

2025 Northwest Preparedness & Resilience Conference Agenda

Tuesday, September 9, 2025			
8:00-9:00 AM	Registration First Floor Lobby (Near Starbucks)	Continental Breakfast Lobby 280 (Above Starbucks)	
9:00-10:15 AM	Conference Welcome <i>Resham Patel</i> Northwest Center for Evidence-Based Public Health Emergency Preparedness and Response (NWPHEPR) Regional Panel <i>Nicole Errett, James Benzschawel, Nate Weed</i> Room 155		
10:15-10:45 AM	Networking Break		
10:45-11:25 AM	PHEPR Workforce Capacity & Leadership Panel <i>Resham Patel, Gabby Hadly, Selene Jaramillo</i> Room 155		
11:30-12:00 PM	<u>Workforce Development: All Staff, Critical Positions, and PHEPR Team</u> <i>Chelsey Bell, Jessica Price</i> Room 155	<u>Public Health Preparedness Workforce Competencies: Developing and Supporting the Next Generation of Practitioners</u> <i>Ashley Moore, Nick Solari</i> Room 145	<u>Strategies to Promote Wildfire Smoke Readiness/Resilience in Central Oregon</u> <i>Sarah Worthington</i> Room 135

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12:00-1:00 PM	Networking Lunch First Floor Lobby			
1:00-1:40 PM	Rumor Has It: Communications in an Environment of Misinformation <i>Communications Keynote Speaker: Tara Kirk Sell</i> Director of the Region 3 Center for Public Health Preparedness and Response, Senior Scholar at the Johns Hopkins Center for Health Security, and Associate Professor in the Department of Environmental Health and Engineering at the Johns Hopkins Bloomberg School of Public Health Room 155			
1:45-2:15 PM	<u>Developing a Framework for Communicating Extreme Cold Risk</u> <i>Reid Wolcott, Bradley Kramer, Tania Busch Isaksen</i> Room 155	<u>WA HEALTH: Automating Hospital Bed Capacity Tracking</u> <i>Jessie Bair, Maggie Dorr, Bryant T. Karras</i> Room 145	<u>Sneak Peak: NWPHEPR's New Crisis Leadership Institute</u> <i>Kevin DeVoss, Brandy Bishop, ocean mason, Resham Patel</i> Room 135	
2:15-2:45 PM	Networking Break			
2:45-3:15 PM	<u>Strengthening Local Partnerships Through Planning & Conducting a Joint Exercise</u> <i>Amy Anderson and Sarah Henley</i> Room 155	<u>It Takes a Village (and a Video): Collaborating for Emergency Communications</u> <i>Cris Matochi</i> Room 145	<u>Developing Regional Disaster Data Ecosystem Models</u> <i>Jim Phuong, Bryant T. Karras</i> Room 135	
3:20-3:55 PM	Communications Break-Out Sessions State Participants	Communications Break-Out Sessions Local Participants (WA)	Communications Break-Out Sessions	Communications Break-Out Sessions Tribal Participants

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	(Yellow Dot) Room 155	(Red Dot) Room 145	Local Participants (OR, ID, AK) (Green Dot) Room 135	(Blue Dot) Room 101
4:00-4:30 PM	<p><u>The Health & Hazards Risk Decision Support (“H2azaRDS”) Tool: Developing a Cutting-Edge Jurisdictional Risk Assessment (JRA) Tool for Washington State</u> <i>Evan Mix, Claire Grant</i> Room 155</p>	<p><u>Building Equitable Workforce Pathways: Lessons from a Statewide Pilot to Strengthen Public Health & Community Capacity</u> <i>Christymarie Jackson, Bella Mendez</i> Room 145</p>	<p><u>A Sustainable Partnership Model Between Pediatric and Community Emergency Departments to Improve Pediatric Readiness</u> <i>Kendra Powell, Neil Uspal, Amanda Adler</i> Room 135</p>	
4:30-6:00 PM	<p><u>Poster Session and Reception</u> 8th Floor (Meet Staff at Elevators near Room 101 for Access)</p>			
<p>Wednesday, September 10, 2025</p>				
8:00-9:00 AM	<p><u>Continental Breakfast & Networking</u> Lobby 280 (Above Starbucks)</p>			
9:00-9:55 AM	<p><u>How Indigenous Knowledge Shapes my Worldview</u> <i>Resilience Keynote Speaker: Jackie Qataliña Schaeffer</i> Director of Climate Initiatives, Alaska Native Tribal Health Consortium, Division of Environmental Health & Engineering (DEHE) Room 155</p>			

