Support Annex 7. Special Needs Care

1.   Authority
Refer to the Basic Plan for general authority.

2.   Purpose
This appendix begins to define the guidelines for handling special needs population who may need additional assistance during any man-made or natural emergency situation within Coos County. It will attempt to establish a framework within agencies for the individuals responsible for planning for, responding to, and recovering from disaster and emergencies, so that they might carry out their duties more effectively as they seek to assist those affected. Also, this Annex will initially define the roles and responsibilities for those Coos County departments working with special needs population during an event and to provide information and technical assistance to local jurisdictions to more effectively support persons with special needs populations in their communities.

The special needs population includes individuals with physical, mental, sensory, cognitive, cultural, ethnic, socio-economic (including homeless), age citizenship status, or any other circumstance creating barriers to understanding or the ability to act/react as requested of the general population during all phases of emergency management.   Reference page number 18-20 For Special Population Category & Descriptions.

3.   Situation and Assumptions
3.1   Situation
3.1.1 Coos County is subject to many potential disasters such as earthquake, tsunami, floods, fire, and extreme high wind storms that could endanger large numbers of people (see Basic Plan). Coos County recognizes that people with special needs may require additional assistance with medical services, equipment, supplies, shelter, transportation, communication support, and so on.

3.1.2 County government faces special challenges in identifying, locating and responding to the varied special needs associated with a significant number of the persons who reside in or visit Coos County. The population is diverse, frequently changes and has many reasons for being reluctant or hesitant to identify themselves as having special needs.

3.1.3 Special needs operations are under Emergency Management /EOC direction and control for Coos County (local jurisdictions). Emergency response and human services agencies must design specific preparedness, communications, and response and recovery strategies to accommodate the needs for their client population.

3.1.4 A proactive approach including education and preparation of the special needs community will improve the effectiveness of response efforts for people with special needs in emergency situations.

3.1.5 Coos County departments, including Emergency Management and Public Health, do not have the staff/employees or time management ability to prepare for mass numbers of displaced special needs population through volunteer registry management. Coos County will depend on special needs population agencies and facilities to manage the needs of their clients through encouragement of individual preparedness education, agency and facility preparedness planning, and follow-up with clientele preceding a major disaster.

3.1.6 Many people who are self sufficient are dependent on tools and/or medicine to sustain their self sufficiency. All persons are encouraged to create contingency plans for their own emergency preparations.

3.1.7 It is recognized that any person at any time may need additional assistance to evacuate during a disaster. Therefore, all persons within the county are encouraged to self identify with Emergency Management if they have a known condition which would prevent them from being able to self evacuate during an emergency. Furthermore, it is the responsibility of the individual to update Emergency Management if their situation changes or their location changes.

3.1.8 Awareness and response to emergency situations commonly begins with recognition of its existence through direct observation or through organized public service announcements by radio, telephone, television, loudspeaker, or by being informed by a friend or family member. Conventional response usually involves special planning and/or positive action as necessary to accommodate the problem. A portion of the population cannot hear, or cannot see or are not fully mobile or   able to comprehend the problem or suffer from some other disability and therefore, must receive special consideration in times of emergency crisis.

3.2.   Assumptions
3.2.1 Coos County (Local jurisdictions) has (have) developed local emergency operations plans that address empowering and assisting general populations during an emergency. These plans identify procedures for communication, evacuation, mass care, shelter-in-place, and other emergency operations. Assistance may be required from the state and federal government.

3.2.2 Individuals with special needs will require assistance only after exhausting their usual resources and support network. It is expected that those support networks will continue to coordinate resources, develop call lists, and continue preparedness discussions for on-going development of response plans.

3.2.3 The County's ability to provide for individuals with special needs is extremely limited. Coos County (Local jurisdictions) maintains a general knowledge of the types and numbers of individuals with special needs who live within the boundaries of their jurisdictions through care facilities, etc. and the general resources to assist those individuals, as should each City jurisdiction.

3.2.4 The media (radio, TV, internet), augmented by personal contact with family and caregivers, is the most common source of current information for persons with special needs. In some cases, the nature of their impairment may well be a barrier to such a flow of information. In other cases they may, for a wide variety   of economic, social, and physical reasons, be denied access to these more common sources of warning and information. Ordinary procedures routinely utilized by responders, care givers, and emergency managers may not suffice for those of special needs. Routine practices must therefore, be adjusted accordingly.

3.2.5 All persons respond as directed by local officials.

3.2.6 Health care providers are accustomed to address individuals with special needs and will continue to support health care delivery needs of these individuals – as part of health care delivery and, in the event of an emergency, as defined within regional and provider-specific emergency preparedness plans.

3.2.7 Failure of public officials, human service agencies, and communities to consider and incorporate special needs planning and preparedness into emergency operation plans increases risk of failure and shortcomings in response and recovery operations, particularly for those with special needs.

