



Public Health
Prevent. Promote. Protect.

Region IV Public Health
Clark, Cowlitz, Skamania, Wahkiakum counties
and Cowlitz Tribe

Region IV Public Health Emergency Response Plan

For

Clark County Public Health
1601 E. Fourth Plain Blvd
PO Box 9825
Vancouver, WA 98666

Cowlitz County Health Department
1952 9th Avenue
Longview, WA 98632

Skamania County Community Health
710 SW Rock Creek Dr
Stevenson, WA 98648

Wahkiakum County Health and Human Services
64 Main Street
PO Box 696
Cathlamet, WA 98612

Cowlitz Indian Tribe
1044 11th Ave.
Longview, WA 98632

June 21, 2019

This Page Intentionally Left Blank

DISISTRIBUTION PAGE

This Plan is distributed to all participating local and county agencies, American Indian Tribes, selected state and federal government agencies.

Region IV Emergency Response Plan Approvals

Alan Melnick, MD, MPH, CPH
Health Officer and Administrator
Clark County Public Health

E. Elaine Placido, DPA
Director
Cowlitz County Health and Human Services

Kirby Richards
Director
Skamania County Community Health

Chris Bischoff
Director
Wahkiakum County Health and Human Services

Steve Kutz
Executive Director of Health and Human Services
Cowlitz Indian Tribe

Robin Albrandt
Regional Emergency Response Coordinator

Record of Revisions

Change #	Date Entered	Contents of Change	Initials
Edition I	29 April 2004	Initial promulgation	RIV PHEPR
Edition II	16 February 2007	Major changes in the overall construction and concept of the ERP	RIV PHEPR
Edition III	20 March 2008	Eliminated language around roles and responsibilities of the Region IV Epidemiologists. Other minor edits.	N.E.W.
Edition IV	16 August 2010	Major revisions to reflect a regional approach to managing public health emergencies. Plan reformatted to match the National Response Framework (Basic Plan, Functional Annexes, Hazard Specific Appendices). Multiple new Annexes and Appendices.	N.E.W.
Edition V	30 August 2011	Minor copy edits Removal of Deputy Health Officer on distribution.	N.E.W.
Edition VI	05 December 2013	Minor copy edits Correction of LHJ administrators	RNK
Edition VII	25 May 2016	All plan documents reformatted Correction of LHJ administrators Basic Plan updated Annexes and Appendices revised	RNK/RA
Edition VIII	21 June 2017 20 December 2017	Minor updates and changes Updated Appendix 2	RNK RA

Region IV Public Health
Basic Emergency Response Plan
Revised June 21, 2019

Change #	Date Entered	Contents of Change	Initials
Edition IX	21 June 2019	Plan approval roster updated	RNK

TABLE OF CONTENTS

Distribution Page	i
Record of Revisions	ii
Table of Contents	iii-iv
Distribution List	vi-vii
Acknowledgment of Receipt and Comments	viii-ix

BASIC PLAN

1 Introduction	1
2 Policy	2
3 Authorities	3
4 Limitations	5
5 Assignment of Responsibilities	6
6 Situation	8
7 Planning Assumptions	11
8 Concept of Operations	12
9 Plan Maintenance	16
Table 1 – Vulnerable Populations Data	18

ANNEXES

Annex I	Direction and Control
Annex II	Communications
Annex III	Public Information
Annex IV	Support and Coordination
Annex V	Epidemiology

Annex VI	Mass Dispensing
Annex VII	Environmental Health Response
Annex VIII	Medical Logistics and Strategic National Stockpile
Annex IX	Volunteer Mobilization
Annex X	Hospital Coordination
Annex XI	Alternate Care Facilities
Annex XII	Behavioral Health
Annex XIII	Non-pharmaceutical Intervention