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10:00-10:30 AM	<u>Communicable Disease Preparedness</u> <i>Ellyn Marder, Jenny Lenahan, Kate Stein</i> Room 155	<u>Regional Catastrophic Preparedness Grant Project for Resilience Hubs</u> <i>Consuelo Crow</i> Room 145	<u>Healthcare Preparedness: Planning for FIFA World Cup 2026 and Other Large Scale Events</u> <i>Danica Little</i> Room 135	
10:30-10:45 AM	Break			
10:45-11:15 AM	<u>Leveraging an Equity Impact Review Tool for Inclusive Emergency Response</u> <i>Rosheen Birdie, Janae Giles, Mariel Torres Mehdipour</i> Room 155	<u>National Disaster Medical System Pilot Project: Puget Sound</u> <i>Nicole Errett, Susan Koppelman</i> Room 145	<u>Oregon's Preparedness & Response Structure</u> <i>Danielle Brown, Emily Wegener</i> Room 135	
11:15-11:30 AM	Break			
11:30-12:15 PM	Communications Break-Out Sessions 8th Floor W (Blue Star)	Communications Break-Out Sessions Lobby 280 (Green Star)	Communications Break-Out Sessions Room 101 (Red Star)	Steering Committee Meeting Room 250 (Invite only)
12:15-1:30 PM	Networking Lunch and Conference Reflections 8th Floor (Meet Staff at Elevators near Room 101 for Access)			
1:30-3:00 PM	RAPID Facility Environmental Health Instrumentation Demonstration Room 101 and Outside			

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Sessions & Abstracts

Workforce Development: All Staff, Critical Positions, and PHEPR Team

Chelsey Bell, Jessica Price

Tacoma-Pierce County Health Department

Beginning in 2023 Tacoma-Pierce County Health Department's PHEPR team made improvements by changing workforce training and resources in response to the COVID-19 After Action Report. Today, we have implemented policies, procedures, training, and additional resources to build our workforce in a way that is trauma-informed.

Public Health Preparedness Workforce Competencies: Developing and Supporting the Next Generation of Practitioners

Ashley Moore, Nick Solari

University of Washington

Since its inception, the field of public health preparedness and response has changed significantly with evolving approaches and priorities, including recent learnings from the COVID-19 pandemic response and a greater emphasis on the critical roles of equity, community resilience, and partnerships. We conducted a series of focus groups with experienced state and local public health practitioners to establish evidence-based competency domains needed for the existing and future public health workforce related to preparedness and response. These focus group discussions, along with input from an interdisciplinary expert working group, informed the development of a national survey to refine a set of competencies among the wider public health practice and academic communities. We will present the process of establishing the expert working group, current findings, and the next steps for this project. This session will invite attendees to reflect on their experiences with competency development, strategies to implement these competencies in various contexts, and alignment with national public health workforce and infrastructure initiatives.

Public Health Strategies to Elevate Smoke Readiness in Central Oregon

Sarah Worthington

Crook, Deschutes, Jefferson County Public Health Departments

Wildfire Smoke impacts to air quality in Central Oregon. have dramatically increased in recent years and are predicted to continue. Wildfire smoke is a unique hazard for Environmental Health: we cannot impact the source of the hazard itself; Public Health has no regulatory authority over air quality; smoke impacts may be associated with life-threatening wildfires and evacuations in our community.

