network and through mainstream and traditional media communication channels. This comprehensive preparedness tool is easily applicable to various settings; however, for those densely populated urban communities, additional networking and communication channels may be necessary.⁴

The **Emergency and Community Health Outreach (ECHO)** Minnesota Collaborative is a statewide partnership between safety and public health agencies, non-profit groups, and ethnic advisory organizations that strives to provide safety and health information to all residents of Minnesota. Spearheaded by the **Minnesota Department of Health, Saint Paul-Ramsey County Public Health, and Hennepin County Public Health Protection**, ECHO consists of all-hazards and pandemic influenza information that is distributed via fax, telephone, television, Internet, and e-mail in multiple languages. ECHO ensures that people with limited English proficiency who live in Minnesota receive emergency messages in a language they understand. To maintain awareness and get the community accustomed to receiving public health messages, ECHO broadcasts a weekly television show in multiple languages that covers a specific issue in emergency preparedness. ECHO uses a combination of English-language and non-English language media, public television, informational telephone call-in lines, e-mail bulletins, and the ECHO website in addition to its ECHO partners to reach at-risk limited English proficiency populations with emergency, public health, and safety messages. Although the website and network of partners and at-risk person databases will need to be updated continuously, this method is applicable to jurisdictions of all sizes and resource levels.⁵

The *Disaster Communications Guidebook: Promoting Emotional Well-Being When Preparing for Disasters* developed by the **Missouri Department of Mental Health** provides information to preparedness partners on potential behavioral health issues that special populations may face in emergencies. The 27-page guidebook offers detailed information within the context of specific events and also the context of specific audiences. The guidebook serves as a preparedness tool for state and local partners, volunteers, churches, schools, and libraries, to provide strategies for improving resilience and coping skills in emergencies. It also provides specific preparedness resources on emotional preparedness.⁶

The **New Jersey Special Needs Advisory Panel (NJSNAP)** to the **New Jersey Office of Emergency Management (NJOEM)** identifies concerns that special needs populations may have regarding emergency preparedness and assists emergency management personnel in learning how to support people with special needs. The panel consists of informed representatives of government agencies and community-based organizations who serve the at-risk populations. In addition to making recommendations and devising solutions to the challenges of reaching New Jersey's at-risk populations, the members of the NJSNAP also draft proposed legislation, formulate memorandums of understanding, and develop programs. This creative, inexpensive method is effective for networking with organizations that serve at-risk populations and developing sound programs for jurisdictions.⁷

The **North Carolina Division of Public Health** developed an innovative approach to reach those who learn best by doing using **“Be Ready! Kiosks.”** The portable touch-screen computers are designed to increase public interaction with preparedness information and to stimulate ongoing household preparedness activities. Sharing the kiosks has been valuable in developing links between decentralized local health departments. The kiosks are usable at health fairs, conferences, clinics, and other locations. This tool will be challenging for those health departments with limited funding and resources; however, sharing with other local health departments is an effective way

to reduce the cost while strengthening relationships. The North Carolina Division of Public Health Preparedness and Response received the Silver Award for Excellence in Public Health Communication in the New Media (Outsourced) in 2006 from the National Public Health Information Coalition for this concept.⁸

The **Emergency Management Be Prepared Initiative** is a collaborative program between the **Ohio Department of Health**, other government agencies, and the University of Cincinnati that developed an all-hazards preparedness workbook for people with special functional needs. The workbook considers the specific needs of various types of at-risk populations and barriers to preparedness while emphasizing the importance of individual preparedness and resiliency during any type of emergency. This low-cost, sound practice is easily adapted to fit the at-risk populations of other organizations and jurisdictions.⁹

Examples of Innovative and Sound Local Practices and Tools

The **Woodside Fire Protection District (WFPD)** in Woodside, California, along with the **Commission for Disabilities for San Mateo County** and the **San Mateo County Special Education Local Planning Agency (SELPA)**, developed an educational tool to teach responders simple and effective methods to communicate with individuals who have disabilities and special needs in an emergency. The free program includes a one-hour training session, video, written manual, communication booklet, and poster. The program entitled, “When Words Are Not Enough” Communications Training Program for Responders encompasses a training curriculum, video, manual, communication booklet, and poster.¹⁰

The **Coordinated Care Special Needs Shelter model**, led by the **Brevard County (FL) Health Department (BCHD)**, effectively addressed the care needs of vulnerable populations through community collaboration. The model ensured the populations’ health, welfare, and safe return home during and after disaster events. The BCHD team documented pre-planned shelter roles by performing drills and “just-in-time” training. This multi-agency collaboration was established due to the large population of people with special needs. The initiative included: county government, school district, law enforcement, transit authority, children’s medical services, emergency management, public and private medical partners, and others. BCHD received NACCHO’s Promising Practice Award.¹¹

The **Frederick County (MD) Community Action Agency’s (FCAA) Community Land Security Program** intends to strengthen the domestic preparedness capabilities of the county’s low-income communities. The program prepares low-income communities to remain safe and self-sufficient in the face of emergencies. The program also functions to build local emergency managers’ awareness of the needs of low-income neighborhoods and to open a dialogue between local officials and representatives of previously disenfranchised communities. The FCAA’s Community Land Security program has two primary goals: to inform and educate members of Frederick County’s low-income communities on the topics of antiterrorism and domestic preparedness; and to make county emergency managers aware of the needs of disadvantaged neighborhoods.¹²

The **Montgomery County (MD) Advanced Practice Center** developed the **Emergency Preparedness Checklist for Nursing Homes, Assisted Living Facilities and Group Homes** to provide preparedness guidance for health care facilities. This checklist is designed to ensure that health care facilities are not only well prepared but also able to shelter-in-place and remain self-sufficient during a variety of emergencies. This tool is designed to assist in the following topic areas:

- Emergency preparedness training, planning, and assessment
- Annual quality-of-care surveys;
- Follow-up inquiries and consultation; and
- Contacting facility administrators during actual emergencies.

Although licensing and quality standards vary by jurisdiction, public health professionals and local, state, and federal regulators can view the checklist as a template that is readily adaptable to their needs and uses.¹³

The **Neighbor-To-Neighbor (N2N) Network** was spearheaded by **Platte County Health Department of Missouri**. This program is aimed at increasing individual and family preparedness by encouraging a system of trust among neighbors, churches, communities, and other pre-existing social networks in order to prepare communities to be more self-sufficient. A pilot program is under development in the local community that will use a survey to assess the needs of the community. To accomplish this purpose, a pilot program will be established in the local community which will use a survey tool and a mechanism (to be developed) that address the needs of that community.¹⁴

A result of a **regional initiative/collaboration involving 16 different local health departments across the states of Missouri and Kansas**, the **“Protecting Your Employees in Public Health Emergencies: CLOSED Dispensing Site Workbook for Businesses”** project addresses the need for public health to develop alternative dispensing methods to meet Cities Readiness Initiative (CRI) goals and objectives. Public health personnel recruited large business to act as CLOSED dispensing sites that provide emergency medications to the population, allowing more opportunities to reach at-risk populations. The workbook allows public health to develop and maintain collaborative relationships with the private industry to assist in providing emergency medications within 48-hours of an intentional release of anthrax. The Mid-America Regional Council and the Kansas City, Missouri Health Department received NACCHO’s Model Practice Award for this program.¹⁵

The **East Central District Health Department (ECDHD)** in Nebraska served as the host and lead agency for the planning and implementation of this practical tool for assuring community members’ safety in rural areas as part of emergency preparedness planning. The tool – **Protecting Special Populations Members during a Public Health Emergency** – serves as a workable plan for preparing, locating and communicating with members of special populations during an emergency in rural areas. A manual was developed and distributed to the Nebraska Department of Health and Human Services, every local health department in Nebraska, and every agency that served special populations or was involved with emergency management. This tool targets individuals within the local health department’s jurisdiction who may require extra assistance in a

public health emergency. ECDHD received NACCHO's Promising Practice Award for this tool.¹⁶

The **Health Ambassadors: Connecting with the Hard to Reach** practice by the **South Brunswick (NJ) Health Department (SBHD)** serves to reach out to non-English speakers via volunteer workers. The goals of the practice are to identify community residents from South Asian and Chinese ethnic groups to serve as Health Ambassadors. These Health Ambassadors promote health department activities that are culturally and linguistically sensitive. The program has used their translation skills at clinics and screenings and to assist in educating ethnic groups about services. A key element for replicating this practice is a partnership with university health care students. The health department applied as a site for students participating in the University of Medicine and Dentistry of New Jersey's Community-Oriented Primary Care (UMNJ-COPC) Summer Assistantship Program and submitted a written proposal for the project. The program was matched with three first-year medical students who did much of the initial assessment and in subsequent years expanded this program. The SBHD received NACCHO's Model Practice Award for this program.¹⁷

The **Nassau County (NY) Department of Health (NCDOH)** developed and pilot-tested a program that provides **videophone monitoring** of patients with Severe Acute Respiratory Syndrome (SARS) and their contacts who were in voluntary home isolation and quarantine. The program was targeted towards SARS patients and contacts who were not ill enough to be hospitalized and towards known SARS patients who were released from the hospital. The goal of this program was to protect the public from the spread of SARS by using the least restrictive means possible. Program objectives included:

1. To provide a mechanism for effectively monitoring patients on voluntary home isolation and quarantine
2. To enable visual verification of patient compliance and condition
3. To maximize limited resources by being cost-effective and time-efficient

Local hospitals, community physicians, and the state participated in the videophone program. The NCDOH determined that ensuring effective home isolation was labor intensive and often required multiple onsite visits to confirm compliance. They received NACCHO's Promising Practice Award for this program.¹⁸

The **Niagara County (NY) Department of Health (NCDOH)** designed the **Risk Communication Survey for Special Needs Populations** and served as the coordinating agency for this initiative. Participation from county health departments in the eight counties of the Western New York Public Health Alliance (WNYPHA), as well as numerous community-based organizations and agencies made the initiative a success. The survey was developed in an attempt to respond to the need for timely and effective communications with special need populations in the event of a public health emergency. The project established a regional snapshot of populations that could benefit from extra consideration in regional and local public health preparedness planning. The survey provides each county with individualized reports; visual map data with recommendations identifying the locations of their populations and community-based organizations; and data to develop the best means and methods for reaching the greatest number of

individuals in the region and during an emergency. The NCDOH received NACCHO's Promising Practice Award for this survey.¹⁹

The **Greene County (OH) Combined Health District (GCCHD)** created the **Greene Community Health Foundation** to address funding shortages in assisting the medically-underserved population, which encompasses a large percentage of the overall community. The Grassroots Funding Model's mission was to:

1. Help assist underserved GCCHD clients with funding for medical need
2. Find avenues of funding for clients
3. Develop partnerships with providers for reduced charges for clients
4. Develop community partnerships to strengthen programs and projects at GCCHD
5. Develop state and national partnerships to strengthen the programs and projects at GCCHD.

Numerous community and agency partnerships assist the foundation: the 12 members of the Greene County Board of Health, the Greene Community Health Foundation Trustees, eight Community Volunteer Auxiliaries, 25 local businesses, officials at the five area universities, local physicians and dentists, and the hospital administration. GCCHD received NACCHO's Model Practice Award for this foundation.²⁰

The **Oklahoma City-County Health Department (OKCCHD)** developed a system to **distribute Strategic National Stockpile (SNS) pharmaceuticals to individuals unable to travel to local points of dispensing (POD)**. OKCCHD's system ensures that the county's most vulnerable populations receive the pharmaceuticals and supplies they need during SNS distribution. OKCCHD developed a plan to dispense SNS pharmaceuticals to sheltered-in-place populations, including group resident facilities, incarcerated populations, and homebound individuals. The OKCCHD distribution system allows quick and efficient distribution of SNS pharmaceuticals to the county's immobile population during a public health emergency while minimizing staffing and expenses.²¹

Public Health-Seattle and King County (WA) developed the **Vulnerable Populations Action Team (VPAT)** to ensure that vulnerable populations have access to public health preparedness, response, and recovery information and services. The VPAT's goals are:

- To enable CBOs to have the skills and capacity to train their staffs and clients to continue delivery of core services and to provide basic response and recovery services;
- To ensure that essential public health information will reach residents in all vulnerable population segments prior to and throughout an emergency event; and
- To integrate vulnerable population planning activities into all government, healthcare, CBO, and internal public health systems.

The VPAT offers training and assistance to community-based organizations, provides emergency information to residents through a communications network, and advocates on behalf of vulnerable populations for greater inclusion in emergency preparedness, response, and recovery planning. They can share specific planning initiatives and tools in the areas of resource management, technical assistance/ trainings, MOU development, communications coordination, and partner/stakeholder engagement that can be used at the local level to improve any community's level of preparedness.²²

Summary of DPHP Survey Findings

ASTHO sent the “State and Territorial Emergency Preparedness for At-Risk Populations Survey” to a total of 58 Directors of Public Health Preparedness who represent states, territories, and directly funded cities (DFC). Of those 58, 34 state and directly-funded cities responded to the survey, correlating to a 59% response rate. All questions and detailed responses can be found in Appendix A.

Survey question: Please state the type of plan and provide a brief description of the key elements of the planning area(s) you checked in question 3.

In response to the first question, 94% stated that their state or DFC had a pandemic influenza plan that included planning for at-risk populations. The majority of the respondents (88%) reported having plans in place for communications with, and engagement of, the at-risk community. The next most frequently cited plans were collaboration with, and engagement of, the at-risk community (74%), and responder training (56%). Some respondents included plans on the survey that were not listed specifically in the options: developing "Ready in 3" materials for special populations; providing planning guidance to local health departments; and including at-risk populations in local and state evacuation plans. Respondents were asked to provide additional information regarding the plans they noted; their comments are included in Appendix A.