3.2.8 Disruption to specific services has devastating results to individuals with special needs.

3.2.9 The American Red Cross will be the primary agency for the establishment and management of shelters within Coos County and for the registration and record keeping for all people at those established facilities/shelters along with any other documentation required according to their criteria to establish shelters facilities.

3.2.10 ARC shelters may not be equipped with adequate staff or equipment to handle some special needs situations. Care must be taken to not place segments of this population in a shelter without another person responsible for total care of the individual. Alternate sheltering may be required and should be planned for in advance. Such sheltering is not the responsibility of the ARC.

4. Concept of Operations

4.1 General

All response activities will be managed and documented using NIMS as a basis for the Incident Command System (ICS) structure in compliance with Homeland Security Presidential Directive 5 (HSPD5) as outlined in the NIMS plan for the county.

4.1.1 Coos County

4.1.1.1 Coos County, using local resources, will provide emergency response, (services) as able, to those special needs population agencies and facilities that recognize and accommodate special needs, and expedite requests for assistance to the state (access) to needed services until routine assistance is re-established.

4.1.1.2 Local jurisdictions develop and maintain emergency planning and response capabilities that accommodate the diverse and special needs represented in their communities. Accommodations include but are not limited to interpreter and translation services; adaptive equipment and services; and access and referral to medical and specialized support services in shelter and feeding environments.

4.1.1.3 Coos County Emergency Management is not able to maintain lists of individuals potentially needing additional assistance during emergency operations nor a list of resources required for each type of special need. Should these lists be obtained at the time of an event, under no circumstances will the identification, address, phone number, disability, or other information pertaining to persons with Special Needs be divulged to unauthorized persons.

4.1.1.4 Coos County Emergency Management will attempt to identify and designate individuals with special skills necessary to assist the special needs population. Coos County Emergency Management will attempt to coordinate with private sector vendors to provide essential adaptive equipment and supplies to assist individuals with special needs during disaster events. (Maintenance of resource inventories, both human and material, may be needed to assist person with Special Needs. Resources to be considered should include government at all levels, volunteer agencies, the private sector, and those maintained by the individual.)

4.1.1.5 If people with special needs are affected by an incident, both the individual and the all local jurisdictions including Coos County share responsibility to meet their needs. The local authority must respond and address these needs beyond the capabilities of individuals. The needs of some persons may be met within their current residence. Others may need assistance with evacuation. With individuals who are displaced from their homes by the disaster situation, mass care shelters are generally not set up to handle people with special needs. Coordination is necessary among officials to ensure shelters for persons with special needs are available (open,) with an attempt to have sufficient resources to assist people with special needs, and are ready to receive evacuees.

Shelter officials should be advised about the duration of evacuation and when to close the shelters (see Mass Care Annex).

4.1.1.6 Coos County Emergency Management will work to develop standard operating guides (SOGs) that anticipate potential impediments to providing assistance to special needs populations.

4.1.1.7 Coos County will depend on special needs population agencies/department staff and first responders to be trained in (emphasis should be placed on training persons in) the use of specialized mobility equipment such as wheelchair lifts and in moving persons who are totally immobile or bedridden, and also to encourage identification of relatives or neighbors who may be readily available to assist in an evacuation is also highly desirable.

4.1.1.8 Basic protection options, in-place sheltering, and evacuation are the same for Special Needs persons as for the general public. The unique requirements of Special Needs persons must be given careful consideration during the process of selecting shelters and reception and care centers. These factors are identified under Mass Care Operations and Human Services section of this plan.

4.1.2 Operating Time Frames

Actions to be taken by operating time frames refer to the general responsibilities in the Basic Plan. The following agency-specific responsibilities may also be addressed:

4.1.2.1 Awareness: Coos County Emergency Management encourages each department, agency, and/or division, and local jurisdiction, who are (is) responsible for collecting, analyzing, and disseminating information to its staff that anticipates requirements to assist the special needs population and allows the staff to react effectively in an emergency.

4.1.2.2 Integrate emergency planning needs into all existing local programs, policies, and plans.

4.1.2.3 Develop methods and planning activities to eliminate necessity to exercise this annex.

4.2   Prevention

4.2.1   Promote and advocate values and practices that recognize and respect the legal and human rights and strengths of persons with special needs.

4.2.2   Comply with Health Insurance Portability and Accountability Act of 1996 (HIPAA) standards.

4.2.3 Preparedness

4.2.3.1 It is suggested that departments, agencies, or divisions with task assignments for assisting the special needs population develop SOGs.

4.2.3.2 Develop Emergency Public Information (EPI) materials for preparing to meet the special needs of diverse populations at the local jurisdiction level.

4.2.3.3 Exercise special needs population SOGs and plans.

4.2.3.4 Establish mutual aid and memorandums of understanding (MOU) with agencies and public/private partnerships.

4.2.3.5 Coordinate Disaster Recovery Partnership to develop or coordinate service delivery and identify gaps.

4.2.4 Response

4.2.4.1 The County Emergency Manager may activate the Special Needs Population emergency plan during emergencies which require evacuation of people who may need additional assistance.