APPENDICES

Appendix 1	Family Emergency Plan
Appendix 2	Region IV Homeland Security/Public Health Multi-Casualty Incident (MCI) Plan
Appendix 3	Reserved
Appendix 4	Viral Respiratory Disease Outbreaks
Appendix 5	Special Operations

This Page Intentionally Left Blank

Region IV Public Health Public Health Emergency Response Plan Distribution List

Agency	Name/Title	Date Issued
Region IV Homeland Security	Tami Cody, Coordinator	7/7/16
SW Region EMS/TC Council	Zita Wiltgen, Administrator	7/7/16
Clark County Public Health.	Alan Melnick, Director and Health Officer	7/7/16
Cowlitz Indian Tribe	Jim Sherrill, Deputy Director	7/7/16
CRESA	Scott Johnson, EM Manager	7/7/16
VA EMD/NDMS	Michael Patterson, EM Manager	7/7/16
PeaceHealth Southwest Medical Center	Shawn George, Safety EM Manager	7/7/16
Legacy Salmon Creek	Angela Heckathorn, Environment of Care Coordinator	7/7/16
Cowlitz Co. Health & Human Services	Christine DesRosier, Director	7/7/16
Cowlitz County DEM	Ernie Schnabler, Director	7/7/16
PeaceHealth St. John Medical Center	Shawn George, Safety EM Manager	7/7/16
Skamania Co. Community Health	Kirby Richards, Director	7/7/16
Skamania County Community Health	Amanda Cole, Nurse Manager	7/7/16
Skamania County DEM	John Carlson, EM	7/7/16
Wahkiakum Co. Health & Human Services	Sue Cameron, Director	7/7/16
Wahkiakum County DEM	Beau Renfro, DEM Coordinator	7/7/16

Region IV Public Health
Basic Emergency Response Plan
Revised June 21, 2019

Multnomah County Health Department	Uei Lei, EP&R Manager	7/7/16
Clackamas County Community Health	Larry MacDaniels, Emergency Preparedness Manager	7/7/16
Washington County HHS	Sue Mohnkern, PH Preparedness Program Supervisor	7/7/16
Cities Readiness Initiative	Adrienne Donner, Regional CRI Coordinator	7/7/16
Washington State Department of Health	Michael Loehr, Chief of EP&R	7/7/16

ACKNOWLEDGMENT OF RECEIPT

Region IV Public Health

Public Health Emergency Response Plan

July 7, 2016

During an emergency situation, notification will be initiated and the plan will be used to help guide a professional response to the event.

Please confirm your receipt of the Region IV Public Health Public Health Emergency Response Plan by signing this letter in the space provided and return a copy via email or mail a copy to:

Clark County Public Health
Region IV
Public Health Emergency Response Coordinator
PO Box 9825
Clark County Center for Community Health
1601 E. Fourth Plain Blvd.
Vancouver, WA 98666-8825
(360) 397-8072 phone/Email: robin.albrandt@clark.wa.gov

Acknowledgment of Receipt of the Region IV Public Health Emergency Response Plan:

Name: _____ Signature: _____

(Please Print)

Title: _____ Organization/Agency: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Date: _____

Comments:

1 INTRODUCTION

1.1 Mission: To ensure a safe and well-coordinated response to protect the health, safety, and quality of life of the residents in Clark, Cowlitz, Skamania and Wahkiakum Counties (Region IV Public Health) in a public health emergency.

1.1.1 Local Health Departments and Regional Collaboration: The four local health departments/agencies in Southwest Washington State: Clark County Public Health [CCPH], Cowlitz County Health & Human Services [CCHHS], Skamania County Community Health [SCCH] and Wahkiakum County Health & Human Services [WCHHS] and the Cowlitz Indian Tribe have a vested interest in combining their efforts and resources to plan for and respond to emergencies affecting one or more jurisdiction. Each health department and the Cowlitz Indian Tribe have a responsibility to provide public health services to all residents of their jurisdiction.