Public Health staff in Central Oregon have: developed partnerships with state/Federal agencies on smoke communications and outreach during prescribed fire and wildfire seasons; conducted outreach with Community Based Organizations and agencies serving priority populations; distributed resources (box fan filters, air quality monitors) where available. We also provide education on wildfire evacuation readiness. Our goal is to empower our community to safely live with fires and smoke because they are an increasingly common hazard in our region.

Developing a Framework for Communicating Extreme Cold Risk

Reid Wolcott, Bradley Kramer, Tania Busch Isaksen

National Oceanic and Atmospheric Administration, Public Health Seattle & King County, University of Washington

The lack of acclimatization to extreme cold in the coastal northwest region makes timely and tailored public health communication about human health impacts especially important. Organizations that respond to and warn the public about extreme weather, including public health agencies, rely on alerts from the National Weather Service (NWS) to identify and prepare for weather events that pose risks to the public. However, to be effective, an extreme cold early warning system must be context-specific, including by accounting for local health impacts and informing culturally appropriate intervention opportunities. This project brings together the NWS Seattle Forecast Office, Public Health - Seattle King County, UW researchers, and experts on weather risk communication from the National Oceanic and Atmospheric Administration Global Systems Laboratory (NOAA GSL), to: 1) evaluate the health impacts of extreme cold in our region, including the temperature thresholds at which health impacts become more frequent and severe; 2) identify risk reduction opportunities that can be applied by public health agencies and their partners; and, 3) identify opportunities to improve interagency coordination by illuminating information required to make informed decisions about extreme cold preparedness and response by specific organizations. Outcomes from this project will enable the project team to produce a

framework that includes the escalating impacts of extreme cold, will set the stage for future research examining the implementation and effectiveness of a place-specific extreme cold early warning system, and will directly inform the development of extreme weather decision support tools and services created by NOAA GSL.

WA HEALTH: Automating Hospital Bed Capacity Tracking

*Jessie Bair, Maggie Dorr, Bryant T. Karras
Washington State Department of Health*

WA Department of Health and UW have piloted innovations in syndromic surveillance, population-level health monitoring/tracking, and now new support of hospital bed capacity via HIE using EHR data. This approach uses new HL7 standards for SANER (Situational Awareness for Novel Epidemic Response) and US SAFR (US Situational Awareness Framework for Reporting) Fast Healthcare Interoperability Resources (FHIR - pronounced "fire"). If adopted, this will save providers and preparedness staff time, as well as potentially increase situational awareness timeliness and accuracy.

Strengthening Local Partnerships Through Planning & Conducting a Joint Exercise

*Amy Anderson and Sarah Henley
Kitsap Public Health District, Tacoma Community College*

We conducted a multi-jurisdictional exercise on March 12, 2025: This Tornado Stinks! The scenario: A tornado touches down on the Port Madison Indian Reservation, knocking out all usual communications (internet, cell & landline phones) and causing extensive damage to a water treatment plant. This exercise was a culmination of a full year of planning. Our exercise planning team was comprised of representatives from the Suquamish Tribe's OEM, Kitsap Public Health District's PHEPR program, Kitsap County Department of Emergency Management, and Kitsap Auxiliary Radio Service (KARS). Join us while we discuss why we chose a tornado, how the process went, what we learned, and if we would do it again.

It Takes a Village (and a Video): Collaborating for Emergency Communications

*Cris Matochi
Washington Department of Health*

What if preparedness messaging did more than just inform? What if your messages could truly connect with people's feelings, their everyday lives, and their communities? What if communication could genuinely evoke emotions and shift mindsets, inspiring long-term action? Our campaign, "*When Disaster Hits Home: Preparing for the Unexpected in*

Washington,” was born from a collaborative effort among communicators, health educators, equity specialists, public health professionals, and emergency preparedness experts at the state and local levels. At the Washington State Department of Health, we discovered that video storytelling is an incredibly powerful tool for transforming how people feel, think, and act. Using thoughtful communication strategies, we developed a preparedness campaign rooted in that collaboration. Together—and without a budget—we created a Go-Bag video that resonated deeply with both external communities and internal teams, motivating many to take action. Video storytelling is a powerful catalyst for creating collaborative, impactful, and equitable public health communications that drive real change and empower communities to take meaningful action.