4.2.4.2 Information regarding evacuation will be distributed using multiple means to increase the likelihood of all residents being informed of an evacuation.

4.2.4.3 For those who do not have transportation and are housebound, evacuee pickup points may be established, as able. Buses or other transportation may be provided and evacuees will be transported to established assistance centers, as able.

4.2.4.4 For persons who are housebound, as able, a phone line will be established and published for those people, their neighbors, or families to call in and request assistance. A database of name, location, phone number, medical or other special considerations which will be needed to plan for the evacuation of these people will be established and shared with the planning and operations sections.

4.2.5 Recovery

4.2.5.1 Assess continuing needs of agencies involved in recovery, and work with the Public Information Officer (PIO) to communicate those needs.

4.2.5.2 When requested and able, provide assistance to the special needs population in returning to their homes.

5.   Direction and Control

5.1   Organization and Assignment of Responsibilities

Caring for special needs population is the primary responsibility of local jurisdictions.

5.1.1   County Emergency Management

5.1.1.1 Provide for considerations of the special needs of the population in emergency planning throughout the county. Ensure that such considerations encompass the special needs of pets and livestock in addition to transients and others with unique needs or disabilities. All special needs population activities will be coordinated through the County EOC for the unincorporated areas of Coos County.

5.1.1.2 As able, develop an inventory of all agencies that represent and provide services to persons with Special Needs in Coos County. Will periodically review and evaluate those agencies emergency preparedness plans to determine the adequacy of their emergency response procedures.

5.1.1.3 Assist, as able, agencies that do not have emergency plans to develop such plans where appropriate.

5.1.1.4 As able, develop cooperative agreements between agencies serving persons with Special Needs for the provisions of specialized vehicles and trained drivers to evacuate persons with Special Needs and to provide trained support personnel at shelters designated for persons with Special Needs.

5.1.1.5 Recruit individuals/organizations to provide services to the special need population during all phases of emergency management.

5.1.1.6 Promote development of local emergency operation plans to address the special needs population for cities, other agencies, and departments.

5.1.1.7 Seek to involve those with experience and those with specialized needs themselves in the emergency planning process, particularly as relates to evacuation, the provision of shelter and matters of recovery.

5.1.1.8 Consider specialized requirements for transportation, rescue and shelter when planning for emergencies. Such consideration will be required for   pre-incident planning, incident response, and post-incident recovery.

5.1.2   County Public Health and County Mental/Behavioral Health

5.1.2.1 Coordinate emergency planning with the Program Manager of Emergency Management and such other agencies and officials as may be appropriate to meet special needs.

5.1.2.2 Medical – Emergency medical services at shelters for illnesses and injuries to people will be provided by local Emergency Medical Service (EMS) through 911 as necessary. Medical services for people will be coordinated with local medical service providers.

5.1.2.3 Behavioral – Emergency behavioral services at shelters for response to people with these specific needs will be provided by Mental Health Counselors, as available, through Coos County Behavioral Health services as necessary. These services will be coordinated through the County EOC.

5.1.3 County Sheriff's Office

5.1.3.1 Animal Control – Pet owners primarily seek specialized emergency information for pets and other animals from their veterinarians. Secondary sources include the various media, books, pamphlets, brochures, and the internet. Nevertheless, emergency managers will be expected to make appropriate provisions for such animals and include procedures to care for them during all phases of an emergency to the extent that available resources will permit. Pet and livestock owners rarely include considerations of this nature when making their personal emergency plans, yet this will be a significant factor in disaster response operations in the event of an emergency.

5.1.3.2 Ensure that the veterinarian representative to the County Animal Control is available and active throughout all phases of an emergency.

5.1.3.3 Security – Security at each shelter will be provided by American Red Cross personnel. Local Law Enforcement shall be contacted through 911 as necessary to preserve order and protect people and assets at these facilities.

5.1.4 County Clerk's Office and American Red Cross

5.1.4.1 Maintain close working relationship with the American Red Cross ARC Chapter serving Coos County based on mutual cooperation and professional need.

5.1.4.2 Local government may request assistance from the ARC to already have in place those agreements necessary to secure sheltering and feeding of a majority of those persons displaced. That reliance may also include provisions for caring for the Special Needs Population. The ARC is mandated by Federal declaration to provide those needs to include; sheltering, feeding, and trained personnel to manage shelter operations.

5.1.5 Individual Responsibilities

Persons with Special Needs are responsible for being aware of their own particular warning, evacuation, and sheltering needs.

5.1.5.1 Registering themselves with the local emergency services organization if they require special warning procedures, evacuation assistance, or special shelter facilities.

