

STAFF REPORT

Report To: Board of Health

Meeting Date: July 19, 2018

Staff Contact: Jeanne Freeman (JMFreeman@carson.org)

Agenda Title: For Presentation and Discussion Only: Presentation and discussion about the Community Assessment for Public Health Emergency Response (CASPER).

Staff Summary: Public Health Preparedness staff will be conducting a Community Assessment for Public Health Emergency Response (CASPER) throughout Carson City during the week of September 17-September 21. CCHHS will be the first jurisdiction in Nevada to complete a CASPER. Staff has been trained in the processes by the Centers for Disease Control and Prevention (CDC). This project will involve collaboration with Fire, Sheriff's Office, and Emergency Management. The purpose of the CASPER is to help City Emergency Management officials know how prepared this community is for a disaster, identify preferred modes of communication during an emergency, and to educate community members about the importance of preparedness and how to accomplish preparedness. CASPER is a face-to-face survey process within randomly selected census clusters. This process will require volunteers to go knock on doors and complete a brief 15 minute survey with residents. Following CDC protocols, a total of 210 surveys will be completed.

Agenda Action: Other/Presentation

Time Requested: 15 minutes

<u>Proposed Motion</u> Presentation and discussion only.

Board's Strategic Goal

Quality of Life

Previous Action N/A

Background/Issues & Analysis N/A

Applicable Statute, Code, Policy, Rule or Regulation N/A

<u>Financial Information</u>

Is there a fiscal impact? 🗌 Yes 🛛 No

If yes, account name/number:

Is it currently budgeted? 🛛 Yes 🗌 No

Explanation of Fiscal Impact: This activity is in the Public Health Preparedness grant Scope of Work and Budget.

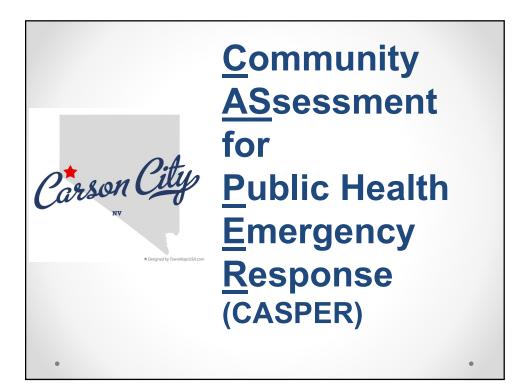
Alternatives

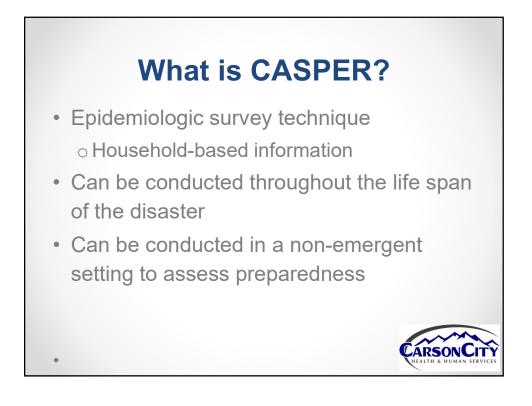
None

 Board Action Taken:
 1) ______
 Aye/Nay

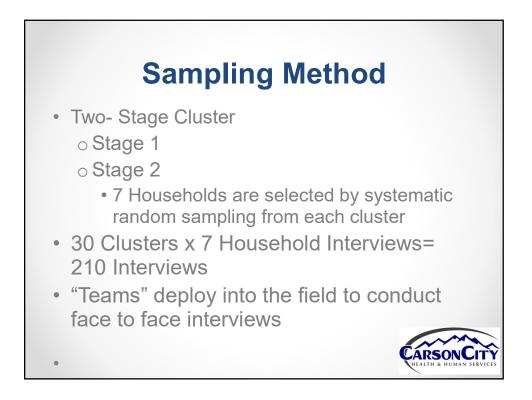
 Motion:

(Vote Recorded By)