Developing Regional Disaster Data Ecosystem Models

Jim Phuong, Bryant T. Karras

University of Washington, Washington Department of Health

Siloed data impede public health preparedness and response (PHPR). Challenges in PHPR data sharing and integration hamper the development and uptake of evidence-based strategies and interventions (EBSIs) and limit public health agency ability to focus efforts to reduce risk and enhance equity. To plan for transforming the status quo, PHPR practitioners and researchers in the Northwest region of the United States collaborated for one year and developed a concept for a regional data ecosystem that would connect people, platforms, and processes for better PHPR data and decision-making in the region. Anticipated barriers to data sharing and integration for PHPR activities include capacity issues (e.g., staff time, funding, technical expertise), coordination challenges (e.g., lack of clear documentation, lack of data standardization strategies within and between organizations), as well as legal and organizational hurdles (e.g., privacy concerns, intellectual property restrictions, inconsistent statutes and legislation across jurisdictions). Overcoming these barriers will require multifaceted approaches that combine technical, legal, and organizational solutions (e.g., policies and practices that minimize redundant staff efforts across jurisdictions while leveraging recent advancements in encryption, distributed computing, and artificial intelligence to ensure data sovereignty, privacy, and security). Fostering trust will be central to the ecosystem development, for which key governance principles include CARE (Collective benefit, Authority to control, Responsibility, and Ethics) and FAIR (Findable, Accessible, Interoperable, and Reusable) to support the ecosystem’s long-term viability.

The Health & Hazards Risk Decision Support (“H2azaRDS”) Tool: Developing a Cutting-Edge Jurisdictional Risk Assessment (JRA) Tool for Washington State

Evan Mix, Claire Grant

University of Washington, Washington Department of Health

The Centers for Disease Control and Prevention (CDC) requires state and local health departments to complete jurisdictional risk assessments (JRAs) to inform preparedness efforts. With diverse hazards, varying local resources, and heterogeneous communities, Washington requires a JRA approach that utilizes a consistent, evidence-based methodology, minimizes the burden on local jurisdictions, and allows local officials to tailor assessments to their jurisdictions. To meet this need, the Washington State Department of Health (DOH) and the University of Washington Center for Disaster Resilient Communities have developed the “Health and Hazards Risk Decision Support” (H2azaRDS) Tool. H2azaRDS is a web-based tool to support Washington local health jurisdictions’ (LHJs) public health emergency preparedness planning. The tool was designed in collaboration with key partners across the state, including representatives of LHJs, DOH, emergency management, community-based organizations, tribes, and healthcare coalitions. This presentation will provide an overview of this development process and the resulting tool, then highlight remaining challenges.

Building Equitable Workforce Pathways: Lessons from a Statewide Pilot to Strengthen Public Health & Community Capacity

Christymarie Jackson, Bella Mendez

Washington State Department of Health

The Workforce Pathways Program (WFP) was launched by the Washington State Department of Health, funded through emergency CDC support to build stronger public health systems during and after the COVID-19 pandemic. This innovative pilot program focused on recruiting, hiring, and retaining a representative workforce that can equitably serve communities during public health emergencies. Core program elements include paid internships and employment, professional mentorship, statewide networking, hands-on learning, and investment in community and agency infrastructure. This session will share outcomes, lessons learned, and long-term impacts from the Workforce Pathways Program pilot, including strategies to reach underrepresented communities, sustaining diverse talent pathways, and advance culturally informed emergency response systems. Presenters will also explore the critical role of state-local collaboration in filling workforce gaps and building trust across diverse communities and populations. Attendees will gain insight into replicable models for building an equitable, prepared, and sustainable public health workforce.