5.1.5.2 Developing and maintaining a personal 72 hour supply kit including stocks of supplies, food and water, equipment, medication, extra oxygen, eye glasses, hearing aid,   etc.

5.1.5.3 Being aware of county and municipality warning procedures, evacuation plans, and shelter locations.

5.1.5.4 Developing a personal communication plan including who to call for help evacuating.

5.1.5.5 Developing a person support plan including personal friends/family that will assist you in a disaster with issues such as food, shelter, and evacuation.

5.1.5.6 Including the needs of service animals in your planning efforts.

5.1.5.7 Including plans for special medical needs such as dialysis.

6. Administration, Continuity of Government, and Logistics

6.1 Administration

Refer to the Basic Plan.

6.2 Continuity of Government

6.2.1 Lines of Succession – refer to the Continuity of Government Support Annex to the EOP (SA 1).

6.3 Logistics

6.3.1 Transportation and Evacuation

6.3.1.1 Transportation

Accessibility is the key in providing for access to modes of transportation and the various forms of shelter which may be provided. Until such time as all shelters have accessible parking, exterior routes, entrances, interior routes, toilets, provisions for refrigeration of medications and other back-up power requirements and the like, emergency managers will need to widely publicize to the pubic and to the response community the locations of the most accessible emergency facilities and what capabilities and limitations may be associated with each.

6.3.1.2 Evacuation

Consideration of procedures and facilities to accommodate people with disabilities who use service animals so that they will not be separated from these important aids must be included in planning and response throughout all phases of disaster and emergency management in the evacuation and sheltering process.

Reference ESF 1 and ESF 13 Appendix B in the Coos County EOP for further instructions for Transportation and Evacuation.

6.3.2 Communication, Warning & Notification, and Public Information
6.3.2.1 Communication

Communications are a critical factor throughout all phases of disaster and emergency planning and response, particularly when individuals possessing special needs are involved. And yet, traditional means of exchanging information, particularly as regards notification methods, are frequently not accessible to or usable by people with disabilities. Such a flow of information is crucial to ensure that all citizens will have the information necessary to make sound decisions and take appropriate, responsible action.

Often using a combination of methods will be more effective than relying on one method alone. Combining visual and audible alerts, and directions and notifications will reach a greater audience that either method would by itself. Emergency managers and responders will need to be sensitive and innovative.

The American Red Cross shall maintain multiple means of communication including land based phone lines, two way radios, ARES/RACES radios, and wireless phones. The primary telephone number to contact Coos County Emergency Management EOC is day time only.

6.3.2.2 Warning & Notification

Assist the development of a communications network among the agencies that serve persons with Special Needs, for the purpose of augmenting the dissemination of warning and evacuation orders to individuals who will require special assistance.

6.3.2.3 Public Information

Local jurisdictions develop the ability to disseminate information and instructions to the special needs population via radio, television, and other available media as necessary. Measures to reach individuals with special communication needs – including hearing impairment, inability to comprehend the English language, and so on – must be established. Communicated information should include immediate actions to be taken and other pertinent information.

Development, testing, and use of systems to provide alert or warning to Special Needs persons in emergency situation should include but not necessarily be limited to:

- Captioned television
- Commercial radio alert system (EAS)
- Telephonic devices for the deft (TDD)
- Standard warning systems such as sirens, klaxons, and public address loudspeaker systems
- Individualized house to house notification by law enforcement, fire, or other emergency response personnel

- Neighbor or neighborhood watch assistance, CERT, POSSE, SAR, or Citizen Patrol personnel

Reference ESF 2 and ESF 15 in the Coos County EOP for further instruction for Communication, Warning & Notification, and Public Information.

6.3.2.4 Mass Care Operations & Human Services

Primary responsibility for providing for the needs of the Special Needs population during times of emergency or disaster rest with County or City Government. These jurisdictions are charged with the protection of life and property for ALL segments of Coos County and is inherent in the trust placed on elected officials of each jurisdiction to carry out those expectations.

Local government may request assistance from the American Red Cross to already have in place those agreements necessary to secure sheltering and feeding of a majority of those persons displaced. That reliance may also include provisions for caring for the Special Needs Population. The ARC is mandated by Federal declaration to provide those needs to include: sheltering, feeding, and trained personnel to manage shelter operations.

American Red Cross shelters may not be equipped with adequate staff or equipment to handle some special needs situations. Care must be taken not to place segments of this population in a shelter without another person responsible for total care of the individual. Alternate sheltering may be required and should be planned for in advance. Such sheltering is not the responsibility of the American Red Cross.