Survey question: Please give a brief description of the promising practice(s) including the state or territory, agencies involved, and why it was successful. Please provide a description of all areas selected in question 5, and specify whether the practice refers to an influenza pandemic or other type of emergency event.

Respondents were asked if their state or DFC had a promising practice regarding the protection of at-risk populations, to which 59 % stated that they had a promising practice for communications with, and education of, at-risk populations. Other areas in which respondents reported promising practices were:

- Collaboration with, and engagement of, the at-risk community – 47%
- Locating and quantifying at-risk populations – 41%
- Responder training (i.e., health department staff, health care workers, emergency responders, volunteers) – 26%
- Testing and exercising preparedness of at-risk populations – 24%
- Measuring and improving preparedness of at-risk populations – 21%
- Provision of resources and services (clinical and non-clinical) – 15%

Respondents were asked to provide a description and additional information they may have had regarding their plans or promising practices. Some respondents elaborated on plans and practices in their state, agency, or department, while others provided information or websites for practices they are aware of outside of their official realm. All responses are included in Appendix A.

Survey question: Please list any primary barriers that you have encountered, or would expect to encounter, in regard to planning for at-risk populations for an influenza pandemic.

Lastly, respondents were asked to list any barriers to at-risk planning that have encountered, or expect to encounter. All respondents to the survey replied to this question. The predominant barriers listed were:

- Defining, identifying, locating, reaching, and engaging the at-risk communities
 - “In the case of undocumented individuals, there is a natural reluctance with this group to present themselves for services.”
 - “Sheer scope of including and addressing all at-risk populations within the state.”
 - “Some barriers are accessing the homeless and severely disabled population...”
 - “Definitions of special populations [vary] from agency to agency...”
- Staffing
 - “Lack of sufficient staff time and resources to focus on [at-risk populations].”
 - “Change of government brings change of ...personnel.”
 - “Lack of staff to assist with the population.”
- Funding
 - “Grants/funding restrictions”
 - “Who will take on the financial responsibility?”
 - “Lack of stable funding for pandemic planning and preparedness.”

All responses are listed in Appendix A.

NOTE: The above section focuses solely on the survey sent to state and DPC DPHPs; however, it is necessary to add here challenges and barriers at the local level, as reported by NACCHO. The most frequently cited challenge or barrier for implementing at-risk population tools and practices was funding and cost issues. Additional challenges and barriers include: strains on public health staffing and resources; private sector buy-in; and maintaining records and databases.

Critical Gaps in State and Local Planning Efforts for At-Risk Populations

State and local agencies have formulated numerous stories, tools, and practices that address the needs of at-risk populations; however, challenges, barriers, and gaps remain in developing a streamlined process for preparing and protecting at-risk populations in their communities.

Areas for improvement in current state and local stories, tools, and practices include:

- Continued outreach: formal memorandums of agreement (MOA) or understanding (MOU) with the community groups that regularly work with at-risk populations will enhance state and local agencies abilities to define, identify, locate, reach, and engage at-risk communities. MOAs and MOUs can also assist in increasing staffing and resource availability and accessibility.
- Consistency of messages: establishing a coordinated system across local jurisdictions and with the state for developing tools and practices may help provide consistent messages and increase public compliance with them.
- Organized approach: using a stepped development process may produce more effective tools and practices.
- Exercises and at-risk populations: responding agencies and at-risk populations may benefit from an emphasis on testing, exercising, measuring, and improving preparedness of at-risk populations

State and local governments should be encouraged by the existing work that exists on preparing and protecting at-risk populations in emergencies. By addressing the issues bulleted above, more focused and successful stories, tools, and practices will ensue, resulting in a better prepared, more informed constituency.

Conclusion

With the increase in attention on pandemic influenza preparedness capabilities and planning, states and local agencies have made concerted efforts to address the needs of at-risk populations. While federal guidelines have recommended that preparedness activities address at-risk populations, there has been limited guidance on how best to achieve that goal. State and local agencies and organizations have shown dedication to the process by initiating collaborations with other response entities.

A variety of tools and practices were uncovered throughout the research process in preparation of this report. It is evident that state and local agencies and organizations are making efforts to provide information to all citizens and to develop different types of tools to achieve that goal.

Key strengths in current state and local stories, tools, and practices:

- States and local agencies have taken a proactive approach to developing preparedness tools and practices to protect at-risk populations in their jurisdiction.
- A variety of products have been developed that address at-risk populations' needs, including those for specific populations.
- Agencies and organizations, including governmental, non-governmental, faith-based, and community-based organizations have collaborated to develop these products.

States and local agencies have developed a solid groundwork on which to build additional tools and practices for protecting at-risk populations in emergencies; however, it may also be helpful to consider conducting a needs assessment to locate and quantify the at-risk populations that are specific to their jurisdiction.

This report provides a list of tools and practices from many different sources, but should not be considered all-encompassing. The topic of preparing at-risk populations for emergencies, specifically an influenza pandemic, is a universal issue. Current practices, when shared, will provide other jurisdictions with the stepping stone they need to begin the process of preparing at-risk populations for emergencies. Planning for at-risk populations can be very challenging; collaborating and sharing resources can help to alleviate that barrier and provide all jurisdictions with the information they need to effectively protect their citizens.

Appendices

Appendix A: DPHP Survey Results

Appendix A1: Quantitative Results

***Note: Question 2 was included in this survey as part of another project and results were not analyzed for this report. They are included here for the readers' interest. ***

State and Territorial Emergency Preparedness for At-Risk Populations			
1. Does your state or territory's pandemic influenza plan include planning for "at-risk," "vulnerable," or "special" (hereafter referred to as "at-risk") populations?			
Yes		32	94%
No		2	6%
Total		34	100%
2. Which of the following, if any, are you incorporating into your Strategic National Stockpile (SNS) planning to address the needs of at-risk populations?			
Translated materials		31	91%
Accessible locations		28	82%
Community outreach		24	71%
Alternative forms of dispensing		24	71%
Stockpiles which include age-appropriate doses/dosage forms		22	65%
Behavioral health		21	62%
Inclusion of at-risk populations or the organizations that serve them in SNS exercises		21	62%
Planning templates for partner agencies		19	56%
Arranging transportation		13	38%
Mobile field teams		13	38%
SNS Task forces assigned to address the needs of specific at-risk populations		9	26%
Other, please specify		5	15%
3. Please check the areas for which you have specific plans in place (other than SNS) for at-risk populations:			
Communications with, and education of, at-risk populations		30	88%
Collaboration with, and engagement of, the at-risk community		25	74%
Responder training (i.e., health department staff, healthcare workers, emergency responders, volunteers)		19	56%
Distribution of antiviral medications and vaccines		16	47%
Locating and quantifying at-risk populations		15	44%
Provision of resources and services (clinical and non-clinical)		14	41%
Testing and exercising preparedness of at-risk populations		13	38%
Measuring and improving preparedness of at-risk populations		11	32%
Other, please specify		5	15%

4. Please state the type of plan and provide a brief description of the key elements of the planning area(s) you checked in question 3.			
<i>34 Responses</i>			
5. Please check the areas for which you have a promising practice regarding the protection of at-risk populations (either in reference to an influenza pandemic exercise or to another type of emergency event):			
Communications with, and education of, at-risk populations		20	59%
Collaboration with, and engagement of, the at-risk community		16	47%
Locating and quantifying at-risk populations		14	41%
Responder training (i.e., health department staff, health care workers, emergency responders, volunteers)		9	26%
Distribution of antiviral medications and vaccines		9	26%
Testing and exercising preparedness of at-risk populations		8	24%
Measuring and improving preparedness of at-risk populations		7	21%
Provision of resources and services (clinical and non-clinical)		5	15%
Other, please specify		2	6%
6. Please give a brief description of the promising practice(s) including the state or territory, agencies involved, and why it was successful. Please provide a description of all areas selected in question 5, and specify whether the practice refers to an influenza pandemic or other type of emergency event.			
<i>34 Responses</i>			
7. Please list any additional information below about current plans or promising practices for at-risk populations, including website links, articles highlighting the state story or program, practices you are aware of in other states, or individuals to contact for further information.			
<i>18 Responses</i>			
8. Please list any primary barriers that you have encountered, or would expect to encounter, in regard to planning for at-risk populations for an influenza pandemic.			
<i>34 Responses</i>			
9. Information from this survey may be used in an ASTHO publication or included in the At-Risk Populations Project website. Does ASTHO have permission to identify your state in reference to the planning and practices you described above? Please include any comments you may have.			
Yes		28	82%
No		6	18%
Total		34	100%

Appendix A2: Qualitative Results

Comments provided by respondents who did not wish that their state or directly funded city be identified are listed here anonymously; only those who gave full permission are mentioned along with their comments. Responses are listed in random order.

Table 1: Please state the type of plan and provide a brief description of the key elements of the planning area(s) you checked in question 3.

<ul style="list-style-type: none"> Alaska is using pan flu money to do outreach. The state plan supports the congregate care efforts of the local community health centers by forming partnerships with 25 hubs geographically dispersed throughout Alaska. The state is working with each hub to develop sound emergency response plans that are specific for their community. Services will be provided to facilities so that special needs populations can remain in their facilities rather than having to move to a mass care shelter, in order to reduce the resource burden at the mass care facility. The goal is to keep people in their own environment, including at home. <i>Alaska</i>
<ul style="list-style-type: none"> We have performed an assessment to identify our special populations in SD. In addition to identifying who they are, we also have means of communications that are appropriate to them and are from a trusted and understandable source. Our preparedness efforts in SD take into account the needs of our special populations and are tailored to be inclusive of all. We will be doing some follow-up surveys with these special population representatives to address future planning needs in this area. <i>South Dakota</i>
<ul style="list-style-type: none"> Engagement of the at-risk community is being undertaken through The Prepared Community, a training initiative of the PHEP program, targeted at county-based Community Health Councils (CHCs). The CHCs are seen as integral to local health-related response and are putting into place procedures for identifying and locating at-risk individuals pre-disaster, and planning services that would be provided during a response. Via the ASPR hospital and health system preparedness grant, at-risk populations will be involved in exercises of the state's medical surge response framework. Responder training in the needs of the at-risk populations is under development. <i>New Mexico</i>
<ul style="list-style-type: none"> We are working with local agencies to identify the at risk populations and then to develop appropriate communication tools. We will be involving the at-risk populations in all levels of training testing and exercising. <i>Ohio</i>
<ul style="list-style-type: none"> Natural Disaster / Shelter / Evacuation Plans <i>Virginia</i>
<ul style="list-style-type: none"> <i>Locating and quantifying at-risk population:</i> In October 2007, a massive educational Pandemic Influenza Campaign began for the entire population in Puerto Rico. The concepts are about the disease, and basic preventive measures a civilian should be incorporating in their daily life style to avoid exposure to the disease. The method to deliver the message: newspaper, radio, press release, TV, billboards, website and crisis hotline (línea PAS) among others. In addition, PRDoH has depicted special population with vulnerabilities and especial needs following the “all hazard approach”. These are: Head Start, Tourists, Center for the Elderly, and Mental Health individuals. This specific plan is in process; it began with the Center for the Elderly which have been localized and quantified by GIS technology this information then will be analyze to now there special needs in case of an emergency that affect there health. At the moment, the Head Start were quantified, yet are in the process of localizing them with the GIS technology. The plan is to continue this same strategy for the others groups of at risk population <i>Communication with, and education of, at-risk population:</i> PRDoH has established contact with different sectors (private and public) with the idea to guide and educate them in Pandemic Influenza strategies. Presentations and brochures about pandemic influenza are being given throughout the island. The idea is to impact the maximum people as possible. A tabletop was done regarding closing of school if a pandemic influenza occurred. A train to trainees to the personnel of Correctional Facilities will be given regarding basic concepts of pandemic influenza and how to detect it in order for them to be more prepared. A state pandemic influenza committee was created with the idea to have better

communication among Puerto Rico agencies to establish and coordinate protocols and ideas for the well being of Puerto Rico civilians.

Development of a protocol design for hospital on how to deal with mental health persons during an emergency. And trainings for clinical staff who are first responders, trainings for MHAASA staff who provide direct services to special population and trainings for first responders who work with disaster survivors. *Puerto Rico*

- Have an annex to state plan for sheltering; have been primarily working on sheltering and working with local public health agencies and local organizations.
-

- The PA Department of Health is currently having documents translated in several languages, Braille, and large format. We have conducted several trainings for responder and have more scheduled. PA currently has 2 workgroups meeting on a regular basis that develop objectives and activities that improve preparedness of at-risk populations.