1.1.2 The health and safety of public health employees and volunteers are an acknowledged priority of the health jurisdictions adopting this plan.

1.1.3 The four local health departments/agencies in Southwest Washington State, CCPH, CCHHS, SCCH, WCHHS, and the Cowlitz Indian Tribe are henceforth referred to as Region IV Public Health.

1.2 Purpose: This plan is designed to provide guidance for implementing and coordinating the emergency activities of each health department, either collectively or independently, and to provide direction for responding with state, federal, and tribal agencies during any public health emergency. By using this plan the county health departments, in Region IV Public Health will efficiently establish a NIMS compliant response framework.

1.3 Scope: This is a function specific plan. This plan supports each county's Comprehensive Emergency Management Plans (CEMPs) by addressing the unique aspects of response and recovery of Public Health Emergencies.

- 1.3.1 This plan applies to Region IV Public Health.
- 1.3.2 Each county government in Region IV Public Health maintains All-Hazards Comprehensive Emergency Management Plans (CEMPs) that address overall government responses to emergencies.
- 1.3.3 This plan governs response to and recovery from public health emergencies and the public health aspects of all-hazards events that might occur within Region IV Public Health. This document may serve as an annex or supporting document to the county CEMPs in any of the Region IV Public Health Jurisdictions.
- 1.3.4 This plan is consistent with the provisions of federal, state, and local emergency management and public health policies and procedures.

2 POLICY

2.1 Non-discrimination: It is the policy of all of the Local Health Jurisdictions within Region IV Public Health that no services will be denied on the basis of race, color, national origin, religion, sex, age or disability. No special treatment will be extended to any person or group in an emergency or disaster over and above what normally would be expected in the way of county services. Local activities pursuant to the Federal/State Agreement for major disaster recovery will be carried out in accordance with Title 44 CFR, Section 205.16 Nondiscrimination. Federal disaster assistance is conditional on full compliance with this rule.

3 AUTHORITIES

3.1 In an emergency, public health agencies are responsible for providing guidance to their political jurisdictions, partner agencies, and the general public on basic public health issues dealing with communicable diseases, environmental health, and other health concerns as needed during an event.

3.2 NIMS Compliance: Pursuant to Homeland Security Presidential Directive 5 of February 28, 2003, all response activities of Region IV

Public Health Local Health Jurisdictions will comply with the requirements of the National Incident Management System (NIMS).

3.3 Emergency Proclamation: The county commissioners or councilors for the four counties and the mayors of municipalities within these counties can make an “emergency proclamation” (also referred to as “emergency declaration”). Such a proclamation is the first step in the process of asking for county, state, and federal assistance. An “emergency proclamation” leads to the implementation of special policies and procedures necessary to expedite an emergency response. The Governor of the State of Washington, following the recommendation of the Director of the State Emergency Management Division (EMD) and appropriate cabinet members, may proclaim a “State of Emergency.” RCW 43.20.050(4). Under certain county ordinances in Region IV Public Health counties, other officials such as Sheriffs or County Administrators have been granted the authority to make emergency proclamations.

3.4 All police officers, sheriffs, constables, and all other officers and employees of the state or any county, city or township thereof, shall enforce injunctions or court orders subsequent to actions brought by local health officers, the Secretary of Health, or the State Board of Health. (RCW 43.70.190)

3.5 Revised Codes of Washington (RCW) SECTIONS (Cited)

- 43.70.190 Violations—injunctions and legal proceedings authorized
- 70.05.030 Counties -- Local health board -- Jurisdiction.
- 70.05.040 Local board of health -Chair - Administrative officer -- Vacancies.
- 70.05.051 Local health officer -- Qualifications.
- 70.05.060 Powers and duties of local board of health.
- 70.05.070 Local health officer -- Powers and duties.
- 70.05.080 Local health officer -- Failure to appoint -- Procedure.