Identification of shelters suitable for persons with Special Needs: Basic protection options, in-place sheltering, and evacuation are the same for Special Needs persons as for the general public. The unique requirements of Special Needs persons must be given careful consideration during the processes of selecting and reception and care centers. These factors include:

- Ramp entrances and exits
- Accessible restrooms
- Refrigeration for medications
- Emergency electric generator for respiratory and other equipment
- Availability of oxygen
- Facilities for accommodating a guide dog

6.3.2.5 Human Services - Identification

There are common problems in the identification of disabled and elderly which emergency managers must appreciate. As a rural county of small population, most of those suffering from some form of impairment are known to the community in which they reside. As the county grows, however, there will be more than likely an increasing trend toward anonymity. New or seasonal persons

may not be known by the community at large. Some special needs person may avoid being identified as such because they fear heightened vulnerabilities to crime or they may fear social discrimination or threat to their employment if their disability is revealed. And some just do not want to accept their limitations.

Many of the persons having special needs may be involved in full or part-time care. Clinics, hospitals, retirement homes, and licensed care facilities form the core of support for the special needs population. Many receive care in their own home or those of family and friends, however. Organizations such as "Meals on Wheels," local churches, and senior citizen agencies may be of assistance here, as may the Public Health and Mental Health Departments.

All persons within the county who are identified as special needs population and have a known condition which would prevent them from being able to self evacuate during an emergency are encouraged to self identify with Emergency Management.

Reference ESF 6 in the Coos County EOP for further instruction for Mass Care.

6.3.2.6 Animal Services
In the event that the individual and the animal cannot be separated due to the individual's handicap, every attempt to shelter the assistance animal with the individual will be made by providing shelter apart from the main population in the same facility, room or area.

Reference Support Annex 5, Animals in Disaster, to the Coos County EOP

7.   Annex Development and Maintenance
7.1   The Coos County office of Emergency Management will assume the primary responsibility for this annex with the assistance of Public Health under the health section; County Clerk under the shelter and feeding section, and the Sheriff's Office under the evacuation and transportation section of this annex and its SOPs. All other agencies will perform their respective functions.

7.2   Exercising and evaluation of emergency operations plans to assure that they are appropriate, practical, and flexible in addressing the requirements of Special Needs persons.

VOLUNTARY INFORMATION FORM

Locator File
Persons with Special Needs

The purpose of the information requested in this file is to assist emergency response agencies and personnel in locating, providing warning to and, if necessary, evacuating persons with special needs, in the event of an disaster in Coos County.

Completion of this form is voluntary. The information will be held in strict confidence and will be disclosed only to authorize members of the emergency response organization as described in the Emergency Operations Plan. When the form is completed, mail it to the Coos County Emergency Management Office at 250 North Baxter, Coquille, OR 97423. Your form will be kept on file in strict confidence for that time of disaster when and if the need arises.

Name:

Address:

Phone: Age:

Preferred or required form of notification:

Relative/friend who can provide assistance:

Address:

Phone:

Type of Special Needs:

Signature   Date

Note: Please use the back of this form to provide special instructions on how to locate your residence if in a hard to find area.

Notes or special directions to assist emergency providers:

Mail this form to:
Glenda Hales, Program Manger
Coos County Emergency Management
250 N Baxter, Coquille, OR 97423

Table SA 7-1   Demographic Quick Facts, Coos County

Quick Fact	Coos County	Oregon
People		
Population, 2006 estimate	64,820	3,700,758
Population, percent change, April 1, 2000 to July 1, 2006	3.2%	8.2%
Population, 2000	62,779	3,421,399
Persons under 5 years old, percent, 2006	5.0%	6.2%
Persons under 18 years old, percent, 2006	19.3%	23.1%
Persons 65 years old and over, percent, 2006	19.8%	12.9%
Female persons, percent, 2006	51.3%	50.3%
White persons, percent, 2006 (a)	92.7%	90.5%
Black persons, percent, 2006 (a)	0.5%	1.9%
American Indian and Alaska Native persons, percent, 2006 (a)	2.5%	1.4%
Asian persons, percent, 2006 (a)	1.1%	3.6%
Native Hawaiian and Other Pacific Islander, percent, 2006 (a)	0.2%	0.3%
Persons reporting two or more races, percent, 2006	3.1%	2.4%
Persons of Hispanic or Latino origin, percent, 2006 (b)	4.3%	10.2%
White persons not Hispanic, percent, 2006	89.0%	81.0%
Living in same house in 1995 and 2000, pct 5 yrs old & over	53.6%	46.8%
Foreign born persons, percent, 2000	2.7%	8.5%
Language other than English spoken at home, pct age 5+, 2000	4.5%	12.1%
High school graduates, percent of persons age 25+, 2000	81.6%	85.1%
Bachelor's degree or higher, pct of persons age 25+, 2000	15.0%	25.1%
Persons with a disability, age 5+, 2000	15,513	593,301
Mean travel time to work (minutes), workers age 16+, 2000	19.9	22.2
Housing units, 2006	29,675	1,586,498
Homeownership rate, 2000	68.1%	64.3%
Housing units in multi-unit structures, percent, 2000	14.1%	23.1%
Median value of owner-occupied housing units, 2000	$98,900	$152,100
Households, 2000	26,213	1,333,723
Persons per household, 2000	2.34	2.51
Median household income, 2004	$33,178	$42,568
Per capita money income, 1999	$17,547	$20,940
Persons below poverty, percent, 2004	16.0%	12.9%