Pennsylvania

- The District strives to ensure that pamphlets, brochures, etc are translated into over five official languages as often as possible to ensure the widest dissemination. DOH has also recently hired a full-time Community Outreach Coordinator. DC also faces unique challenges such as those involving diplomatic personnel. While some governmental organizations place Diplomatic personnel in the same category as tribal communities, tribal communities generally have a centralized coordinating body located within the United States while Diplomatic oversight resides in foreign nations. *District of Columbia*
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- The Arizona Influenza Pandemic Response Plan addresses communication with At-Risk populations in Supplement 10 – Public Health Communications: http://www.azdhs.gov/pandemicflu/pdf/supp_10_public_health_communications.pdf This supplement as well as the Priority 4 – Communications of the State Pandemic Influenza Operational Plan addresses the internal language resources of the Arizona Department of Health Services, pre-determined spokespersons, use of the AZ-211 system to reach at-risk populations with emergency and other human services information and as an appendix, the Department’s Risk Communication Plan. *Arizona*
-

- Local Health Mass Dispensing Template- covers the areas of identifying, collaboration with, and provision of resources for special populations. Some local health risk communications plans cover communications with special populations. The state Environmental Health plan discusses responder training and the State SNS and Pandemic Influenza Plan discusses distribution of medications. *West Virginia*
-

- Communications: a variety of methods and channels to provide emergency information are planned, including: print, television, radio in both English and Spanish languages. Pring photonovella in Spanish is available, and low literacy materials are in development. Collaboration with at-risk groups using models similar to community-based HIV prevention and care planning have also been pursued with African American, Spanish speaking and American Indian groups. These efforts focused on lost and least preferred modes of communicating emergency public health information. *North Carolina*
-

- There are several key elements of planning for at-risk populations in our Pandemic Influenza plan. There are several communication mechanisms in place, such as: shelf-kits that include external communications that address non-English speaking individuals; our Health Alert Network has at-risk populations included for emergency communication; and we have a Memorandum of Understanding for Social Services. Our plan also includes a chart of our at-risk populations and the particular needs to be addressed. *Arkansas*
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- We provide the state level overview for our local health departments to follow; they are the ones would provide the direct services for at-risk populations.
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- DOH pandemic psychosocial plan. Carbon monoxide poisoning plan and materials. First responder training survey and plan. SNS/Communications day long training.
-

- Crisis and Emergency Risk Communication (CERC) Plans: each of the 45 local health departments have CERC plans that include outreach strategies for communicating with populations or organizations that work with populations such as, people in long-term care facilities; visually and hearing impaired; severely mentally ill; Native Americans; non-English speaking; adult day care centers; homeless; child care centers, and others. The

plans include lists of translation services, hotline services, and fact sheets.

http://www.michigan.gov/michiganprepares/0,1607,7-232-42659_42661_42935-148395--00.html. Region 3 will be including at-risk populations in all exercising in FY 2007/2008.
Michigan

-
- Our Crisis and Risk Communications plan makes an effort to locate and quantify at-risk populations. We have developed preparedness materials for at-risk populations in Spanish, Braille, and large print. We also have plans for medical needs shelters for those that cannot stay at home in a disaster but are not in need of care at a hospital and we have an acute care center which has appropriate resources to care for at-risk people. For example, we have cots that are high off the ground so it is easier for certain people to get in and out of them. We also provided Tips for First Responders Guides to fire stations, emergency management agencies, and state police to help train them on issues they may face when helping those with a variety of disabilities. In addition, in our distribution plan for medications we have a process for people with "special needs" to go through and care is given to them somewhat differently. *Delaware*

-
- Nebraska's Special Populations Appendix to All Hazards Plan (February 2007) was developed by the East Central District Health Department to provide clear guidance and accurate practical information on how to assist individuals and families with disabilities as well as the agencies that serve them. A second focus of the plan is to help assure that public health responders are adequately prepared to include special populations within the community in their planning. Other districts in the state have used it as a model to develop district-specific plans. This document is available on disc and in hard copy form for any other state who would like to use it for planning purposes. *Nebraska*

-
- *Communications:* The North Dakota Department of Health has developed a Special Populations Communication plan that specifically addresses how public health will get messages and information to special populations during an emergency. An assessment was completed in 2003 which included a focus group conducted with people who work closely with special populations. The results and recommendations were used to help formulate the plan. This included identifying which groups would not be able to receive information through the normal media during an emergency. Those groups identified are the ones we primarily focus on. Regional public information officers have worked with people in their community who work with special population groups. Those people have agreed to help out during an emergency by making sure information is disseminated to those they serve. We have contracted with a telephone based interpretive service and a translation company. We have translated all of our fact sheets into the top seven foreign languages being used in our state.

Resources and Services: North Dakota has established relationships with a medical supply vendor and pharmaceutical vendor for management of state owned inventory. In addition a state managed inventory is maintained. All caches include materials specific for the needs of pediatric victims. Minimum care facilities are planned to provide hydration and hygiene level care when maximum hospital capacity is reached. This level of care targets those that have no other provision for assistance with home care available. An example is an individual who lives alone or has depended upon a care provider who is ill and therefore no longer able to provide care.

Responder Training: The North Dakota Department of Health has developed a "Mental Health Go Kit" for teams of responders that would be deployed to provide crisis intervention. The kit includes contact information for mental health support agencies and tips for communication with victims of disaster with or without previous mental health needs.

Distribution of Antiviral Medications: Our planning includes provision for medication to be given to a surrogate who would be able to deliver to those who may not be able to go to the dispensing points, hence ensuring that special populations are served. *North Dakota*

-
- SC Pandemic Influenza Community Mitigation Plan: The plan describes the method of communication with the at-risk populations. The plan also describes the training and deployment of psycho-social teams during a pandemic. Antivirals will be distributed to

hospitals, nursing homes, and doctors offices for administration per CDC guidelines. Due to insufficient quantity, antivirals will not be distributed for prophylactic use. *South Carolina*

- *Communications plan:* work with ethnic media to disseminate information. This network is already developed and is utilized on a regular basis.

Mass Vaccination: work through existing network or vaccine depots to distribute vaccine to local health departments and health care providers who in turn administer vaccine to their community. Vaccine will also be distributed to hospitals for vaccination of personnel and patients, and to residential colleges and universities, prisons and jails, and other large residential facilities that have developed plans to vaccinate their personnel and residents. As more vaccine becomes available, vaccine will also be distributed through the same system to health care providers in out-patient settings for vaccination of their prioritized patients.

- Communications plan includes adapting messages to target at-risk populations.

- Florida has a variety of initiatives associated with the items checked in question 3 above which are documented, but not necessarily part of a specific plan. These include a pre-event situational awareness project to quantify at-risk populations for the purpose of developing contingency plans; development and dissemination of personal preparedness guides for persons with disabilities; an Interagency Special Needs Shelter Working Group; a survey and census project for persons with disabilities which identifies individuals who are interested in participating in planning and exercises; and county Special Needs Shelter Program plans. *Florida*

- Crisis and Risk Communications Plan

- The items above are addressed generally in state level risk communication plans and the state's basic antiviral distribution plan. *Montana*

- Developed a plan specific to special needs populations including locating [them], delivering medication and services, risk communication, etc.

- The Kansas Pandemic Influenza Risk Communications Plan addresses communication with, and education of, at-risk populations, in addition to collaboration with, and engagement of, the at-risk community. *Kansas*

- The plan is statewide and all hazards and includes:

1. Identification of vulnerable populations
2. Provision of care and services
3. Access
4. Population education
5. Contacting assistance
6. Personal and family emergency planning
7. Available services *Maine*

- The Iowa Department of Public Health's (IDPH) Emergency Response Plan has been prepared to enable the department to meet local, regional and state needs in a collaborative and organized manner in the incident of a bioterrorism, infectious disease outbreak, public health threat, emergency or disaster which may also include: chemical, biological, radiological, nuclear or explosive events that may involve large numbers of individuals. The plan also has annexes. This section of the plan contains specific plans with additional information that is applicable to specific diseases or other public health emergencies or disaster situations that may have components or potential occurrences not specifically addressed in the public health response plan. The annexes are: The Strategic National Stockpile Annex, The Pandemic Influenza Annex, The Community Containment/Non-pharmaceutical Intervention Annex, The Smallpox Annex, The SARS Annex, The Zoonotic Disease Response Plan, and The West Nile Virus Annex. *Iowa*

- Evacuation plans focusing on those 'unable to self evacuate': Wyoming Evacuation Plan (homeland security), Wyoming Response Plan (homeland security), Hospital preparedness program application. *Wyoming*

- Our Developmental Disabilities Division has done GIS mapping of their clients' locations. Case managers assist clients with personal and family emergency plans. An interagency working group chaired by our Disability and Communication Access Board has produced a draft Action Plan for the Emergency Preparedness of People with Disabilities and Special

Health Needs. Their working group included potential clients of special health needs shelters. Our Office of Health Care Assurance is working with group homes and other residential facilities to provide training in emergency preparedness and to assess their willingness and ability to shelter in place. *Hawaii*

- In 2007, the New Jersey Department of Health and Senior Services (NJDHSS) conducted three successful exercises covering a chemical release, pandemic flu and hurricane. It is conceivable to replicate the same exercises in the future with a focus on at-risk populations in partnership with the appropriate stakeholders. *New Jersey*
-

Table 2: Please give a brief description of the promising practice(s) including the state or territory, agencies involved, and why it was successful. Please provide a description of all areas selected in question 5, and specify whether the practice refers to an influenza pandemic or other type of emergency event.

- AK is partnered well with Florida, and public health staff are traveling there in March to learn about Florida's special needs shelters. Services will be provided to these facilities so that special needs populations can remain in their facilities rather than having to move to a mass care shelter, in order to reduce the resource burden at the mass care facility. The goal is to keep people in their own environment, including at home. Valdez is the terminus of the Alaska pipeline and can function as their own unit – they have their own health care, housing, etc. Public health can provide them with the raw materials and they can take care of their own population.
-

- Through our special needs population assessment we have identified "ambassadors" for each of our special populations. These are trusted individuals in their communities, or are persons who can translate materials, or can contact our special populations in non-traditional ways. *South Dakota*
-

- Many of the elements listed in question 5 are addressed in the Prepared Community training initiative which is referenced in question 4. *New Mexico*
-

- The ODH has worked closely with its partner state agencies, the American Red Cross, and others to develop partnerships within the at risk populations. We have benefited greatly from our partnerships with the State DD Council and Ohio Legal Rights. These contacts have lead to partnerships with Community Colleges, state 211 systems and others. *Ohio*
-

- Purchased more than 773,000 courses. Contracted with a private sector partner for storage and distribution. Using Medicaid pharmacy tracking for antivirals. Network of more than 600 pharmacies, community health centers, local health departments, hospitals, etc. for dispensing. *Virginia*
-

- *Locating and quantifying at risk population:* continue implementing the same strategy used for the elderly centers for the other depicted special needs populations mentioned above. *Communication with and education of, at risk population:* continue implementing this education by ramifying to different sectors using the same methods already in used such as seminars, presentations, meetings, and brochures. In addition, a regional pandemic influenza committee is being established to extend all this information. A Mental Health Protocol is being developed to provide guidance to the community. There is a toll free line specially designed for the mental health patient called PAS to handle crisis situations. *Distribution of antiviral medication and vaccines:* Continue establishing MOA, MOU with different facilities to be distributed or used as storage facilities. One possibility is Head Start as they are being quantified and localized antiviral medications and or vaccines can be distributed to them. *Puerto Rico*
-

- Have preparedness materials for dialysis patients, specifically.
-

- *Communication with, and engagement of, at-risk populations:* As part of the FY 2007-2008 CDC PHEP application, (Priority Project 2) all 15 Arizona County Health Departments are in the process of developing risk communication plans to target identified at-risk individuals pre-event, event and post-event. This project is unique in that counties can choose to work regionally as well as independently on their plans.

Testing and exercising preparedness of at-risk populations: At-risk populations were included in the planning for TOPOFF 4 which was held in October of 2007. The Executive

Director of the Arizona Office for Americans with Disabilities was a member of the planning team coordinated by the Arizona Division of Emergency Management (ADEM). The Arizona Department of Health Services was also a partner in this planning process. *Other – please specify:* The Governor of Arizona has created an Emergency Preparedness Oversight Council (EPOC) comprised of agency directors or their designee that meet monthly to undertake high-level planning. A sub-committee dedicated to the emergency preparedness needs of vulnerable populations has been created. Some of the State agencies involved on this workgroup are the Arizona Department of Health Services, Arizona Department of Economic Security, Arizona Division of Emergency Management and the Arizona Department of Transportation. One of the recent products of this workgroup is a statewide survey by county of the status of local registries, transportation and shelter resources. *Arizona*

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- The WV Bureau for Public Health, Division of Threat Preparedness hosts a state level Special Populations workgroup with representation from several areas, including rehabilitation, visually impaired and others. This group is chaired by the DTP Risk Communications/Public Information Officer and provides counsel for plan development and collaboration with various populations. *West Virginia*
-
- As noted above, these areas include both specific plans in place as well as promising practices. Communications: a variety of methods and channels to provide emergency information are planned, including: print, television, radio in both English and Spanish languages. Print photonovella in Spanish is available, and low literacy materials are developing. Collaboration with at-risk groups using model similar to community-based HIV prevention and care planning have also been pursued with African American, Spanish speaking and American Indian groups. These efforts focused on lost and least preferred modes of communicating emergency public health information. *North Carolina*
-
- The Arkansas Department of Health's yearly mass flu clinics are tested and exercised during annual flu season in order to test the county mass vaccination plans. This year the vaccinations were free to the public, handicap drive-thru services were at all locations, all signs were printed in English and Spanish, and there were persons present to assist low literacy individuals. *Arkansas*
-
- Our key promising practice is to provide statewide situation awareness using all key communication tools for ESF-8 and sharing information with partners.
 - Push out of SNS to larger businesses with medical staff. [Cities] are dispensing/[providing] other services [in a] homeless shelter exercise. [City] postal service is involved in SNS dispensing.
-
- Public Information Coalition (PIC): Since 2003, government and non-government organization have met share best communication channels for reaching at-risk populations. These meetings are held quarterly and have improved outreach capacity to: deaf and hard of hearing; blind; migrant populations; refugees; Arab-American community; Latino community; families with children who have disabilities; senior citizens; non-English speaking; and others. The Office of Public Health Preparedness has booklets translated into Arabic, Spanish, and American Sign Language. They have also developed an emergency booklet for families with disabled children. Planning templates and materials for at-risk groups are shared on the MIHAN; and their public resource and information call center has a Special Populations Sub-Committee to assist in making the call center accessible to the deaf. Michigan has held two Behavioral and Mental Health Conferences to provide critical concepts of disaster mental health preparedness to social workers, psychologists, physicians, nurses, addiction specialists, faith-based organizations, nursing home administrators, educators, first responders, EMS, bioterrorism coordinators, etc. *Michigan*
 - *Resource Name:* Emergency Preparedness for Individuals with Non-Typical Functional Needs; *Intended Audience:* Persons with Special Needs; *Basic Description:* Pamphlet describing emergency preparedness for those with non-typical functional needs. Takes functional approach to planning for those with special needs; *Jurisdiction:* Delaware Division of Public Health; *Date:* 2006
Resource Name: Preparing for Pandemic Influenza; *Intended Audience:* Public; *Basic*