- 70.05.090 Physicians to report diseases.
- 70.05.100 Determination of character of disease.
- 70.05.110 Local health officials and physicians to report contagious diseases.
- 70.05.120 Violations -- Remedies -- Penalties.

3.6 Washington Administrative Code (WAC) 246.101.505. The Local Health Officer shall review and determine the appropriate action for instituting disease prevention and infection control, isolation, detention, and quarantine measures necessary to prevent the spread of communicable disease, invoking the powers of the courts to enforce these measures when necessary.

3.7 WAC 246.101.425. Members of the general public shall cooperate with Public Health authorities in the investigation of cases and suspected cases, and cooperate with the implementation of infection control measures including isolation and quarantine.

3.8 WAC 246.100.040. A local Health Officer or his or her delegate, at his or her sole discretion, may issue an emergency detention order causing a person or group of persons to be immediately detained for purposes of isolation or quarantine in accordance with WAC 246-100-040 Subsection (3), or may petition the superior court ex parte for an order to take the person or group of persons into involuntary detention for purposes of isolation or quarantine in accordance with WAC 246-100-040 Subsection (4).

4 LIMITATIONS

4.1 This plan is based on the premise that all emergencies are local events and that local operations will be essential for resolving emergencies. This plan recognizes that all Public Health Agencies have limited human and material resources.

4.2 Within Region IV Public Health there are insufficient Emergency Medical Services (EMS), hospital, and public health resources (staff, equipment, and supplies) to meet the demands of a major disaster.

4.3 Region IV Public Health may be limited by such factors as:

- Size and complexity of the incident
- Identified resources are not always available
- Damage to facilities and infrastructure
- Staff reluctance to respond
- Staff inability to respond due to transportation disruption, injuries, etc.
- Department's lack of surge capacity
- Limited supplies, medical equipment, or medications in major disaster
- Inability of partner agencies to provide security
- Time required for mutual aid response
- Psychological impact on staff resulting from mass casualties or deaths, particularly among staff or known victims

4.4 The use of Memoranda of Understanding (MOU) and Mutual Aid Agreements (MAA) can mitigate some of the event limitations.

4.5 Liability issues have not been resolved for public health staff operating outside their parent County Public Health Agency prior to a formal emergency proclamation" and activation of protections for emergency workers.

4.6 Washington State law (the Revised Code of Washington [RCW] or the Washington Administrative Code [WAC]) does not confer authority upon the Region IV Public Health to take legal action during any of the phases of an emergency.

5 ASSIGNMENT OF RESPONSIBILITIES

5.1 Region IV Public Health: The policy authority and governance of Region IV Public Health is the Region IV Public Health Governing Council composed of Public Health Agency Administrators and Health Officers from each member agency. Public Health Agency Administrators and Health Officers are responsible to their respective County and Tribal Boards of Health.

5.2 County Boards of Health

5.2.1 In Region IV Public Health, the Boards of County Commissioners or Councilors serve as the Boards of Health. These elected policy makers are the ultimate source of county public health policy direction and authority during emergency response.

5.2.2 During disaster the response and recovery phases of emergencies County Boards of Health will:

5.2.2.1 Work with Public Health Agency Administrators, Health Officers, and Incident Commanders to craft public policy that supports health in each county, including instituting disease prevention and disease control measures.

5.2.2.2 Make appropriate contact with the Governor's Office during a public health emergency.

5.2.2.3 Declare emergencies or disasters as appropriate.

5.3 Health Officers

5.3.1 In Region IV Public Health, Health Officers are responsible for exercising the health officer authorities as cited in RCW and WACs above.