National Disaster Medical System Pilot Project

Nicole Errett, Susan Koppelman

University of Washington, Northwest Healthcare Response Network

The National Disaster Medical System (NDMS) Pilot Program aims to increase surge capacity, capability, and interoperability across the NDMS in support of a large-scale combat operation requiring definitive care for large numbers of Department of Defense casualties repatriated to the U.S. over the course of a protracted conflict. The Puget Sound is one of eight pilot sites across the country leading a collaborative effort with federal, state, local, and interagency partners to field national level and site-specific projects. The University of Washington leads the field implementation team for Puget Sound, with operational planning support provided by the Northwest Healthcare Response Network. In the first year of the pilot, the team convened an NDMS steering committee and generated a landscape analysis and six project proposals aimed at improving information management, patient movement coordination and supply chain resilience.

Regional Catastrophic Preparedness Grant Project for Resilience Hubs

Consuelo Crow

Seattle Office of Emergency Management

Catastrophic events such as major earthquakes can severely disrupt transportation, communication, and infrastructure, isolating communities into “islands” cut off from external support. Because such events are rare, infrastructure designed exclusively for disaster use may become obsolete or underutilized. In the Puget Sound region, Community Resilience Hubs provide a sustainable, community-centered approach to preparedness. These hubs are designed to serve local populations during both routine disruptions—such as extreme weather—and major disasters, strengthening community ties and systems before a crisis occurs. By supporting current community-led efforts and leveraging familiar, frequently used resources, Resilience Hubs build trust, encourage ongoing engagement, and ensure that emergency systems are effective and accessible when most needed. This approach shifts the focus from one-time catastrophic planning to ongoing resilience, helping communities become more self-sufficient and adaptive in the face of both everyday challenges and large-scale disasters.

Communicable Disease Preparedness

Ellyn Marder, Jenny Lenahan, Kate Stein

Public Health - Seattle & King County

Outbreaks, emerging diseases and large events pose challenges to Public Health – Seattle & King County (PHSKC)'s communicable disease prevention and response activities. In 2024, PHSKC developed a comprehensive outbreak readiness tool designed to evaluate existing resources and local outbreak response capacity. This provides an overview of departmental capabilities and informs actionable steps to ensure timely and equitable response activities. The tool is structured around key public health response areas including surveillance, vaccination, therapeutics, healthcare system readiness, and isolation and quarantine. This readiness tool is especially critical as the region prepares to host the FIFA World Cup Tournament in summer 2026. In anticipation of this event, PHSKC is planning surveillance, reporting and response measures. Key efforts include identifying high priority conditions, developing response workflows, and drafting epidemiological situation reports. During this session, we will present about the outbreak readiness tool and will share our planning efforts for the World Cup.

A Sustainable Partnership Model Between Pediatric and Community Emergency Departments to Improve Pediatric Readiness

*Kendra Powell, Neil Uspal, Amanda Adler
Seattle Children's Hospital*

Most children seeking emergency services in the United States present to community emergency departments (EDs). Community EDs often have low pediatric patient volumes, potentially leaving systems underprepared to care for children. High pediatric readiness has been associated with lower child mortality.

Our objective is to improve regional pediatric workforce and systems capacities by building a sustainable network connecting community EDs to our academic children's hospital. We follow the ImPACTS model, utilizing simulation and Pediatric Readiness Assessments to improve outcomes for critically ill children. We enhance local leadership by partnering to identify site Pediatric Emergency Care Coordinators (PECCs).

Supported by the Pediatric Pandemic Network (PPN), the Seattle Children's Community Pediatric Readiness Team was established in April 2024. Our group has conducted 20 simulations with 150 participants during visits to 9 community EDs, with 7 sites identifying new PECCs. We plan to further expand our program across the Pacific Northwest Region.