Description: Two-sided poster for kitchen cabinet. Available in English/Spanish. Provided by mass distribution in all newspapers in the state; *Jurisdiction:* Delaware Division of Public Health; *Date:* Spring 2007; *Delaware*

- Nebraska's Special Populations Appendix to All Hazards Plan (February 2007) was developed by the East Central District Health Department to provide clear guidance and accurate practical information on how to assist individuals and families with disabilities as well as the agencies that serve them. A second focus of the plan is to help assure that public health responders are adequately prepared to include special populations within the community in their planning. Other districts in the state have used it as a model to develop district-specific plans. This document is available on disc and in hard copy form for any other state who would like to use it for planning purposes. *Nebraska*

- The SC Emergency Planning Committee for Special Populations is comprised of representatives from the various state, private, and volunteer organizations which serve special populations. This committee has served for more than 10 years to incorporate the needs of special populations into our planning, exercise, training and response activities. The activities are directed at all-hazard planning. The agency operates any Special Needs Shelters for SC. We exercise our mass prophylaxis plans every flu season. *South Carolina*

- We are working with a disabilities advocacy group to implement training for personal care attendants and their consumers on personal preparedness. Level of perceived preparedness will be measured pre- and post training. We are also working with the same group to design and market a voluntary registry for individuals requiring additional assistance that will be implemented at the local level. This will enable emergency responders to local and provide services for this population.

- An outreach program that targets vulnerable populations, including individuals who are economically disadvantaged, deaf and hard of hearing, blind or visually impaired, non-English speakers or limited English proficiency speakers, low literacy levels or illiterate, remote rural, elderly, children, and disabled. The program aims to provide a method by which to deliver emergency messages to community leaders, and to create awareness within the vulnerable populations about emergencies and disasters.

- Florida Disabilities Task Force on Preparedness coordinated a 3-phase project to survey persons with disabilities in selected Florida counties for the purpose of developing base line data, educating the individuals and identifying persons with disabilities who were interested in participating in community planning and exercising. The project was coordinated with the Centers for Independent Living in the county. To date, the project has identified over 200 persons who are interested in engaging with preparedness activities. The Florida Special Needs Shelter Program is well defined and documented. *Florida*

- The state performed a study of telephonic focus groups with members of special populations and agencies that serve special populations to identify the most effective and efficient communications strategies to reach these populations. The state has also identified rural populations has being potentially at-risk during a pandemic and have posted informational flyers in grocery stores and other public areas.

- DPHHS is partnering with agencies, including the Rural Institute of the University of Montana to develop jurisdiction specific profiles detailing each areas special populations and specific resources that may be able to assist with emergency planning and response. *Montana*

- We are developing plans for home-based delivery for special needs populations. This includes triaging to assure that the person meets the definition of special needs and then dispatching teams that can home deliver medications or provide other mass care needs including food.

- The Kansas Association of Local Health Departments (KALHD) is working with the Kansas Collaborative and Kansas's Data Access and Support Center (DASC) to develop a web-based GIS system for tracking facilities that serve at-risk populations. Each county will have access to this information for their particular county, and should be working toward identification of people in their community who will need assistance during evacuation or shelter-in-place. Several counties are utilizing a card mailing system wherein

people in the community needing special assistance in a disaster fill out the card and send it back to the county public health agency. These cards collect name, address, and the specific special need of the person and are kept on record with the public health department for use in an emergency. KDHE currently requires yearly exercises of both participating health departments and participating hospitals that contain elements addressing the needs of special populations.

As mentioned, the Kansas Pandemic Influenza Risk Communications Plan addresses (1) Communications with, and education of, at-risk population, and (2) Collaboration with, and engagement of, the at-risk community. Additionally, Kansas has provided a Community Containment Toolkit to all counties in order to assist at-risk communities in preventing spread of disease, such as pan flu.

Finally, KDHE connects health departments and hospitals with responder training specific to at-risk populations. *Kansas*

- The plan is statewide and all hazards and includes:
 1. Identification of vulnerable populations
 2. Provision of care and services
 3. Access
 4. Population education
 5. Contacting assistance
 6. Personal and family emergency planning
 7. Available services *Maine*
-

- Training of first responders on how to respond to persons who are deaf or hard-of-hearing. *Vermont*
-

- Iowa Disaster Resource Council had developed a Multi-Lingual Response Network, developed training and recruited volunteers to provide interpreting for limited English speaking people in Iowa to act as interpreters during disasters. There are people identified in all languages known spoken in Iowa but one. This network and training has been recognized at the last National VOAD Conference and is recognized as a “network” to develop in all the states. The collaborators are Iowa Homeland Security, IDPH, Department of Human Services and The Council for International Understanding. Local public health agencies are also planning for responding to special needs populations by incorporating a special needs definition into their plans, identifying special needs populations in their counties and including schools in exercise planning. Regional public health planners across the state work closely with the local public health agencies to ensure successful planning for at-risk populations.

Currently, the IDPH and Homeland Security Emergency Management are meeting with a Early Childhood Disaster Preparedness group to discuss GIS mapping of day care business across the state. The goal is to share this mapping with local emergency managers so local plans can be enhanced for responding to child care businesses during an emergency. Local exercises this grant cycle may include jurisdictions to determine who will receive, store and dispense antivirals based on simulated priority group recommendations. At-risk populations may be indentified as part of this exercise component. *Iowa*

- The Wyoming Institute for Disabilities (WIND), the Wyoming Department of Health, the Wyoming Department of Homeland Security have collaborated to plan for people who are unable to self-evacuate (UTSE). These are people who are not likely to have the resources for self-evacuation in a disaster.
-

- Our Developmental Disabilities Division implemented GIS mapping of clients’ locations and also a buddy program which trains friends or relatives to be a designated disaster buddy. A statewide school influenza vaccination program is in progress for children aged 5-13. To date, over 60,000 children have been vaccinated this flu season, and the clinics were run using the Incident Command System and working with partners in the Department of Education, schools of nursing, and our volunteer Medical Reserve Corps. *Hawaii*
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- A Memorandum of Agreement (MOA) between the New Jersey Department of Health and Senior Services (NJDHSS) and the Department of Human Services (NJDHS) enables statewide delivery of community based behavioral health services to at-risk populations
-

using local leaders and other indigenous individuals. In addition, NJDHSS has partnered with and provides funding to health care associations, home care agencies and long term care facilities, to improve their technology and preparedness communication capabilities within the health care system. Through these partnerships, grantees in turn support their members' emergency preparedness efforts and the at-risk populations they serve.

LINCS Agencies (designated lead county or municipal health preparedness agencies) continue to conduct on-going emergency preparedness community outreach/engagement activities targeting at-risk populations and/or their advocates. LINCS Agencies are reviewing their mass prophylaxis and risk communication plans to identify at-risk populations with health and other unique needs that may not be covered through existing plans and then as appropriate, updating the plans to incorporate at-risk populations with special health.

NJDHSS developed and released a survey to 22 LINCS Agencies statewide. The intent of the survey is two-fold. The first is to elicit critical baseline information on the current state of preparedness planning for at-risk populations among LINCS Agencies.

The second is to establish preparedness planning priorities for at-risk populations with health and other unique needs. *New Jersey*

Table 3: Please list any additional information below about current plans or promising practices for at-risk populations, including website links, articles highlighting the state story or program, practices you are aware of in other states, or individuals to contact for further information.

- Alaska recognizes that serving the at-risk population is very much a local issue supported by the state. Alaska has identified "Mass Care" as a priority project. We define "Mass Care" as sheltering for the general population, sheltering for at-risk populations, alternate care sites and mass dispensing. Our basic strategy is congregate care, primarily due to a paucity of resource (especially staff) at the local level. Our desired outcomes include templates for local government, resource development and community outreach (seminars, planning workshops, training and exercises). *Alaska*
 - We have created an all hazards preparedness campaign in SD that encompasses being prepared for epidemics as well as natural or man made disasters. The campaign includes a pamphlet that encourages South Dakotan's to create a preparedness kit for their home and family and to know about "safe zones" in times of seasonal flu or a pandemic. The website can be found at www.bReadySD.com. *South Dakota*
 - [The health department] is just beginning to work with the dialysis community and are developing materials for dialysis patients to be more prepared. Also working with [state] medical teams (built on same structure as federal DMAT teams) to recruit and train individuals that will be needed to staff a special needs shelter. Have used this resource two times recently during an ice storm.
 - Arizona Department of Health Services Demographics and Effective Risk Communication Research Report: <http://www.azdhs.gov/phs/edc/edrp/es/pdf/adhsspecialpopstudy.pdf>
Arizona State Influenza Pandemic Response Plan – Supplement 10, Public Health Communications:
http://www.azdhs.gov/pandemicflu/pdf/supp_10_public_health_communications.pdf
Arizona
 - We have much work in development for at-risk groups. *North Carolina*
 - We have recently assigned personnel to build and coordinate the program for at-risk populations. This person is tasked with creating and building those relationships and partnerships to ensure that at-risk populations are included in all efforts of preparedness planning. *Arkansas*
 - www.do1thing.us; <http://breeze.mdch.train.org/p21037260>;
http://michigan.gov/documents/michiganprepares/2007_03_26_-
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[Being Prepared for an Emergency 192727_7.pdf](#); www.michigan.gov/prepare;
http://michigan.gov/michiganprepares/0,1607,7-232-42659_42661---,00.html;
<http://mdch.train.org/panflu/education>. *Michigan*

- *Resource Links:* Emergency Preparedness for Individuals with Non-Typical Functional Needs
English version: <http://www.astho.org/pubs/EnglishGuide-EmerPrepforIndwithNTFN.pdf>
Spanish version: <http://www.astho.org/pubs/SpanishGuide-EmergencyPreparednessforIndividualswithNTFN.pdf>
Resource Link: Pandemic influenza preparedness pamphlet in Spanish
<http://www.astho.org/pubs/PanFluInsert.pdf> *Delaware*
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- The operational guide referenced above [Nebraska's Special Populations Appendix to All Hazards Plan] has been used by local health departments (LHDs) across Nebraska to develop their own plans relative to persons with disabilities. Each LHD has also identified other vulnerable and hard to reach populations, advocacy groups, service providers, friends, families within their jurisdiction. A content guideline for caring for the ill at home in the event of a pandemic has been developed and widely distributed across the state (including at the State Fair). Pan Flu information directed at special populations (such as those who [have limited English proficiency]) was distributed at the Minority Health Conference. A special population work group has been established to assess needs and develop strategies to assist those communities (minority, Native American, LEP, refugees, etc) in the event of a pandemic or other public health emergency event. A GIS work group was established to consider volunteer registration of special needs populations who would then be prioritized for response during a public health emergency. Thirty five exercises have been held by LHDs (9/06 through 6/07) including response capabilities for people with special needs; a table top exercise was held with the universities, schools, Department of Education, Nebraska State Patrol, NEMA, the Department of Agriculture, the Lt. Governor regarding continuity of educational activities and other response roles in a PanFlu emergency.
Nebraska
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- An outreach program that targets vulnerable populations, including individuals who are economically disadvantaged, deaf and hard of hearing, blind or visually impaired, non-English speakers or limited English proficiency speakers, low literacy levels or illiterate, remote rural, elderly, children, and disabled. The program aims to provide a method by which to deliver emergency messages to community leaders, and to create awareness within the vulnerable populations about emergencies and disasters.
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- This year, our office plans to expand work with the University of Kansas (KU) and Kansas Department of Health and Environment Office of Health Promotion to develop a strategic plan for emergency planning activities related to disabled persons. The Kansas Association of Local Health Departments and KDHE will work to expand the special populations database to allow for registration of individuals with special needs. This year, KDHE will also focus on the development of educational materials aimed at special populations to reach additional at-risk populations. *Kansas*
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- Training and contact for the Multi-Lingual Response Network on the Iowa Homeland Security website. The Iowa Department of Public Health website has extensive information regarding planning. The ODH has developed a two hour training which provides preparedness planning for people with disabilities, service providers, family members and response personnel. This training includes information on making all aspects of response and recovery accessible to people with disabilities, specific disability preparedness, service animal guidelines and understanding the emergency management system. A brochure was also designed to compliment the training or be used for distribution at conferences and preparedness events. The ODH and CDOR designed a wallet sized "to go bag" that includes a personnel information card that individuals can complete ahead of time with important information such as contact numbers, insurance numbers and medication. This traveler is intended to be kept in a safe, but available location if immediate evacuation is necessary. The ODH had distributed over 800 preparedness brochures and 2500 emergency "to go bags" at conferences and trainings. Iowa also has the Iowa Disaster
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Resource Council, and a Special Needs Committee. We have completed a resource manual that identifies limited English speaking Iowans that may need assistance in a disaster.