5.3.2 During response and recovery phases of emergencies Health Officers working for Region IV Public Health jurisdictions will:

5.3.2.1 Approve all medically-oriented public information disseminated by the Incident Public Information Officer.

5.3.2.2 Provide medical direction for public health events when required.

5.3.2.3 Translate scientific and evidence-based health information for responders and policy makers.

5.4 Public Health Agency Administrators

- 5.4.1 Delegate authority to Incident Management Teams.
- 5.4.2 Provide policy guidance, management oversight, and program direction for Incident Management Teams.
- 5.4.3 Identify public health services essential for the public to access in different types of emergencies.
- 5.4.4 Provide timely and accurate public health information and advice to policy makers during an event.
- 5.4.5 Consult with one another to coordinate uniform policies, define common public health priorities, and share information.
- 5.4.6 Support the recovery efforts of their respective county emergency management agencies and work with their respective Boards of Health and community partners to implement approaches that support community health.

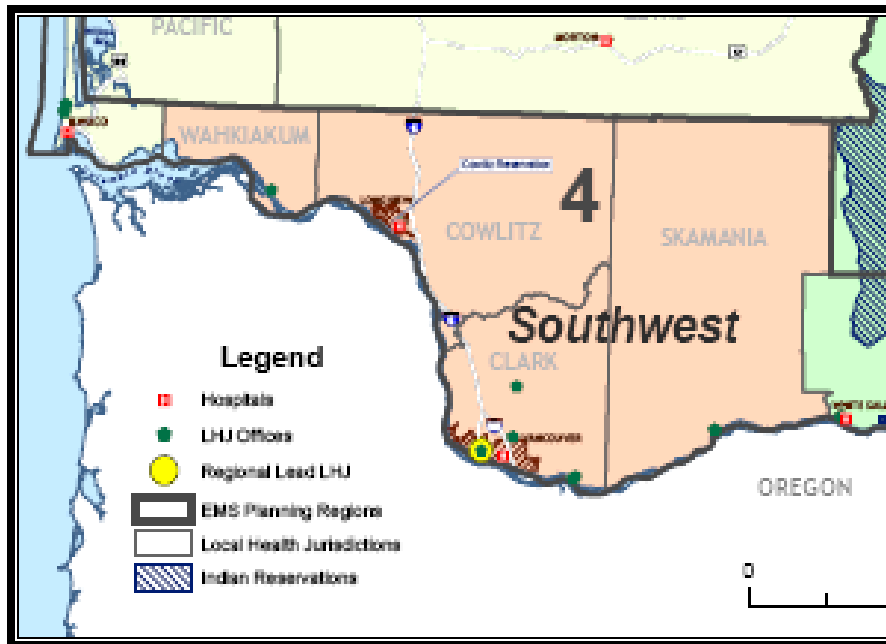
5.5 All Public Health Staff

- 5.5.1 During emergency or disaster response activities all public health staff will:
 - 5.5.1.1 Serve as a first responder during public health emergencies.
 - 5.5.1.2 Perform those functions described in their respective County's Public Health Emergency Response Plans
 - 5.5.1.3 Use Personal Protective Equipment as appropriate.
 - 5.5.1.4 Follow Incident Command principles (unity of command, managing span of control, and management by objectives).

6 SITUATION

6.1 The Regional Geography

- 6.1.1 Region IV Public Health consists of Clark, Cowlitz, Skamania and Wahkiakum Counties. The Cowlitz Tribe is dispersed throughout western Washington State. Region IV Public Health stretches from the Columbia River Gorge in the east, along the Columbia River, to the Pacific County Boarder on the West.
- 6.1.2 Skamania County is the largest geographic county in Region IV Public Health and the least densely populated county in Washington due to a large national forest area. Skamania County is 80% national forest and home to Mt. St. Helens, Washington State's most active volcano.
- 6.1.3 Portland Oregon is located on the southern shore of the Columbia River from Clark County. The relationship between the home and professional lives of the residents in this area readily cross state boundaries.