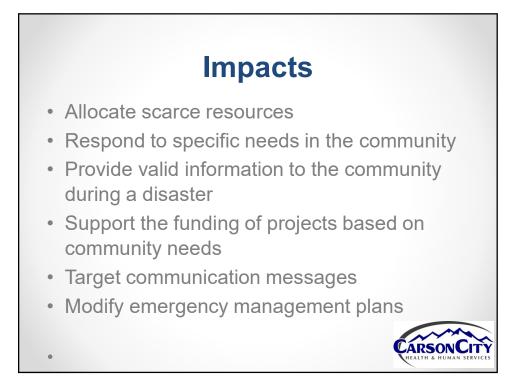


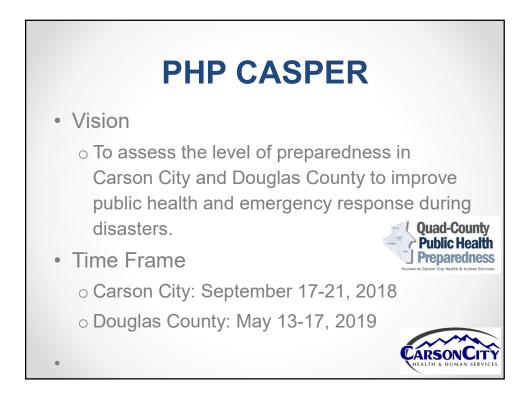


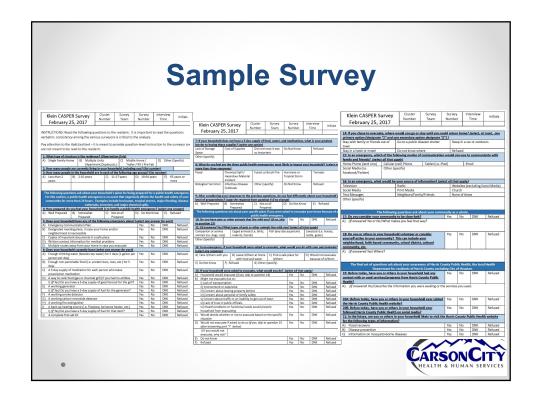


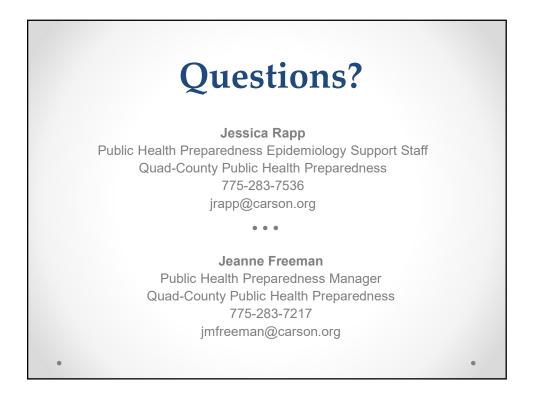












Community Assessment for Public Health Emergency Response (CASPER) Questions

General Information

- 1. Is this your primary residence (Douglas CO only)
- 2. How many people live in your household
- 3. How many people living in your household are:
 - a. Less than 2 years old
 - b. 2-17 years old
 - c. 18-64 years old
 - d. More than 65 years old
- 4. How many people in your household are:
 - a. Female?
 - b. Male?
- 5. Is English the preferred language in your household?
 - a. If NO, what is your households preferred language

Vulnerable Populations

- 6. Do you or anyone in your household have difficulty hearing?
- 7. Do you or anyone in your household have difficulty seeing even when wearing glasses?
- 8. Do you or anyone in your household have difficulty walking or climbing stairs?
- 9. Do you or anyone in your household have difficulty dressing or bathing?
- 10. Have you or anyone in your household ever been told by a healthcare professional that he/she has:
 - a. Asthma/COPD/Emphysema
 - b. Diabetes
 - c. Developmental disability
 - d. Hypertension/ Heart disease
 - e. Immunosuppressed
 - f. Physical disability
 - g. Psychosocial/ mental illness
- 11. Do you or anyone in your household need:
 - a. Daily medication (besides birth control or vitamins)
 - b. Dialysis
 - c. Home health care
 - d. Oxygen Supply
 - e. Wheelchair/ cane/ walker
 - f. Other type of special care