“Ambassadors” have been identified in 5 regions throughout the state to recruit emergency response interpreters. The Ambassadors can also serve as interpreters. We have had a training for the all the Ambassadors in October. Polk County also has a Metro Emergency Managers group; it is a local group consisting of representatives of business’ and schools. The disabilities consultant can be reached regarding a copy out disaster mental health plan.

Iowa

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- Working very closely with Wyoming Institute for Disabilities. *Wyoming*
 - The state Department of Disabilities has conducted exercises involving vulnerable and at-risk populations. After-action-reports are available. The [health department] is currently developing a statewide initiative called: Community and Personal Preparedness Priority (CPPP). One of the objectives of this initiative is to develop solid partnerships with local, state, private, and non-for-profit agencies to address the needs of at-risk populations during an emergency event. [The health department is partnering with numerous agencies and organizations throughout the state.]
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VULNERABLE POPULATION GUIDES/PLANS

- Santa Barbara County Public Health Department: “Emergency Disaster plan for vulnerable populations”
- California Governor’s Office of Emergency Services: “Meeting the needs of vulnerable people in Times of Disaster: A Guide for Emergency Managers”
- “Seattle-King County Pandemic planning guide for Homeless and Housing Service Providers” Edition number 1, December 2006.
- California Emergency Medical Services Authority: “State of California Mass Prophylaxis Planning Guide” 1/1/2003
- June Isaacson Kailes, Disability Policy Consultant: “Moving Beyond Special Needs: A Function Based Framework for Emergency Management and Planning” 5/1/2006
- MI Office of Public Health Preparedness: Michigan Crisis and Emergency Risk Communication: A Guide for Developing Crisis Communication Plans, October 2003
- CDC: “Public Health Workbook to Define, Locate and Reach Special, Vulnerable and at-Risk Populations in an Emergency”

ARTICLES/PUBLICATIONS

- American Journal of Public Health. “Experiences of Hurricane Katrina Evacuees in Houston Shelters: Implications for future planning.” May 2006, Volume 96, number 5
- Urban Institute. “Initial Health Policy Responses to Hurricane Katrina and Possible Next Steps. 2/1/2006
- Homeland Security Today. “Evacuating the autistic: The case for special needs.” November 2007
- Health Affairs. “Crisis Communications: Ethnic Differences in interpreting and acting on Disaster warnings.” Social Behavioral and Personality 10, number 1 (1982): 97-104
- “Preparing Racially and Ethnically Diverse Communities For Public Health Emergencies.” Volume 26, number 5, (Sept/Oct. 2007): 1269-1279
- Journal of Health Care for Poor and Underserved. “A mobile Medical Care approach Targeting Underserved populations in Post-Hurricane Katrina Mississippi.” Volume 18, number 2 (2007): 369-381
- “Mitigating the Health Effects of Disasters for Medically Underserved Populations: Electronic Health Records, Telemedicine, Research, Screening, and Surveillance.”

BEST/ PROMISING EFFORTS

- Kentucky’s Community Outreach Information Network (COIN). One State’s Workable Plan for Reaching Vulnerable Populations in Widespread Emergencies.” A state-led planning with local components.
 - Collaborating Agencies Responding to Disaster (CARD), Alameda County, CA. CARD helps service providers get prepared, stay prepared and be better able to keep staff and clients calm, safe and ready to respond appropriately in an emergency.
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- EMERGENCY AND COMMUNITY HEALTH OUTREACH (ECHO): Emergency and Community Health Outreach is a collaborative that includes public health and safety agencies across Minnesota, ethnic advisory organizations and non-profit groups. ECHO provides health and safety information in multiple languages.
 - Public Health Reports: “Disaster Preparedness for Limited English Proficient Communities: Medical Interpreters as Cultural Brokers and Gate Keeper” volume 122, (July/August 2007): 466-471
 - Lessons Learned Information Sharing. “Shelter Operations: Cataloguing and Securing Medications for Residents with Mental Illnesses” 5/11/2007
 - Lessons Learned Information Sharing. “Special Needs: Establishing Emergency Communications Plans with State Aging Services Agencies to Accommodate Elderly Residents in an Emergency” 9/7/2007 *New Jersey*
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Table 4: Please list any primary barriers that you have encountered, or would expect to encounter, in regard to planning for at-risk populations for an influenza pandemic.

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- Alaska lacks the resources at the local level to staff to support supply multiple specialized shelters. Each community differs in population size, resources, and emergency response capacity - 25 hub communities (each significantly different); Nome, AK is a logistics hub for 30 communities, yet there is no political continuity among these communities. Many communities do not have mail delivery, cell phones do not work (not a big problem for Alaskans, because they use satellite phones or land lines, but is a big deal to tourists. Tourists can easily become trapped – one road in and out. *Alaska*
 - As with all at risk populations being able to reach them in an emergency or educate them are constant barriers. Our planning efforts based on information gathered in our assessment of these populations has given us valuable ways in which SD can best address the needs of our at risk populations in SD. *South Dakota*
 - Ongoing challenges include identification and location of individuals, and providing information that will increase awareness about the need to prepare. In the case of undocumented individuals, there is a natural reluctance with this group to present themselves for services. *New Mexico*
 - The barriers are in identifying and then engaging the populations. *Ohio*
 - Cross agency responsibilities. Many of the issues you ask about are not ESF-8, Health / Medical Issues. *Virginia*
 - Administrative; grants/funding restrictions; language barriers; lack of material resources; limited trained personnel in public health communications; limited support from public and private agencies to coordinate collaboration meetings to discuss pandemic influenza planning; limited knowledge and awareness on relevant topics associated with pandemic influenza; change of government brings change of PRDOH personnel; limited understanding of special population needs; limited data base needed; limited evidence based studies; limited general and cultural understanding of the federal government towards the unique situation of PR by being an island, a commonwealth, and “latinos”. *Puerto Rico*
 - Lack of staff to assist with the population. Who will take on the financial responsibility? Who will take on the responsibility for ensuring that the appropriate people are at the site? Local public health agencies are resisting taking the lead role in special needs sheltering, even though it is a community level planning effort.
 - Barriers include reaching all the at-risk populations. *Pennsylvania*
 - Staffing.
 - Sheer scope of including and addressing all at-risk populations within the state. *Arizona*
 - The State's Special Populations Workgroup meetings tend to be diffuse and it is hard to get all parties educated and focused on assisting the State in developing tools, resources, etc for emergency response. Through diligent work of the PIO, the group's focus is getting better. It appears that the group is leaning towards moving the planning process towards local communities that have particular populations to focus on. *West Virginia*
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- Lengthy delay of release of competitive funding application from CDC for special projects. Initially we were notified that such funds would become available sometime in 2007. We did not include as many specific interventions designed to meet the needs of at-risk groups in our Cooperative Agreement application based on the presumption that the RFA would be soon forthcoming. Our application for funding for demonstration projects will include substantial content to address at-risk population issues.
Other primary barriers include the substantive issues that form the baseline for what makes certain groups at risk, i.e. lack of sufficient access to services, social marginalization, and lack of trust in government to meet needs among certain groups. *North Carolina*

 - Some barriers are accessing the homeless and severely disabled population, determining the responsible party, securing shelter, and providing follow-up to self-isolated or self-quarantined individuals. *Arkansas*

 - Human Services at the state level has been slow to assist, they are starting to work on their clients, who are concerned at-risk and should see good gains over the next 12-months.

 - Coordination of identification regarding identified populations and communication conduits across agencies.

 - 1.General denial that it will happen
2.Staff turn-over
3.Competing priorities
4.Broad definition of 'at-risk' *Michigan*

 - Data is often outdated from the census. There is little guidance available. *Delaware*

 - Gaining/establishing trust of "vulnerable", "at-risk" and "special populations" especially those who are Native American and those who are LEP (Limited English Proficient). *Nebraska*

 - There has been lack of clarity in the roles that Department of Human Services and Department of Health were to play in serving the at-risk population, resulting in a late start by Public Health in planning for meeting the needs of at-risk populations. Limited resources (human and material) to meet the needs of at risk population during pandemic influenza. Mapping the location of at-risk populations, and their special needs so as to plan to adequately meet them. *North Dakota*

 - Lack of stable funding for pandemic planning and preparedness. *South Carolina*

 - The primary barrier is having sufficient resources in terms of staff time. The scope of pandemic planning in general is so large that it is difficult to focus to specific issues without first getting the basics completed. Another barrier is the need to plan across government agencies. Public health can develop plans and recommendations for itself and for the general public to follow, however, the cooperation of public safety, government/administrative and critical infrastructure will be needed in a response.

 - Defining at-risk population; obtaining accurate estimates of at-risk populations; lack of specific funding for this area.

 - Identification of needs of the variety of individuals considered to be "at-risk". *Florida*

 - Challenging to define who is at risk for various scenarios; no standard definition. Competing activities - need to focus on developing strong foundation first, before expanding to subpopulations.

 - Definitions of special populations varies from agency to agency, capacity to reach or serve all populations is difficult in many rural areas. *Montana*

 - Planning for special needs is very resource intensive process to plan for as well as to implement. In times of scarce resources, it may force real decisions about how much of the special populations group can be served vs. the good of the many.

 - It will be important to establish close relationships with other agencies with interest in special populations, such as Social and Rehabilitative Services or Department on Aging. *Kansas*

 - Lack of sufficient staff time and resources to focus on this project. *Maine*

 - Defining at-risk populations. Determining what the data needs are (to have available for at-

risk populations). *Vermont*

- Locating at-risk populations is a barrier. There are a large number of people with disabilities that do not receive services. Transportation is a huge issue because Iowa is 80 per cent rural. Getting the population to evacuate is difficult because Iowans tend to remain in place and ride it out. Local public health agencies are encouraged include mental health agencies in their multi-disciplinary meetings but some counties do not even have mental health representatives in their communities. *Iowa*
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- Pre-existing beliefs; transportation; shelter accessibility and restrictions; funding; getting the “right” players to the table; “finding” that population. *Wyoming*
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- None at this time.
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- Planning must engage disparate parts of the private sector, many of which have no clear organization or point of contact (e.g. elderly persons living alone). *Hawaii*
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- Broad and often confusing definition of at-risk populations.
Best practice models for at-risk populations, including No easily accessible repository of emergency preparedness planning templates/checklists.
Lack of earmarked funding to address the emergency preparedness needs of at-risk populations. *New Jersey*
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Appendix B: State Planning Efforts Table

State/Territory	Title	Brief Description	Web Link
Alabama	Stakeholders Help, Advice, and Recommendations Exchange (SHARE)	A list serve to facilitate pandemic Influenza planning for the healthcare, business, first responders, education, government, faith based/community organizations, and communications sectors in Alabama.	http://www.adph.org/pandemicflu/Default.asp?id=1150
Alaska	Resources for Special Needs Children and Families Fact Sheet	A fact sheet that lists resources for families with children who have special needs.	http://www.hss.state.ak.us/ocs/ChildrensTrust/pdf/CRK_PDF_Kit/Resources%20for%20Special%20Needs%20Children2.pdf
	Alaska Family Directory for Parents of Children with Special Needs	Funded by a grant from the Alaska Department of Education and Early Development and maintained by the Anchorage School District, the Alaska Family Directory for Parents of Children With Special Needs includes calendars of educational opportunities for parents and educators in their region of Alaska. Included in each regional section is a listing of community organizations that provide assistance to families of special needs children in that specific area.	http://www.asdk12.org/AFD/
Arkansas	Arkansas Influenza Pandemic Response Plan	Identifies specific vulnerable populations and their respective special needs in Appendix 2: Vulnerable Populations Bioterrorism Issue Grid.	http://www.healtharkansas.com/pandemic_influenza/pandemic_influenza_plan.pdf
California	California Primary Care Telemedicine Project	A planned approach to telemedicine to better assist vulnerable populations during a pandemic.	http://www.pandemicpractices.org/practices/resource.do?resource-id=191&interest-id=1
Delaware	Emergency Preparedness for Individuals with Non-Typical Functional Needs	An action-oriented brochure that gives detailed instruction for all-hazards emergency preparedness (non-typical functional needs).	http://www.pandemicpractices.org/practices/resource.do?resource-id=117&interest-id=1

State/Territory	Title	Brief Description	Web Link
District Of Columbia	Alert DC	A system that provides real-time text and email notifications of emergencies in the DC community to those who have registered Alert DC is an example of a regional alert system that may be useful for notification of at-risk populations.	https://textalert.ema.dc.gov/index.php?CCheck=1
	Website: 72Hours.DC.Gov	A website that contains all-hazards emergency information.	http://72hours.dc.gov/eic/site/default.asp
Florida	Website: FloridaDisaster.org	FloridaDisaster.org is a website developed by the Florida Division of Emergency Management to ensure that Florida is prepared to respond to emergencies and able to recover from them.	www.floridadisaster.org
Georgia	Pandemic Influenza Planning Kit for Schools	A school planning toolkit that includes discussion of special needs students and a draft chart to plan for them.	http://www.pandemicpractices.org/files/58/58_toolkit%20version%204point3.pdf
Idaho	Wildfires Summer 2007	Coordinated public communication efforts with state Division of Environmental Quality. Collaborated with multiple partners to inform vulnerable populations of health risks associated with exposure to wildfire smoke.	http://www.astho.org/pubs/SuccessStoriesMainPage.htm
Illinois	Disaster Mental Health Intervention Field Guide	Within the field guide, a hierarchy lists specific at-risk groups and offers priorities for intervention	http://www.pandemicpractices.org/practices/resource.do?resource-id=223&interest-id=1
	Faith-Based Emergency Preparedness Initiative	An effort to raise pandemic influenza awareness and the importance of local preparedness using training ambassadors to reach out to faith-based organizations with information on pandemic influenza symptoms, healthy habits, planning tips, and preparedness resources. A marketing radio and television campaign, website, and a telephone hotline will be used to communicate the messages.	http://www.astho.org/templates/display_public.php?pub_id=2750&admin=1