6.2 Emergency Conditions and Hazards

- 6.2.1 The Region IV Public Health Hazard Identification and Vulnerability Analyses (HIVA) provide detailed information on hazards.
 - 6.2.2 Travel by residents between Washington and Oregon for medical treatment, to maintain family contact, or to escape a perceived or real threat might exacerbate the spread of contagious disease.
- 6.3 Healthcare Infrastructure: Healthcare infrastructure information is located in the Region IV Homeland Security Multi-Casualty Incident Plan found in Region IV Public Health Appendix II.

Continued on Next Page

6.4 Demographic information* for Region IV Public Health

6.4.1 Clark County is the most populated county in Region IV Public Health (442,800 estimated in in 2015). Wahkiakum County is the least populated county in Washington State (4,067 in 2014). See Table 1 for demographic information below.

Table 1. January 2016 (except where indicated) Region IV Public Health Demographic Information			
County	Population*	Land Area in Sq. Miles	Population per Sq. Mile
Wahkiakum	4,067 (2014)	263.4	15.1
Skamania	11,066 (2010)	1,655.7	6.73
Cowlitz	104,280 (2015)	1140	89.8
Clark	442,800 (2015 estimate)	629	676
Cowlitz Tribe	3,600	N/A	N/A
Total	562,213		

Data Source: WA Office of Financial Management Population Data 2016

*Vulnerable Populations – See Table 2 (last page of document)

7 PLANNING ASSUMPTIONS

7.1 Timely detection of a disease outbreak relies upon prompt and accurate notifiable condition reporting by health care providers. Even with such reporting, it may be several days before an outbreak is

recognized as such. Recognition that an infectious disease outbreak is the result of a terrorist attack could take several more days.

- 7.2 Accurate and timely identification of an infectious disease agent is dependent upon available laboratory resources at the local, regional, and state levels.
- 7.3 At the county level, a large infectious disease outbreak, or other emergency impacting the public's health, will quickly overwhelm EMS, hospital, and public health agency's resources.
- 7.4 At the regional level, a large infectious disease outbreak, or other emergency impacting the public's health, in one county may overwhelm all EMS, hospital, and public health agencies' resources in the region. An event that impacts more than one county may overwhelm regional resources.
- 7.5 Tribal and federal partners will cooperate in public health emergency response activities even though they are not formally required to comply with RCWs and WACs.
- 7.6 Any notification of a potential emergency situation (e.g. a naturally occurring disease outbreak or a bioterrorist incident) by a public health agency to an entity outside the region will be preceded by notification to the applicable county emergency management agency.
- 7.7 Some emergencies or disasters will occur with enough warning that appropriate notification will be issued to ensure some level of preparation. Other situations will occur with no advanced warning allowing inadequate time for preparation.
- 7.8 Region IV Public Health, special districts, and community-based organizations (CBO) will be unable to satisfy all emergency resource requests during a major emergency or disaster and will establish priorities for response and recovery operations.
- 7.9 Communications systems will likely be overloaded and communications infrastructure may suffer damage.

7.10 In a local major disaster, the area will be flooded with donated goods and services. There will also be an influx of unaffiliated volunteers.

7.11 Normal governmental business procedures may require modification to provide essential resources and services.

7.12 A terrorist incident will likely create need for special response considerations unlike any other emergency event.

7.13 The counties may have future exposure to hazards not listed heretofore as well as other hazards not yet foreseen.

8 CONCEPT OF OPERATIONS

Public Health Agencies take steps needed to protect the health of the residents of Region IV including epidemiological investigation, providing public information/risk communications, treatment and/or prophylaxis, isolation and quarantine, and environmental public health actions.

8.1 Management of a Public Health incident:

8.1.1 All public health emergencies will be managed locally by an Incident Management Team (IMT) appropriate to the complexity of the incident. Direct tactical operations will be managed by a public health IMT (PHIMT).

8.1.2 In the event of a declared public health emergency, Region IV Public Health will be required to provide support to the response effort in the form of assessments, information, and policy.

8.1.3 The PHIMT has received delegated authority for Region IV Public Health from the Region IV Public Health Governing Council Agency Administrators.