Table SA 7-1   Demographic Quick Facts, Coos County

Quick Fact	Coos County	Oregon
Business		
Business QuickFacts	Coos County	Oregon
Private nonfarm establishments, 2005	1,746	108,571
Private nonfarm employment, 2005	19,223	1,409,576
Private nonfarm employment, percent change 2000-2005	5.7%	4.0%
Nonemployer establishments, 2005	3,831	246,129
Total number of firms, 2002	5,098	299,505
Black-owned firms, percent, 2002	F	0.7%
American Indian and Alaska Native owned firms, percent, 2002	F	1.0%
Asian-owned firms, percent, 2002	F	3.0%
Native Hawaiian and Other Pacific Islander owned firms, percent, 2002	F	0.1%
Hispanic-owned firms, percent, 2002	2.0%	2.1%
Women-owned firms, percent, 2002	22.0%	29.5%
Manufacturers shipments, 2002 ($1000)	350,160	45,864,552
Wholesale trade sales, 2002 ($1000)	210,720	56,855,958
Retail sales, 2002 ($1000)	547,393	37,896,022
Retail sales per capita, 2002	$8,739	$10,756
Accommodation and foodservices sales, 2002 ($1000)	74,033	5,527,223
Building permits, 2006	132	26,623
Federal spending, 2004 ($1000)	464,885	21,870,896
Geography		
Land area, 2000 (square miles)	1,600.48	95,996.79
Persons per square mile, 2000	39.2	35.6
FIPS Code	11	41
Metropolitan or Micropolitan Statistical Area	Coos Bay, OR Micro Area	

(a) Includes persons reporting only one race.

(b) Hispanics may be of any race, so also are included in applicable race categories.

F: Fewer than 100 firms.

Source: US Census Bureau State & County Quick Facts.

Table SA 7-2   Census Demographic Profile, Coos County

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	62,779			map	brief
Male	30,770	49.0	49.1%	map	brief
Female	32,009	51.0	50.9%	map	brief
Median age (years)	43.1	(X)	35.3	map	brief
Under 5 years	3,052	4.9	6.8%	map	
18 years and over	49,010	78.1	74.3%		
65 years and over	12,020	19.1	12.4%	map	brief
One race	60,788	96.8	97.6%		
White	57,740	92.0	75.1%	map	brief
Black or African American	194	0.3	12.3%	map	brief
American Indian and Alaska Native	1,515	2.4	0.9%	map	brief
Asian	568	0.9	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	107	0.2	0.1%	map	brief
Some other race	664	1.1	5.5%	map	
Two or more races	1,991	3.2	2.4%	map	brief
Hispanic or Latino (of any race)	2,133	3.4	12.5%	map	brief
Household population	61,349	97.7	97.2%	map	brief
Group quarters population	1,430	2.3	2.8%	map	
Average household size	2.34	(X)	2.59	map	brief
Average family size	2.80	(X)	3.14	map	
Total housing units	29,247			map	
Occupied housing units	26,213	89.6	91.0%		brief
Owner-occupied housing units	17,864	68.1	66.2%	map	
Renter-occupied housing units	8,349	31.9	33.8%	map	brief
Vacant housing units	3,034	10.4	9.0%	map	

Social Characteristics - show more >>	Number	Percent	U.S.		
Population 25 years and over	44,667				
High school graduate or higher	36,430	81.6	80.4%	map	brief
Bachelor's degree or higher	6,712	15.0	24.4%	map	
Civilian veterans (civilian population 18 years and over)	9,718	19.9	12.7%	map	brief
Disability status (population 5 years and over)	15,513	26.4	19.3%	map	brief
Foreign born	1,668	2.7	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	14,984	59.8	56.7%		brief

Table SA 7-2   Census Demographic Profile, Coos County

Social Characteristics continued:					
Female, Now married, except separated (population 15 years and over)	14,980	55.8	52.1%		brief
Speak a language other than English at home (population 5 years and over)	2,689	4.5	17.9%	map	brief

Economic Characteristics - show more >>	Number	Percent	U.S.		
In labor force (population 16 years and over)	27,700	54.3	63.9%		brief
Mean travel time to work in minutes (workers 16 years and over)	19.9	(X)	25.5	map	brief
Median household income in 1999 (dollars)	31,542	(X)	41,994	map	
Median family income in 1999 (dollars)	38,040	(X)	50,046	map	
Per capita income in 1999 (dollars)	17,547	(X)	21,587	map	
Families below poverty level	1,948	11.1	9.2%	map	brief
Individuals below poverty level	9,257	15.0	12.4%	map	

Housing Characteristics - show more >>	Number	Percent	U.S.		
Single-family owner-occupied homes	12,505				brief
Median value (dollars)	98,900	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	804	(X)	1,088	map	
Not mortgaged (dollars)	255	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF1) and Summary File 3 (SF3).