State/Territory	Title	Brief Description	Web Link
Indiana	Indiana Preparedness Week	State officials encourage shelter-in-place preparedness for citizens and provide an Everybody Ready Brochure	http://www.in.gov/isdh/bioterrorism/EverybodyReadyBrochure.pdf http://www.in.gov/isdh/bioterrorism/IndianaPreparednessWeek.html
	Disaster Mental Health Intervention Field Guide	Indiana Division of Mental Health and Addiction developed a compendium of mental health tools that describes a range of behavioral health responses to disaster and offers suggestions on how to interact and respond to victims. - for mental health professionals and disaster responders who lack background and training in behavioral health.	http://www.pandemicpractices.org/practices/resource.do?resource-id=223&interest-id=1
Iowa	Protect Iowa Health	General emergency preparedness activities that include fliers and checklists in multiple languages and coloring pages for children.	http://www.pandemicpractices.org/practices/resource.do?resource-id=53&interest-id=1
	Hurricane Katrina September 2005	In response to Hurricane Katrina, Iowa deployed a 30 member Public Health Response Team (PHRT) to Louisiana for two weeks. The team established and operated a field hospital and two special needs clinics	http://www.astho.org/pubs/SuccessStoriesMainPage.htm
	Mumps Epidemic 2006	Managed an epidemic of approximately 2,000 mumps cases. HAN allowed secure communication among state health agency, local health departments, clinicians and others.	http://www.astho.org/pubs/SuccessStoriesMainPage.htm
Kansas	Kansas Vulnerable Populations Outreach*	Kansas Vulnerable Populations Outreach is a pandemic influenza mapping and outreach project conducted by the Kansas Association of Local Health Departments and includes a Special Needs Populations Assessment Toolkit.	http://www.pandemicpractices.org/practices/resource.do?resource-id=291&interest-id=1
	Special Populations GIS Mapping and Resources	A tutorial for Geographic Information System (GIS) mapping of at-risk populations and resources for vulnerable populations planning for all-hazards emergency preparedness.	http://www.kalhd.org/en/cms/?210

State/Territory	Title	Brief Description	Web Link
Kentucky	Kentucky Outreach and Information Network (KOIN)	A grass roots approach to communications via a partnership between government and community-based organizations to provide preparedness and emergency information to special needs populations.	http://www.pandemicpractices.org/practices/resource.do?resource-id=70&interest-id=1 http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/jan3008koinpp.html
Maryland	Volunteer Maryland!	An AmeriCorps program of the Governor's Office of Maryland with the purpose of building stronger, healthier communities by empowering all Marylanders to volunteer to take on projects that address topics such as human needs, education, and public safety.	http://www.volunteermaryland.org/index.html
Massachusetts	Emergency Preparedness and Special Populations Community Planning	A document that outlines the key points to creating an emergency preparedness plan for special populations at the community level.	http://www.mass.gov/Eeohhs2/docs/dph/emergency_prep/spop_community_plan.pdf
Michigan	Michigan Prepares	A disaster preparedness website for all types of disasters including pandemic influenza.	http://www.michigan.gov/mdch/0,1607,7-132-2940_2955_22779---,00.html
Minnesota	Emergency and Community Health Outreach	All-hazards and pandemic influenza information via fax, phone, television, internet, and e-mail in multiple languages.	http://www.pandemicpractices.org/practices/resource.do?resource-id=47&interest-id=1
	Deaf Smart	All-hazards preparedness training for deaf and hard of hearing in Minnesota	Email submissions\Candidate Practices_St. Louis County Deaf Smart Project.msg
	Psychological First Aid training	An abridged training course adapted from the Substance Abuse and Mental Health Services Agency (SAMHSA) Psychological First Aid (PFA) course. Designed for behavioral health responders to give the course to a variety of audiences (Schools, faith-based organizations, Emergency services organizations).	Not available

State/Territory	Title	Brief Description	Web Link
Mississippi	Hurricane Katrina 2005	Used portable credentialing system to manage volunteers following Hurricane Katrina. First state to receive, stage, store and distribute SNS 12-hour push package. Staffed EOC 24/7 for 31 days with up to 110 staff at a time and 1,400 employees involved in overall response. Procured and delivered fuel to hospitals and nursing homes and staffed special needs shelters	http://www.astho.org/pubs/SuccessStoriesMainPage.htm
Missouri	Ready in 3 Pandemic Flu Guide	All-hazards personal preparedness planning in multiple languages.	http://www.pandemicpractices.org/practices/resource.do?resource-id=139&interest-id=1
	Ready in 3 - Missourians on Dialysis	Ready in 3 for Patients on Dialysis, with links to elders and other special needs populations.	http://www.dhss.mo.gov/Ready_in_3/Dialysis.html
	Disaster Communications Guidebook	The Disaster Communications Guidebook provides sample audience specific messages for at-risk groups for certain emergencies.	http://www.pandemicpractices.org/practices/resource.do?resource-id=147&interest-id=1
	Website: OneKCVoice.org - Pandemic Flu Citizen Engagement	Using citizen engagement to involve them in the response to a pandemic influenza.	http://www.onekcvoice.org/topics/you_decide/pandemic_flu1.asp
	Caruthersville Tornado April 2006	Mobile Command Center and GIS team assisted environmentalists and local responders on needs assessment. Used tools to assist local emergency responders in effectively identifying lots and tracking property owners. Gathered data to create maps and graphs of the recovery process.	http://www.astho.org/pubs/SuccessStoriesMainPage.htm
	St. Louis Winter Storm and Power Outage December 2006	Worked closely with local health agencies to ensure the health and safety of the special needs population. Distributed news releases to the public on safe usage of generators and candles.	http://www.astho.org/pubs/SuccessStoriesMainPage.htm

State/Territory	Title	Brief Description	Web Link
Nebraska	Influenza Vaccine Shortage 2004-2005	Used HAN to communicate with health care providers and GIS mapping to show vaccine supply across the state. Partnered with local health departments to get vaccine to high risk populations and distributed more than 400,000 influenza shots across Nebraska.	http://www.astho.org/pubs/SuccessStoriesMainPage.htm
New Jersey	New Jersey Special Needs Advisory Panel (NJSNAP)	The advisory panel to the New Jersey Office of Emergency Management identifies issues affecting members of New Jersey's special needs population in their emergency preparedness, and issues affecting emergency management personnel as they prepare to assist individuals with special needs.	http://nj.gov/njoem/plan/special-needs-njsnap.html
New Mexico	Tribal Outreach in New Mexico	Culturally appropriate outreach for American Indian tribes of New Mexico for promotion of emergency preparedness activities.	http://www.pandemicpractices.org/practices/resource.do?resource-id=153&interest-id=1
	Tips for First Responders for People with Special Needs	An action-oriented brochure for first responders organized by at-risk group.	http://www.pandemicpractices.org/practices/resource.do?resource-id=115&interest-id=1
	Preparing for Pandemic Flu in New Mexico Schools	A web-based toolkit for communicating pandemic influenza information to district administrators, teachers, nurses, and staff, and English and Spanish speaking parents and students.	http://www.pandemicpractices.org/practices/resource.do?resource-id=182&interest-id=1
New York	Templates and other Communication Tools Help New York State County Health Departments Prepare for Health Emergencies	Press release templates and multi-language communication tools disseminated to county Health Departments for all-hazards and pandemic influenza specific preparedness.	http://www.astho.org/pubs/NYSDOHHEPActivities.pdf
North Carolina	Be Ready! Kiosks	Computer kiosks can be loaded with all-hazards or pandemic influenza information and transported to provide hands-on learning for people in any setting.	http://www.pandemicpractices.org/practices/resource.do?resource-id=39&interest-id=1
	DHHS Family Disaster Plan	An all-hazards planning guide with emphasis on at-risk populations.	http://www.pandemicpractices.org/practices/resource.do?resource-id=158&interest-id=1

State/Territory	Title	Brief Description	Web Link
	Pandemic Influenza Disparities Prevention Initiative	A community outreach initiative that attempts to anticipate and minimize racial and ethnic disparities that may occur as the result of a pandemic.	http://www.pandemicpractices.org/practices/resource.do?resource-id=174&interest-id=1
	Hurricane Isabel October 2003	North Carolina assessed community health needs and helped redirect critical resources to vulnerable households.	http://www.astho.org/pubs/SuccessStoriesMainPage.htm
	Hurricane Katrina 2005	Deployed mobile hospital and State Medical Assistance Team to Mississippi following Hurricane Katrina. More than 500 personnel treated nearly 7,500 patients in 7 weeks.	http://www.astho.org/pubs/SuccessStoriesMainPage.htm
Illinois	Influenza Vaccine Shortage 2004-2005	Activated incident command structure and worked with local public health agencies and private healthcare providers to redistribute vaccine. Prioritized vaccine to ensure access by high-risk populations and initiated public information campaign to inform public. Used Wide Area Network videoconferencing system and HAN to communicate with public health and healthcare partners.	http://www.astho.org/pubs/SuccessStoriesMainPage.htm
Ohio	Emergency Management Be Prepared Initiative	All-hazards preparedness workbook for people with special functional needs; helps people identify barriers, needs and prepare them to weather an emergency.	http://www.pandemicpractices.org/practices/resource.do?resource-id=272&interest-id=1
Pennsylvania	Special Populations Emergency Preparedness Planning	Emergency preparedness facts and recommendations for people with special needs.	http://www.vmc.wvu.edu/hrsa/files/PennsylvaniaHealthSpecialPopulationsPlan.pdf
Rhode Island	Mycoplasma Response 2006	Activated Incident Command System and Unified Command structure. Provided prophylactic antibiotics to 275 students and their families. Recommended school closures impacting more than 20,000 students and their families	http://www.astho.org/pubs/SuccessStoriesMainPage.htm

State/Territory	Title	Brief Description	Web Link
South Carolina	<i>Be Ready! South Carolina</i>	A multi-media public service emergency preparedness campaign launched along with grassroots efforts to engage all sectors of society including businesses, faith-based organizations, schools, neighborhood associations and other community groups.	http://www.beready.sc.gov/
South Dakota	bReady Day	Public service announcements on television, radio, and newspapers, an informational booth at the South Dakota State Fair, distribution of a disaster and emergency preparedness booklet, and other educational opportunities and public service announcements throughout the year.	http://www.state.sd.us/news/showDoc.aspx?i=8810 http://www.breadysd.com/
	Website: bReadySD.com	All hazards emergency preparedness website.	www.breadysd.com
Tennessee	Extended Childcare	An all-hazards approach that identifies child-care needs for state employees who will respond to emergencies.	http://www.pandemicpractices.org/practices/resource.do?resource-id=165&interest-id=1
Texas	Ready or Not? Have a Plan	An interactive web site for all-hazards preparedness relevant to community-based and faith-based organizations. The website contains a tutorial on how to develop a personal disaster preparedness plan and materials specific for children's needs.	http://www.pandemicpractices.org/practices/resource.do?resource-id=285&interest-id=1
	Special Needs Evacuation Tracking System	Texas formed a partnership with AT&T to deliver a new system to help emergency workers better track "special needs" evacuees or those who are unable to drive themselves to safety after a disaster. Hand-held scanners and chip-implanted wristbands will be used.	http://www.dshs.state.tx.us/news/releases/20051019.shtm \\astho.org/dfs/redirect0/ejones/Desktop/Another state resource.htm http://www.motorola.com/governmentandenterprise/contentdir/en_US/Files/CaseStudies/SNETSCaseStudy.pdf

State/Territory	Title	Brief Description	Web Link
Virginia	Special Needs Tip Sheet	The information sheet provides self care recommendations for the aged and disabled during an emergency.	http://www.vmc.wvu.edu/hrsa/files/VAEmergencyPreparePreventSpecialNeeds.pdf
	Website: Listo Virginia	Emergency preparedness website in both Spanish and English.	www.listovirginia.gov
	Tdap Vaccination December 2006	Planned and established clinics within 24 hours to vaccinate up to 547 sixth graders who would have been excluded from school without proof of Tdap vaccination under new state law.	http://www.astho.org/pubs/SuccessStoriesMainPage.htm
Washington	Emergency Communications Toolkit	An on-line toolkit designed to help public health and emergency response partners with communication issues during a disease outbreak, natural disaster or other public health emergency. Resources include templates, checklists, fact sheets and translated materials, as well as signs and patient education materials developed for Strategic National Stockpile. The site includes emergency planning information for special needs communities and links to related Web sites and resources. New resources are posted as developed.	http://www.doh.wa.gov/phepr/toolkit/