8.1.4 The PHIMT will be supported by one or more county Emergency Operations Centers (EOCs) in accordance with their Comprehensive Emergency Management Plans (CEMPs).

- 8.1.5 Mutual aid agreements will be implemented prior to requesting additional resources from EOCs.
- 8.1.6 Assistance may be requested from state or federal agencies as determined by PHIMT.
- 8.1.7 When further support and coordination is necessary EOCs will request a multiagency coordination group (MACG) for providing additional policy support and allocating scarce resources.
- 8.1.8 Emergency notification and communication procedures have been activated in accordance with Region IV Public Health Direction and Control, Communication and Public Information Annexes, and the appropriate county Comprehensive Emergency Management Plans (CEMPs).
- 8.1.9 During the recovery phase, Region IV Public Health will take steps necessary to return the public health agencies to their condition prior to the emergency and support environmental public health restoration.

8.2 Management of an All-Hazards incident:

- 8.2.1 Region IV Public Health will participate in Unified Command when appropriate.
- 8.2.2 Region IV Public Health will provide tactical resources and/or technical specialists to an incident management team.

8.3 Proclamation of Emergencies

If an emergency proclamation is necessary, county EOCs in consultation prosecuting attorneys, will prepare the emergency proclamation for the approval and signature of the County Boards of Commissioners or Councilors and/or the Boards of Health. An emergency proclamation may be issued to:

- 8.3.1 Authorize extraordinary measures and the mobilization of county resources.
- 8.3.2 Form the foundation for identifying and implementing alternate standards of care

8.3.3 Authorize expedited purchasing and contracting, including bypassing hearings and competitive bid processes.

8.3.4 Authorize requests for state and federal disaster funding.

8.3.5 Encourage a state proclamation of emergency.

8.4 Compensation/Reimbursement

8.4.1 Where resources are provided to other agencies in an emergency, payment for these resources shall be the responsibility of the borrowing agency, unless other arrangements are made.

8.4.2 The incident command system finance section is responsible for tracking all costs for submission to the appropriate agency for reimbursement. NIMS-compliant cost tracking forms must be used by all assisting and cooperating agencies.

8.5 Communications

A primary responsibility of a public health emergency response is providing information to response and health care partners, and other audiences. Region IV Public Health is committed to providing regular situation updates and protective action guidelines throughout the duration of the incident.

8.6 Cessation of Operations

The decision to terminate command and return to normal operations will be determined by the Incident Commander in consultation with the Health Officer, Agency Administrator, or designee, local hospitals, EMS, law enforcement, emergency management, health care professionals, and other community partners regarding local and/or regional status of the event, as appropriate.

8.7 Functional Annexes

- Annex I: Direction and Control
- Annex II: Communications
- Annex III: Public Information
- Annex IV: Support and Coordination
- Annex V: Epidemiology
- Annex VI: Mass Dispensing
- Annex VII: Environmental Health Response
- Annex VIII: Medical Logistics and Strategic National Stockpile
- Annex IX: Volunteer Mobilization
- Annex X: Hospital Coordination
- Annex XI: Alternate Care Facilities
- Annex XII: Behavioral Health
- Annex XIII: Non-pharmaceutical Intervention

9 PLAN MAINTENANCE

9.1 Training

9.2 Training regarding this Public Health Emergency Response Plan and implementing documents will be performed with staff annually

9.3 Drills and Exercises

9.3.1 This plan and its components will be tested in a progressive exercise cycle. The content and timing of the exercise will be based on improvement plans from previous exercises and real events.

9.3.2 All public health related exercises, conducted in Region IV Public Health will follow the Homeland Security Exercise Evaluation Program guidelines.

9.4 Periodic Reviews and Updates

- 9.4.1 Region IV public health staff will make changes based on peer reviewed literature and after action improvement items.
- 9.4.2 This plan will be reviewed and updated at least annually per Region IV Public Health, DOH and/or CDC and HRSA guidelines. The RERC will notify all partners of any updates in writing.

