# At Risk Population Assessment Form Instructions

In order to gather the right groups to the table for this 5-year planning strategy, the health department must identify at risk groups within their jurisdiction. One way to gather population data is through your MDHHS Regional Epidemiologist. Regardless of how the data is collected, it is important to identify these groups to begin planning. In Table 1, the health department will identify the types of at-risk groups in their jurisdiction. What is included in the table are main categories with the intent the health department will add rows of jurisdictional specific data. In order to identify how to place each population within a larger category, see the checklist from the CDC Public Health Workbook – At- Risk Populations in an Emergency (pg.31) located in Attachment 1.

For Table 2, list the contacts for each identified group. A contact may serve more than one group. The goal is to have as many groups represented in the exercise planning process as well as the following workshop and table top exercise. If the health department has a group that they are not able to connect with, list the barriers

# At Risk Population Assessment Form

The purpose of this form is to outline the main at-risk groups in your jurisdiction and main contacts for each. The at-risk populations listed in this form must be included in the planning committee meetings and exercises. If you are unable to connect with an at-risk group, please detail the barriers.

## Population Data (Table 1)

From the data collected, please list below the at-risk populations and their population percentages within the jurisdiction. Attachment 1 provides a list of at risk groups for reference.

|  |  |
| --- | --- |
| At-Risk Group | Population Percentage |
| Economic Disadvantaged |  |
| Language and Literacy |  |
| Medical Issues and Disability (physical, mental, cognitive or sensory) |  |
| Isolated (cultural, geographic or social) |  |
| Age |  |
|  |  |
|  |  |

## At-risk Group Contacts (Table 2)

For each at risk group listed, please list one contact. Also mark whether or not they will be part of the planning committee for each exercise. If there a very small percentage of a certain group (1% or less of the population) they don’t need to be included in the planning committee. Please list any barriers in this table as well to gaining contact.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| At-Risk Group | Contact | Contact Agency | Exercise Participant or Plan Committee Member? | Barriers if any |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Attachment 1

# At-Risk Population Identification List[[1]](#footnote-1)

Economic Disadvantage

* Living at or under the poverty line, including those who have been in poverty for at least two generations
* Homeless
* Medicaid recipients
* Working poor with limited resources, often working multiple jobs
* Single mothers and sole caregivers
* Low wage workers in multiple jobs
* Ethnic and racial minorities

Language and Literacy (limited English proficiency, low literacy or non-English speaking groups):

* Spanish
* Asian and Pacific Island languages (Chinese, Korean, Japanese, Vietnamese, Hmong, Khmer, Lao, Thai, Tagalog, Dravidian, Polynesian and Micronesian languages)
* Other Indo-European languages (Germanic, Scandinavian, Slavic, Romance French, Italian), Indic, Celtic, Baltic, Iranian, and Greek languages)
* All other languages (Uralic and Semitic languages as well as indigenous languages of the Americas)
* Sign Languages/American Sign Language (ASL)
* Limited language proficiency (read, write) in native language
* Foreign visitors
* Illegal/undocumented immigrants
* Immigrants/refugees

Medical Issues and Disability

* Blind and visually impaired
* Deaf and hard of hearing
* Developmentally disabled
* Mobility impaired
* Medically dependent (life support/medical equipment)
* Chronic disease/infirm
* Diagnosed with HIV/AIDS
* Immunocompromised
* Drug and/or alcohol dependent (perhaps not in treatment)
* Diagnosed with mental illness and substance abuse
* Mentally ill or having brain disorders/injuries
* Chronic pain
* Non-hospitalized patients:
* Require renal dialysis
* Require supplemental oxygen
* Require daily medication (e .g ., insulin, antihypertensive agents, narcotics, antipsychotics)
* Pregnant women
* People recuperating at home from acute injury
* Individuals who do not identify as visually impaired, but would be impaired without their glasses.

Isolation

* Homebound elderly Homeless people
* People living alone
* Sole caregivers
* Single individuals without extended family
* Low-income people
* People living in remote rural areas with spotty or no reception of mass media
* People living in shelters, for example, homeless people, runaways, or battered persons
* Undocumented immigrants
* People dependent on public transportation
* Rural and urban ethnic groups
* Religious communities (e .g ., Amish, Mennonite)
* Seasonal or temporary populations and those in temporary locations
* Commuters
* People displaced by a disaster
* Schools; students, teachers, administrators, and employees at schools, universities, and boarding schools
* Seasonal migrant workers
* Seasonal tourists, residents, and workers
* People isolated by recreational activity (e .g ., primitive campers or backpackers) Truckers, pilots, railroad engineers, and other transportation workers
* Military personnel
* Campers and staff at residential summer camps

Age

* Elderly with limited strength, but not disabled
* Senior citizens
* Infants

1. Centers for Disease Control and Prevention (n.d.). Public Health Workbook to define, locate, and reach special, vulnerable, and at-risk populations in an emergency. Retrieved from <https://emergency.cdc.gov/workbook/pdf/ph_workbookfinal.pdf> [↑](#footnote-ref-1)