Table SA 7-3   Special Populations Categories

Special Populations Category and Description	Lessons Learned
Category I: Economic Disadvantage This is a sweeping category because many special populations live at or below the federal poverty level. In the broad category of Economic Disadvantage people's other special needs will occur. But if resources permit a community to address nothing more than one special population using poverty as a descriptors can help reach many people with special needs. If a community maps its areas of deep poverty, health and emergency providers will clearly be able to see where extra help will be needed in any emergency.	People who are economically disadvantaged can be reached through traditional communication channels, particularly television and radio. Messages should be simple and directions easy to follow. The biggest barrier to receiving and acting on health information for this special population is an apparent lack of awareness of possible threats to their health and their family's well-being. Brochures, refrigerator magnets, picture books, and posters can be distributed through trusted individuals in health clinics, hospital emergency rooms, schools, human service agencies, and neighborhood community centers. In an emergency, you may need to use recognized community leaders to broadcast messages on television and radio; in the event of power failure, outreach may require door-to-door contact and/or reaching people at venues where they may have gathered.
Category II: Limited Language Competence This category would include people who have limited or no English speaking or reading skills, and people with low literacy skills in any language.	Within this broad population category, you may identify common characteristics such as: 　Cultural differences in healthcare and medical practices vary significantly from group to group and from the mainstream population. 　Language is the main barrier for Asian Americans. 　Native Americans are not always hard to reach because of their close-knit community and tribal leadership, but may tend to require tailored messages because of cultural prohibitions. 　Specific cultural and linguistic identifiers are important in defining special populations. Hispanics/Latinos define themselves according to national origin. They speak different dialects and have different cultural practices. People who have limited or no English speaking skills, people who are deaf, and some elderly people will have difficulty understanding both spoken and verbal instructions in English. All printed information such as brochures, posters, directional signs, and pocket guides should be bilingual (English and Spanish) and if possible in other languages dominant in your jurisdiction. 　A more cost efficient approach would be to develop picture books, pocket guides, and directional signs using universal symbols, and maps. 　Another aid could be "I-speak" cards. These are the size of a business card and covey the message "I speak (language). I need an interpreter," in English and the person's native language. 　These materials can be prepared in advance of a crisis, distributed through multi-cultural community centers, ESL classes, places of worship, and ethnic markets. They can also be available at emergency shelters. 　The importance of the ethnic media in reaching people who speak little or no English is still underestimated by most health and emergency planners. Every day, 25 percent

	of the adults in the United States use ethnic media; for many, it is the only media they use.
Category III: Disability The disability category can include people who have physical, mental, sensory, or cognitive limitations. The most evident people in this category are those who are blind, deaf and hard of hearing, as well as people who have high-risk or chronic health conditions that affect mobility or make them electricity dependent. Mental disabilities are thought by many health and emergency planners to be the most challenging special needs in widespread emergencies because people who cannot understand and/or follow directions potentially jeopardize others in addition to themselves. Mental disability is a population category that planners say they often leave until last, but such special needs people will require priority attention in some emergency settings	People with disabilities can be reached through traditional means, such as television and radio, newspapers, brochures, and calling trees. People who are disabled are usually more concerned about a specific health condition or injury than about the threat of terrorism or disaster. People who are blind can be alerted through sirens and radio announcements. People who are deaf can be reached using both closed captioning and in-screen ASL interpretation on television, e-mail alerts, and text messaging. People with mobility limitations are usually self-sufficient, but will need help to access transportation. People with cognitive disabilities can be reached through family members and trusted caregivers. Keep messages simple and repeat them often in an emergency. People who have mobility, sensory, or mental disabilities cannot always use standard resources available in an emergency. This includes people using oxygen, those dependent on electricity or medicines, or those with service animals, such as guide dogs. Your collaborators can help people with almost any form of limiting disability by helping them create a buddy system in which a neighbor or co-worker will check on their welfare and assist them in an emergency.
Category IV: Cultural / Geographic Isolation People can be isolated whether they live in the remote frontier or in the middle of a densely populated urban core. [Rural populations include ranchers, farmers, and people who live in sparsely populated mountain and hill communities. They are vulnerable due to lack of capacity, resources, equipment, and professional personnel needed to respond to a large scale crisis. In the urban areas, people can be isolated by their language skills, lack of education, cultural prohibitions, chronic health problems, fear, lack of transportation or access to public transit systems, unemployment, and other factors. While they may have access to mass media, they may not have the ability or means to respond in an emergency. "Temporary residents" can be a major population for many communities, but there are enormous differences in temporary residents on a military base, a college campus, or in migrant workers' camps.	You may find that people who live in rural areas often believe they are at low risk for terrorism. Yet, they are vulnerable because they live near farms and raw food supplies, many power facilities, and U.S. military facilities. Other commonalities geographically and culturally isolated groups might share include: Sheriffs, deputies, and postal workers can be good sources of information about rural residents and tourists/campers. But, many times, emergency crews and sheriff's deputies cannot physically reach some areas during floods, blizzards, and other natural disasters. Rural residents also include migrant workers who may face additional barriers of language and culture. Churches in rural areas and urban centers are a common source of community information. Many remote rural areas have spotty or unreliable radio and television signals and little cell phone coverage. Factors that isolate people in dense urban areas – poverty, homelessness, low literacy, limited language competence, age – also come into play in overcoming barriers to receiving and responding to public health and emergency messages. As with other special populations, messages should be brief, worded simply, transmitted through pictures and other visual aids. People who work at shelters and food banks and police on patrol are most likely to know people who are homeless.