9.5 Plan Approval

- 9.5.1 This plan and its annexes are vetted with assisting and cooperating agencies.
- 9.5.2 The Region IV Public Health Public Health Governing Council reviews and approves this plan and annexes for use in Region IV for responding to public health and all hazards emergencies that involve public health.

Table 2 – Vulnerable Populations Data

Estimate of Target Groups without Medical Home				
Please note: this gap analysis only considers those in the target population that do not have a medical home				
	Clark	Cowlitz/ Cowlitz Tribe6	Skamania	Wahkiakum
1. PG1 Women				
Total	7,104	1,601	143	31
Estimated uninsured	1,066	352	21	5
Where they might be found	-WIC -OB Drs. -CUP		-CSO -WIC -DSHS	
2. Caretakers of infants less than 6 months old				
Total – families/ unlicensed providers ²	14,753	3,460	315	65
Estimated uninsured	2,213	761	90	10
Licensed Centers (2-4 staff)	41	17	1 as of 10/09	1
Licensed Family CCP (1-2)	194	40	3	1
Unlicensed Child Care			3	
Total LCCP x 2 x .15 (est. uninsured)	71	25	2	1
Where they might be found	-Child Profile/ vital stats -day cares that accept infants <6mo.		-WIC -Child Profile Clinic -Child Care	
3. Persons 6 months - 24 years³	89,812	19,537	1,948	626
Total 0-18 (see first assumption)	57,537	12,315	1,349	446

Region IV Public Health
Basic Emergency Response Plan
Revised June 21, 2019

Total 19-24	32,275	7,223	599	180
Total of 19-24 yr x.15 (est. uninsured)	4,841	1,589	150	27
Where they might be found	-Schools/ campuses -day care -residents		-Schools -Head Start -Child Care -Public Notice	
4. Persons 25-64 with medical conditions ⁴				
Total	38,178	8,910	963	369
Estimated uninsured	5,727	1,960	190	55
Where they might be found	-Providers -Hospitals		-Mental Health & Addictions Clinic -CSO -Sr Services	
5. HCW and EMS personnel (see Assumption B)				Volunteer Fire Dept.

Please note that this analysis is only based on target populations that DO NOT have a medical home.

Assumptions:

Children 0-18 have Health Insurance coverage in WA thru Apple Health for Kids although this does not guarantee a medical home.

HCW and EMS Personnel have medical home via their employer for H1N1 vaccinations.

Data Notes:

PG women = total 2007 births plus abortions

2007 Births x 2.5 average persons per household

Uninsured 7.3% in WA State adults 18+ per WA Insurance commissioner; 8.7% in Clark; 9.1% in Cowlitz; 11.5% in Skamania; 6.9% in Wahkiakum

Based on estimate of total population multiplied by 9% - the percent of adults 18+ in WA State with Asthma per the WA 2008 BRFSS. The rationale is that of the top chronic illnesses identified in the MMWR, asthma prevalence was highest in the state (BRFSS). Prevalence of diabetes was 7% and coronary heart disease was 3.5 - 5%. The highest, Asthma, was chosen because we were unable to calculate population that is immune-suppressed in addition to having chronic disease.

Includes licensed childcare providers that accept infants <6 months of age. Licensed centers have estimated 2-4 childcare workers and licensed family child care providers (homes) have estimated 1-2 childcare workers. Licensed centers and homes were totaled and multiplied by 2 for an estimated number of total licensed childcare workers that may care for infants <6 months. This number was multiplied by 15% (uninsured adults in WA state per BRFSS) to estimate the number of licensed childcare workers without a medical home.

Cowlitz Tribe will be served by Cowlitz County

Data sources: WA DOH CHS, BRFSS; WA OFM; Childcare Resource and Referral

Target Groups Based on MMWR 8/28/09/ACIP