Emergency Preparedness

- 12. How prepared do you feel your household is to handle a public health emergency?
 - a. Well Prepared
 - b. Somewhat prepared
 - c. Not at all prepared
 - d. Do not know
 - e. Refused
- 13. Does your household have:
 - a. A designated meeting place immediately outside your home or close by in your neighborhood
 - b. A designated meeting place outside of your neighborhood in case you cannot return home
 - c. Copies of important documents in a safe location (e.g., water proof container)
 - d. Multiple routes away from your home in case evacuation is necessary
- 14. Has your household prepared an emergency supply kit with supplies like food, water, flashlights, and extra batteries that is kept in a designated place inside your home?
- 15. Has your household prepared a first aid kit with emergency supplies to take with you if you had to leave quickly?
- 16. Does your household have adequate drinking water (besides tap) for the next 3 days? (1 gallon/person/day)
- 17. Does your household have adequate non-perishable food for the next 3 days?
- 18. Does your household currently have a 7-day supply of medication for each person who takes a prescribed medication?
- 19. If public authorities announced a mandatory evacuation from your community due to a largescale disaster/emergency would your household evacuate?
- 20. What would be the main reason that might prevent you from evacuating if asked to do so?
 - a. Lack of transportation
 - b. Concern about leaving property
 - c. Concern about personal safety
 - d. Concern about traffic jams
 - e. Health problems
 - f. Lack of trust in public officials
 - g. Nowhere to go
 - h. Concern about leaving pets
 - i. Inconvenient/expensive
- 21. If your household had to evacuate due to a large scale disaster or emergency, where would you go?
 - a. Friends/Family/ 2nd home outside your area
 - b. Hotel or motel
 - c. American red cross, church, or community shelter
 - d. Would not evacuate
 - e. Other:_____

- 22. Do you have any pets?
 - a. If YES in an emergency, if your household was asked to evacuate, what would you do with your pets?
 - i. Take with you
 - ii. Find a safe place for them
 - iii. Leave behind with food and water
 - iv. Would not evacuate because of pets
 - v. Would not evacuate
- 23. Does your household have:
 - a. a working carbon monoxide detector
 - b. a working smoke detector
 - c. a way to cook food if you did not have utilities (gas or charcoal grill)
 - i. if YES: Do you have a 5 day supply of charcoal or gas for the grill
 - d. A working generator
 - i. If YES: Do you have a 5- day supply of fuel for the generator
 - e. A working fire extinguisher
 - f. A back up heating source (i.e. fireplace, kerosene heater, etc.)
 - i. If YES: Do you have a 5-Day supply of fuel for that item
 - g. A complete first aid kit

Prevention

- 24. Are you and your household up to date on vaccines?
- 25. Do you or anyone in your household receive an annual flu shot?

Communication

- 26. In an emergency, what would be your main source of information?
 - a. TV
 - b. Radio
 - c. Text message
 - d. Automated call
 - e. Local newspaper
 - f. Neighbor/friend/family/word of mouth
 - g. Poster/flyer
 - h. Church or other groups
 - i. Internet
 - j. Other_____

- 27. In an emergency, which of the following modes of communication would you use to communicate with family and friends?
 - a. Land Line
 - b. Cellular phone
 - c. Tablet
 - d. E-Mail
 - e. Social media
 - f. Other:____
- 28. Are you aware of any materials to better prepare you and your household for a disaster or emergency?
 - a. If YES, were the materials helpful?
 - b. If YES, where did you learn of the information/materials
 - i. TV
 - ii. Radio
 - iii. Internet, site:_____
 - iv. Poster/flyer
 - v. Newspaper
 - vi. Event
 - vii. Other:_____