	Door-to-door outreach, calling trees and recognized trusted neighborhood leaders can be effective in reaching isolated urban dwellers.
Category V: Age While many people who are over 65 years of age are competent and able to access healthcare or provide for themselves in an emergency, age can exacerbate a person's vulnerabilities. Chronic health problems, limited mobility, sight, and/or hearing, social isolation, fear, and reduced income can put older adults at risk. Infants and children under the age of 18 can also be vulnerable, particularly if they are separated in an emergency from their parents or guardians. They may be at school, in daycare, or in a hospital or other institution, places where parents can expect them to be cared for during the crisis. There are, however, increasing numbers of young latchkey children home alone after school, a factor that puts them at high risk in an emergency. In addition, separation of family members can cause its own havoc in a crisis, as demonstrated during evacuations for the 2005 hurricane season when members of some families were separated during the event or sent to separate shelters, even to different states.	Most people over the age of 65 and children ages 5 and older can be reached through television, radio, and printed materials. Some frail elderly, however, have hearing, sight, speech, physical, and cognitive impairments that can prevent them from understanding and responding to public health information and emergency directions. You may need to work through trusted caregivers, family members, and neighbors. A senior citizen calling tree, in which senior citizens volunteer to call other seniors in their community, can be an effective outreach tool for both ordinary and crisis communication. Very young children and school aged children who are in daycare or school can be reached through their teachers, daycare providers and family members with messages that promote awareness of public health issues and family emergency planning. Many families bring their children to focus groups, community roundtables and other public involvement meetings. Simple coloring books can easily be created with pictures that illustrate good health habits and public health services and personnel who can be trusted in a variety of circumstances.
Category VI: Pets/ Animals	In the event that the individual and the animal cannot be separated due to the individual's handicap, the assistance animal will be sheltered in the same facility in a separate room or area.

Table SA 7-4   Contact List for Associated Organizations/Affiliations

Organization/Affiliation	Contact Person	phone #	Address	Email address
Coos SPD	Mike Marchant			
Coos SPD	Karen Snyder			
South Coast Hospice	Anelita Wicks			
Coos Co Public Health	Frances Smith			
Coos Co Public Health	Michelle Wyatt			
Star of Hope	LouAnn DeWater			
Community Living Case Mgnt	Theresa Parker			
Life Care Center	Mardi Robers			
Columbia Care	Dave McDaniel			
S Coast Comm Resource Ctr	Mindy Baines			
Coos Co Mental Health	Ginger Swan			
CAF Distr Mgr – Dist 7	Betty Albertson			
Coos Curry (THE) Transitional Housing	Gary Ostrom			
Abundant Living Sr Care				
Baker Adult Foster Home	Glen/Nancy Baker			
Country Gardens Sr Resid.	Joel Fisher			
Harmony Estates	Jennifer Schulz			
Hearthside Care	Mary Turner			
MP Care Center	Kari Head			
Baycrest Village	Terri Stamsos			
Debra's Adult Foster Home	Debra Simpson			
Inland Pt Living	Elizabeth Moss			
Westwind Ct	Mary Wilson			
Almost Home Adult Foster Care	Sharon Bright			
Englewood Adult Foster Home	"Amber"			

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Table SA 7-4   Contact List for Associated Organizations/Affiliations

Organization/Affiliation	Contact Person	phone #	Address	Email address
Young at Heart				
Ocean Ridge	Vickey Boen			
Inland Pt Living	Elizabeth Moss			

Examples of data sources to id SNP –
With disability – visually, hearing, mobility impaired, medically dependent, emotional problems, severe mental problems

Institutions/Groups – hospitals, nursing homes, halfway houses, assisted care facilities, day care centers, prisons, jails, homeless shelters, spouse-abuse shelters.

Other – transients, tourists, culturally isolated, migrants, those w/o vehicles.

Vulnerable – elderly, socially isolated, children, low-income, homeless, can't leave home, non-English speaking.