Appendix C: Local Planning Efforts Table

County/Local Area	Title	Brief Description	Web Link
Cocino County, Arizona	Plan for mass medical care in a pandemic	A plan for mass medical care during a pandemic promotes having one, seamless, health care system for the duration of the event, i.e. home triage by questionnaire, phone triage, face to face triage centers in the community, home care assistance, influenza care centers coordinated by the health department, hospital care, and mass fatality considerations.	Not available
Contra Costa County, California	Pandemic Flu School Action Kit	Toolkit for K-12 schools provides a variety of communications tools for use before, during, and after a pandemic including sample letters, press releases.	http://www.pandemicpractices.org/practices/resource.do?resource-id=18&interest-id=1
Contra Costa and San Mateo Counties and San Francisco, California	PrepareNow.org	A comprehensive website beneficial for community-based organizations, neighborhood organizations, local government, and families that includes all-hazards emergency/disaster preparedness resources for vulnerable populations in multiple languages.	http://www.preparenow.org/prepare.html
Contra Costa and San Mateo Counties and San Francisco, California	Latinos Preparados Program	A preparedness effort by Collaborating Agencies Responding to Disaster to reach the Spanish speaking population in California with preparedness messages.	www.preparenow.org/preapare.html
San Francisco, California	Hospital Preparedness: Multidisciplinary Pandemic Influenza Planning	The main goal of this table-top exercise was to practice coordination and communication activities in a pandemic influenza scenario among hospital infection control professionals, hospital emergency preparedness coordinators, and sections of the San Francisco Department of Public Health.	www.llis.gov

County/Local Area	Title	Brief Description	Web Link
San Mateo County, California	Leaving No One Behind: Communicating with Special Populations	County partnership with community-based organizations that provide services to special populations. The partnership secured training for community-based organizations and memoranda of understanding for access to emergency response resources.	http://www.pandemicpractices.org/practices/resource.do?resource-id=14&interest-id=1
Santa Clara County, California	Home Care Guide: Providing Care at Home During Pandemic Flu	Guide for home care that identifies some special concerns for at-risk groups (transportation, chronic illness) and explains in detail how to provide home care for children, including a chart on combating dehydration for kids, broken down by age.	http://www.pandemicpractices.org/practices/resource.do?resource-id=187&interest-id=1
Santa Clara County, California	Influenza Care Centers	A concept of operations for developing influenza care centers; cohorts include people with too few resources to stay at home and those who require a higher level of care.	http://www.pandemicpractices.org/practices/resource.do?resource-id=184&interest-id=1
Woodside, California	Woodside, California, Fire Protection District’s “When Words Are Not Enough” Communications Training Program for Responders	The Woodside Fire Protection District (WFPD) in Woodside, California developed an educational tool to teach responders simple and effective methods to communicate with individuals who have disabilities and special needs in an emergency. The free program includes a one-hour training session, video, written manual, communication booklet, and poster.	www.llis.gov
Jefferson County, Colorado	Mass Prophylaxis Push Model	By creating this project, Jefferson County Department of Health and Environment (JCDHE) could now subtract organization population from the total population needed to be seen through the POD system thus creating achievable throughput modeling numbers. In order to quicken the process of setting up PODs, JCDHE has also started to purchase caches of basic equipment and supplies to start a POD, eliminating the time required for obtaining these items through normal procurement methods.	http://www.naccho.org/topics/modelpractices/database/practice.cfm?PracticeID=323

County/Local Area	Title	Brief Description	Web Link
Brevard County, Florida	Coordinated Care Special Needs Shelter	The Coordinated Care Special Needs Shelter (CCSNS) model, through its community collaboration, successfully addressed the entire continuum of care of the medically vulnerable independent population by ensuring their health and welfare and safe return home during and after disaster events	http://doh.state.fl.us/chdBrevard/
Brevard County, Florida	"Super Hand" Hand Hygiene Program	Through a short and fun video, school children are frequently reminded that washing their hands will (a) keep them from getting sick, (b) hand washing leaves the germs in the bathroom and on the playground and (c) eating is much safer when hands are clean.	http://www.naccho.org/topics/modelpractices/database/practice.cfm?PracticeID=301
Brevard County, Florida	Cruise Ship Rapid Immunization Response	This immunization model ensures the immediate containment and immunization of crew, notification of passengers, counseling and education, protection of the port and community, and serves to promote prevention strategies by the cruise industry in the future.	http://www.naccho.org/topics/modelpractices/database/practice.cfm?PracticeID=348
Broward County, Florida	Vulnerable Population Registry	A joint partnership between all municipalities of Lighthouse Point, Florida and Broward County to assist emergency responders to better plan for, manage, and recover from hurricanes and other disasters.	http://www.lighthousepoint.com/images/vulnerablepopulation.pdf
St. Petersburg Beach, Florida	Caring for Vulnerable Elders During a Disaster: National Findings of the 2007 Nursing Home Hurricane Summit	Assessment of the need to include nursing homes in all-hazards preparedness planning efforts. Inclusion of nursing homes in Florida in emergency preparedness plans.	http://www.globalaging.org/armedconflict/countryreports/americas/2007/summitfinal.pdf

County/Local Area	Title	Brief Description	Web Link
Chatham County, Georgia	Mass Evacuation: Using Regular Public Bus Routes to Evacuate Residents without Personal Transportation	Chatham Emergency Management Association (CEMA) used Chatham Area Transit (CAT) buses to evacuate residents without access to personal means of transportation. The buses picked up residents from designated hurricane pick-up points and along regular bus routes to transport them to evacuation staging areas.	www.llis.gov
Owyhee County, Idaho	Coordination with Indian Tribes-Survey Template	This survey template attempts to identify how Indian tribal governments can participate in local preparedness planning and implementation.	http://www.naccho.org/toolbox/Coordination%20with%20Indian%20Tribes_Southwest_R2.pdf
Logan County, Illinois	Emergency Preparedness Bag Project	Practice with modest funding that successfully reaches out to residents in the community by delivery of a bag containing emergency preparedness materials.	http://www.pandemicpractices.org/practices/resource.do?resource-id=188&interest-id=1
Nez Perce County, Illinois	Website: www.GetPandemicReady.org	The site gives advice about surviving on a small budget with little space.	www.GetPandemicReady.org
Linn County, Iowa	Program to Evacuate Individuals with Disabilities and Other Special Needs	The voluntary program compiles information on individuals who feel they may need special assistance and enters this information into a database, where it is cross-walked with the county's GIS. This allows emergency personnel to quickly determine the location and specific needs of individuals during a disaster.	www.llis.gov
Johnson County, Kansas	Pre-Response Prophylaxis Using Technology	This local response plan includes early prophylaxis of our emergency responders and their families. Since they will be the first in the community to be at-risk as they provide response services, the Health Department plans to use the MedPods data-management system to monitor and track the health records of those receiving meds.	Not available

County/Local Area	Title	Brief Description	Web Link
Johnson County, Kansas	Agency Preparation through a Community-Wide Survey & Planning	The survey had two purposes: provide awareness to the local agencies that they need to communicate with their constituents during a pandemic and that agency personnel (and their families) need to be prepared and to take advance precautions	Not available
Frederick County, Maryland	Community Land Security Program	The program aims to help low-income communities remain safe and self-sufficient in the face of emergencies. The program also aims to build local emergency managers' awareness of the needs of low-income neighborhoods and to open a dialogue between local officials and representatives of previously disenfranchised communities.	http://www.cityoffrederick.com/department/s/CAA/Agency.htm
Montgomery County, Maryland	Strengthening the Strengtheners: A Toolkit in Public Health Emergency Preparedness and Response for Congregations	This tool was provided to participants at the recent "Strengthening the Strengtheners: An Emergency Preparedness Conference for Faith Community Nurses/Health Ministries." It contains a list of resources, checklists, and assessment questions from various faith-based, community, and federal organizations which can be used to help congregations develop plans for a potential emergency. Special populations, such as children, seniors, persons with disabilities, animals and pets, are also addressed within this toolkit.	http://www.montgomerycountymd.gov/content/hhs/phs/APC/fcnetoolkitfinal2006.pdf
Montgomery County, Maryland	Emergency Preparedness Checklist for Case Management and Home Care Services	The Emergency Preparedness Checklist is designed to ensure that clients receiving home care and case management services develop an emergency plan and gather a three day or more supply of nine essential items in preparation for an emergency event.	http://www.naccho.org/pubs/product1.cfm?Product_ID=190
Montgomery County, Maryland	Emergency Preparedness Checklist for Nursing Homes, Assisted Living Facilities and Group	This checklist is designed to ensure that health care facilities are not only well prepared but also able to shelter-in-place and remain self-sufficient during a variety of emergencies.	http://www.naccho.org/toolbox/apc-NHAssessment_fnl.pdf

County/Local Area	Title	Brief Description	Web Link
	Homes		
Montgomery County, Maryland	Emergency Response Planning for Child Care Providers	The toolkit is designed to prepare child care providers for emergency events and to assist in the recovery effort by helping children cope with the traumatic event. A train-the-trainer guide is included along with a CD-Rom that contains Microsoft PowerPoint presentations.	http://www.naccho.org/pubs/documents/nal32_emergency.pdf
Montgomery County, Maryland	Stay At Home Toolkit for Influenza	This document provides guidelines to families on preventing the spread of flu in the household, disinfection, items to be kept in an emergency kit, caregiving and guidance on returning to work after being ill.	http://www.montgomerycountymd.gov/Content/HHS/phs/communicabledisease/Immunitization/panflu/PDFs/Stay-At-Home_Toolkit.pdf
Montgomery County, Maryland	Plan to Be Safe Campaign	The toolkit includes a poster with a take-away brochure which emphasizes preparing a disaster kit with at least 9 items and a tri-fold brochure. The tri-fold emphasizes a three step plan, of which preparing a disaster kit is one step.	www.montgomerycountymd.gov/apc
Montgomery County, Maryland	Avian Influenza and Pandemic Influenza Power Point Presentation and Guide	A two-fold deliverable that includes a basic educational power point presentation as well as a presentation guide with resource materials for persons wishing to gain more knowledge and awareness on the topic of avian and pandemic influenzas	www.montgomerycountymd.gov/apc
Montgomery County, Maryland	Clinic Planning Model Generator: Improving Mass Vaccination Clinic Operations	The objective of this research project is to create mathematical and simulation models of mass dispensing and vaccination clinics (also known as points of dispensing or PODs) and to develop decision support tools to help emergency preparedness planners plan clinics that have enough capacity to serve residents quickly while avoiding unnecessary congestion.	http://www.isr.umd.edu/Labs/CIM/projects/clinic/

County/Local Area	Title	Brief Description	Web Link
Worcester County, Maryland	Delmarva Avian Influenza Guidelines	The goal of this program is to reduce the risk of Avian Influenza (AI) infections in poultry workers or others who come in contact with infected poultry. Objectives include convening a multi-agency task force on the Delmarva Peninsula; and developing an operational response plan based on CDC Interim Guidance for Protection of Persons Involved in U.S. Avian Influenza Outbreak Disease Control and Eradication Activities (February 2004) and OSHA guidelines, Avian Influenza Protecting Poultry Workers at Risk (Safety and Health Information Bulletin 12-13-2004).	http://www.worcesterhealth.org/downloads/AvianInfluenzaInterimGuidanceVersion02.01.08.pdf
Cambridge, Massachusetts	Cambridge Public Participation Project	Public engagement to discuss emergency preparedness planning for pandemic influenza.	Not available
Wayne County, Michigan	Special Needs: Establishing Emergency Communications Plans with State Aging Services Agencies to Accommodate Elderly Residents in an Emergency	Creating communications plans that supplement existing emergency operations plans with state agencies allows local senior service agencies to more effectively identify, locate, and accommodate frail and isolated elderly citizens who may need additional assistance in an emergency.	www.llis.gov
Saint Paul, Ramsey County, Minnesota	Community Tool Kit: Preparing for an Influenza Pandemic	Designed for use by community-based organizations who provide services to at-risk populations and includes discussion on community engagement, communications, resiliency and preparedness barriers.	http://www.pandemicpractices.org/practices/resource.do?resource-id=180&interest-id=1
Jones, Smith, Wayne, and Jasper Counties, Mississippi	Churches, ARC, Volunteer Neighborhood Network	A concept of operations plan to develop neighborhood support networks through local fire departments and churches with special emphasis on vulnerable populations.	http://www.pandemicpractices.org/practices/resource.do?resource-id=41&interest-id=1

County/Local Area	Title	Brief Description	Web Link
Kansas City, Missouri	CLOSED Dispensing Site Workbook for Businesses	This practice addresses the recruitment of large businesses to act as CLOSED Dispensing Sites to assist Public Health in providing emergency medications to the entire population under Cities Readiness Initiative (CRI).	http://www.marc.org/cri/
Platte County, Missouri	Community Readiness Challenge	All-hazards preparedness education for members of Platte County that especially targets those who are economically disadvantaged.	http://www.pandemicpractices.org/practices/resource.do?resource-id=73&interest-id=1
Platte County, Missouri	Neighbor-To- Neighbor Network	A grassroots project to facilitate communication among neighbors, identify vulnerabilities and assist with all-hazards preparedness.	http://www.pandemicpractices.org/practices/resource.do?resource-id=74&interest-id=1 http://www.plattecountyhealthdept.com/crc/n2n
St. Louis, Missouri	Relationship Model for Accessing and Assessing Underserved Communities	This model was tested in East End Bridgeport, CT, a predominantly African American community of 35,000 to 40,000. By accessing the community through formal and informal community leaders, the health department staff was able to build relationships while assessing awareness, knowledge, attitudes, beliefs, and perceived barriers to care through the Key-Informant Interview process.	http://www.naccho.org/topics/modelpractices/database/practice.cfm?PracticeID=49
St. Louis, Missouri	St. Louis Children’s Hospital’s Mobile Health Unit Participates in Emergency Planning	Saint Louis Children’s Hospital (SLCH) integrated its mobile pediatric health units, the Healthy Kids Express (HKE), into emergency preparedness planning and drills. By parking the HKE outside the emergency room (ER) during mass casualty incidents (MCI) and relocating some emergency care functions to the program’s two vans, SLCH will reduce congestion in the ER.	www.llis.gov

County/Local Area	Title	Brief Description	Web Link
East Central District, Nebraska	Protecting Special Populations Members during a Public Health Emergency	This is practical workable plan for preparing, locating and communicating with members of special populations during an emergency in a rural area to assure their safety. A manual was developed and distributed to the Nebraska department of HHSS, every local health department in Nebraska, and every agency that served special populations or was involved with emergency management.	http://www.naccho.org/topics/modelpractices/database/practice.cfm?PracticeID=397
South Brunswick, New Jersey	Health Ambassadors: Connecting with the Hard to Reach	The goals of the practice, “Health Ambassadors: Connecting with the Hard to Reach,” are to identify one or two Health Ambassadors who were community residents from South Asian and Chinese ethnic groups and use these Health Ambassadors to promote health department activities that are culturally and linguistically sensitive. The program has used their skills to translate at clinics and screenings and to assist in educating ethnic groups about service	http://www.naccho.org/topics/modelpractices/database/practice.cfm?PracticeID=118
Monroe County, New York	2004-2005 Influenza Vaccine Shortage: Vaccine Redistribution Model	The Monroe County Vaccine Redistribution Model addressed the needs resulting from the shortage of vaccine in the nation for the 2004-2005 influenza season by assessing the community’s need for vaccine among high-risk patients, and establishing a system of redistribution of vaccine throughout the county.	http://www.naccho.org/topics/modelpractices/database/practice.cfm?PracticeID=279
Nassau County, New York	Videophone Monitoring of SARS Patients in Voluntary Home Isolation	Nassau County Department of Health (County) has developed and pilot-tested a program for videophone monitoring of Severe Acute Respiratory Syndrome (SARS) patients and contacts in voluntary home isolation and quarantine	http://www.naccho.org/topics/modelpractices/database/practice.cfm?PracticeID=114
New York, New York	Pediatric Disaster Toolkit: Hospital Guidelines for Pediatrics during	The Pediatric Disaster Toolkit provides guidelines and recommendations to help hospitals prepare for pediatric victims and their families during disasters.	http://www.nyc.gov/html/doh/html/bhpb/bhpb-focus-ped-toolkit.shtml

County/Local Area	Title	Brief Description	Web Link
	Disasters (2nd Edition 2006)		
New York, New York	New York City Pediatric Intensive Care Directory	The New York City Pediatric Intensive Care Directory provides a comprehensive guide to the City's available pediatric critical care resources, distributed among 26 hospitals across all 5 boroughs. This Directory includes information for daily referrals and inter-hospital transfers, as well as information to assist healthcare providers to care for pediatric patients during a disaster when typical referral choices may be unavailable.	http://www.nyc.gov/html/doh/downloads/pdf/bhpp/hepp-peds-ic-directory.pdf
New York, New York	Geriatrics Toolkit: Hospital Guidelines for Geriatric Patients during Disasters	This Geriatrics Toolkit is designed to be used by hospitals in planning for geriatric patients during emergencies, including pandemic influenza.	Not available
New York, New York	Occupational Exposure to Pandemic Influenza: Risk Classification Guidance	The guidance material was developed as part of a preliminary draft of the Pandemic Influenza Health and Safety Plan (PIHASP) for NYC employees (excluding health care workers).	Not available
Niagara County, New York	Risk Communication Survey for Special Needs Populations	The project established a regional snapshot of populations that need to be addressed for regional and local public health preparedness planning.	http://www.naccho.org/topics/modelpractices/database/practice.cfm?PracticeID=332
Oneida County, New York	ACCESS to Healthcare Information for Culturally Diverse Populations Project	A compilation of twenty-nine standard medical forms, Medicaid documents, and other health brochures were translated into the four languages of the target population—Russian, Bosnian, Vietnamese, and Spanish. These documents were organized into 20 binders that include an English version for reference, an index by subject, and are color-coded by language. A CD similar to these documents is included in the binder.	http://www.naccho.org/topics/modelpractices/database/practice.cfm?PracticeID=66

County/Local Area	Title	Brief Description	Web Link
Greene County, Ohio	A Grassroots Funding Model that Created a Public Health Foundation Operating within a Public Health Agency	GCCHD created the Greene Community Health Foundation and its mission was to: 1) Help assist underserved GCCHD clients with funding for medical need; 2) Find avenues of funding for clients; 3) Develop partnerships with providers for reduced charges for clients; 4) Develop community partnerships to strengthen programs and projects at GCCHD; and 5) Develop state and national partnerships to strengthen the programs and projects at GCCHD.	http://www.naccho.org/topics/modelpractices/database/practice.cfm?PracticeID=117
Hamilton County, Ohio	Hamilton County Preparation Project	Extensive community outreach that includes faith-based organizations and schools and uniform message educational materials.	http://www.pandemicpractices.org/practices/resource.do?resource-id=152&interest-id=1
Oklahoma City, Oklahoma	Oklahoma City-County Health Department's System for Dispensing Strategic National Stockpile Materials to Immobile Populations	OKCCHD developed a system to distribute Strategic National Stockpile (SNS) pharmaceuticals to individuals unable to travel to local points of dispensing (POD). OKCCHD's system ensures that the county's most vulnerable populations receive the pharmaceuticals and supplies they need during SNS distribution.	www.llis.gov
Multnomah County, Oregon	Culturally-Specific Populations Emergency Communications	Initial work focused on developing leadership among Health Department staff who had professional and/or personal connections to vulnerable communities. These staff members were trained and exercised to serve as Community Connectors, providing two way communications between communities and appropriate emergency response organizations.	Not available
Washington, County Oregon	Pandemic Flu and You: Information to Help You Prepare	Numerous tools for individuals, community-based organizations, faith-based organizations, schools, and day care centers.	http://www.pandemicpractices.org/practices/resource.do?resource-id=37&interest-id=1

County/Local Area	Title	Brief Description	Web Link
Dallas County, Texas	The Control of Infectious Diseases within Hurricane Katrina Evacuee Shelters	In order to reduce the number of food borne illnesses and infectious diseases associated with operating these emergency evacuee shelters, the environmental health division developed a set of preventive health guidelines and recommendations. Preventive health practices in food safety, communicable disease control, and general sanitation became an immediate concern for Dallas County Health and Human Services in Katrina evacuee shelter.	http://www.naccho.org/topics/modelpractices/database/practice.cfm?PracticeID=320
Dallas County, Texas	DCHHS television series “Healthy Lives, Healthy Families”	The DCHHS television series “Healthy Lives, Healthy Families” is designed to educate Dallas County residents on preparing for disasters such as pandemic influenza, and is the first of its kind in the State.	http://www.dallascounty.org/department/hhs/services/services/tvshows.htm
El Paso County, Texas	Health Track MIS	This project implemented a Web-based, HIPAA-compliant data system to coordinate services, share information, and manage the eligibility submission and determination process for federal and state medical benefits (Medicaid, CHP+, CICP) programs for the uninsured and underinsured.	http://www.naccho.org/topics/modelpractices/database/practice.cfm?PracticeID=17
El Paso, Texas	Promotores for Pandemic Influenza	A community engagement project that teaches Spanish speaking health workers and volunteers how to share pandemic influenza information with Hispanic and Latino community of El Paso	http://www.pandemicpractices.org/practices/resource.do?resource-id=145&interest-id=1

County/Local Area	Title	Brief Description	Web Link
Fort Worth, Tarrant County, Texas	Fort Worth, Tarrant County Special Needs Assistance Program (SNAP)	A program designed to provide the Fort Worth-Tarrant County Office of Emergency Management with vital information on residents in Tarrant County with permanent disabilities. This program encourages residents to annually register with the Office of Emergency Management and provide disability-specific information, such as the need for life support systems or mobility aids to help emergency responders better prepare for disasters. Information received by the Office for Emergency Management for the SNAP Program will be kept confidential for use by emergency response agencies only.	https://www.fortworthgov.org/applications/snap/
Tarrant County, Texas	Tarrant County Public Health School Health Surveillance System	School Health Surveillance System is a Web-based communications portal that's enhanced the flow of information between Tarrant County Public Health and Tarrant County school nurses, giving nurses access to complete and summarized surveillance data and enabling easy, electronic sharing of school health data.	Http://hidport.talho.org/schoolportal/ <i>Content restricted to registered users.</i>
Tarrant County, Texas	Flu Bugs Skits	The Pandemic Flu team makes personal appearances dressed as Flu Bugs, even Santa's Elves, to give grade-appropriate talks about prevention and to demonstrate the proper techniques for washing your hands, covering your cough and sneeze, and social distancing.	Not available
Tarrant County, Texas	The Corporate POD Initiative	The Corporate Point of Dispensing concept ensures a thorough, timely and effective response to any rapidly emerging or unexpected biological hazard by partnering with the local business community to establish PODS on the premises of participating large employers.	http://www.naccho.org/topics/modelpractices/database/practice.cfm?PracticeID=363

County/Local Area	Title	Brief Description	Web Link
Tarrant County, Texas	North Texas Special Needs Assistance Partners (SNAP)	North Texas Special Needs Assistance Partners mission is to create and maintain a coordinated system of community supports where members with cognitive disabilities can live, work and play independently and are an integral part of the community.	http://www.ntxsnap.org/
Pittsylvania County, Virginia	Pittsylvania County, VA. Community Emergency Response Team- CERT.	The Community Emergency Response Team concept was developed and implemented by the Los Angeles City Fire Department (LAFD) in 1985. The Emergency Management Institute (EMI) and the National Fire Academy adopted and expanded the CERT materials believing them applicable to all hazards. Additionally, if a community wants to supplement its response capability after a disaster, civilians can be recruited and trained as neighborhood, business, and government teams that, in essence, will be auxiliary responders. These groups can provide immediate assistance to victims in their area, organize spontaneous volunteers who have not had the training, and collect disaster intelligence that will assist professional responders with prioritization and allocation of resources following a disaster. First, present citizens the facts about what to expect following a major disaster in terms of immediate services. Second, give the message about their responsibility for mitigation and preparedness. Third, train them in needed life saving skills with emphasis on decision making skills, rescuer safety, and doing the greatest good for the greatest number. Fourth, organize teams so that they are an extension of first responder services offering immediate help to victims until professional services arrive.	http://www.pittgov.org/cert/whatis.asp

County/Local Area	Title	Brief Description	Web Link
Clark County, Washington	Interview forms for at-risk populations	The forms to gather information about the services/resources of the organization; the demographics of the persons served; barriers to communication, preparedness, and response in a disaster; communication channels; and identification of a liaison to public health for information exchange in before and during emergencies	Not available
Kittitas County, Washington	Special Needs Registry	Public Health supplies clinics, mental health, Aging and Long Term Care or any other agency that cares for special needs populations with packets for patients/clients that includes The Emergency Resource Guide, info on pan flu, the POLST form, a registration form for the program, a selection of flyers from external resources having to do with aging/special needs disaster planning and an introductory letter.	Not available
Seattle and King County, Washington	Pandemic Planning Guide for Homeless Shelters	A guide for homeless shelter planning.	http://www.pandemicpractices.org/practices/resource.do?resource-id=71&interest-id=1
Seattle and King County, Washington	Vulnerable Populations Action Team (VPAT)-	Seattle King County, Influenza pandemic planning to coordinate countywide preparedness efforts among a wide variety of community partners with public health expertise in vulnerable populations. The VPAT offers training and assistance to community-based organizations (CBO), provides emergency information to residents through a communications network, and advocates on behalf of vulnerable populations for greater inclusion in emergency preparedness, response, and recovery planning.	http://www.metrokc.gov/health/VPAT/
Snohomish County, Washington	Child Care Center Crisis/Disaster Response Handbook	The purpose of this handbook is to give child care center personnel step-by-step procedures on how to respond to disaster/crisis situations during the first 30 minutes	http://www.co.snohomish.wa.us/documents/Agencies/Emergency_Management/Factsheets/CC_Center_Disaster_Plan_021003.pdf

County/Local Area	Title	Brief Description	Web Link
Seattle and King County, Washington	Community Communication Network	Seattle & King County, The network reaches individuals who may not or cannot access information from traditional sources that serve the general public. Partnership between Public Health, community-based organization, and Community Leaders in order to disseminate essential health-related information in an emergency to hard-to-reach, vulnerable residents.	http://www.metrokc.gov/health/VPAT/
Milwaukee, Wisconsin	Pandemic Influenza Community Needs Assessment	MHD partnered with Community Advocates (CA), a community-based organization, to conduct small group sessions to test the community's knowledge of pandemic flu, pilot outreach material and provide general awareness about pandemic flu.	Not available
Polk County, Wisconsin	Polk County Special Population Planning	An all-hazards, low-cost, highly beneficial project that provides emergency responders with a free medical registry for special populations who may require assistance during an emergency.	http://www.pandemicpractices.org/practices/resource.do?resource-id=233&interest-id=1

Appendix D: References and Other Works Reviewed

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