Leveraging an Equity Impact Review Tool for Inclusive Emergency Response

*Rosheen Birdie, Janae Giles, Mariel Torres Mehdipour
Public Health - Seattle & King County*

Public health emergencies disproportionately affect populations impacted by inequities (PII), exacerbating existing health disparities. Public Health – Seattle & King County’s Equity Response Annex and associated tools, including the Equity Impact Review (EIR) Tool, provide a structured approach to embedding equity into emergency response planning and operations. This demonstration will guide participants through the practical application of the EIR Tool, showcasing its use in real-time response scenarios. Participants will engage in a simulation exercise, where participants will use the EIR Tool to evaluate response operations in a disaster scenario, addressing critical questions about community impacts and resource distribution. The simulation will highlight the identification of priority populations and the development of equity-based incident objectives.

Through hands-on activities, participants will learn how to integrate the EIR Tool into their Incident Action Planning process and decision-making framework. The session will cover how to utilize existing demographic and social vulnerability data to identify at-risk communities, assess the impacts of disaster response operations, and make informed, equity-driven decisions. Attendees will leave with a clear understanding of how to use the EIR Tool to prioritize PII during emergencies, ensuring a more effective and inclusive response.

This demonstration will provide participants with practical, actionable tools to incorporate equity into their public health emergency preparedness and response efforts.

Healthcare Preparedness: Planning for FIFA World Cup 2026 and Other Large Scale Events

*Danica Little
Northwest Healthcare Response Network, University of Washington Medicine*

Healthcare organizations in the Northwest have a strong history of collaboration in disaster preparedness. This session will explore the comprehensive planning strategies these organizations employ ahead of large-scale international events such as the FIFA World Cup. Key focus areas include:

- Response planning for multiple casualty incidents (MCIs)
- Preparation for infectious disease outbreaks, novel illnesses and special pathogens

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- Family reunification
- Coordination with public health
- Joint planning with emergency management and response partners
- Security and risk mitigation strategies

The session will also address challenges specific to healthcare operations during the FIFA World Cup games.

Oregon's Preparedness & Response Structure

Danielle Brown, Emily Wegener
Oregon Health Authority

The Health Security, Preparedness and Response (HSPR) Program is part of the Oregon Health Authority's (OHA) Center for Public Health Practice. It is an all-hazards program that develops public health and healthcare systems to prepare for and respond to major threats, acute threats and emergencies that impact the health of people in Oregon. HSPR supports programs and activities that build community resiliency, in coordination with other OHA programs and with Tribal, local, and state agencies, by planning, training, equipping and evaluation in order to reach equity for all communities even in disasters and public health crises. This presentation will review who we are, how we respond, how we prepare together, and resources we support.

Poster Sessions and Abstracts

Utilizing Power BI to Improve AAR/IP Follow-Through

Elizabeth Cox
Snohomish County Health Department

After Action Reviews (AARs) and Improvement Plans (IPs) are essential for strengthening public health emergency preparedness, yet many agencies struggle with tracking and implementing corrective actions over time. This session will showcase a practical solution implemented at the Snohomish Health Department, using tools developed by Hennepin County, MN: a Power BI dashboard and companion spreadsheet designed to streamline corrective action tracking across trainings, exercises, and real-world responses. By centralizing data and visualizing progress, the dashboard supports improved accountability, transparency, and follow-through on identified improvement items.

Equity Response Team: Embedding Equity Through a Unique Community and ICS Partnership

Mariel Torres Mehdipour, Mayet Dalila

Public Health - Seattle & King County

Local health jurisdictions are responsible for ensuring the health and wellbeing of all county residents as well as assuring that resources are equitably available. However, traditional crisis response systems and policies (e.g. Incident Command System and Crisis Standards of Care) are structures that can overlook strategies that meet the needs of the communities that they serve. By establishing the Equity Response Team (ERT), Public Health - Seattle and King County (PHSKC) and its Health and Medical Area Command (HMAC) took a novel approach to explicitly incorporate equity into its operational structures. Comprised of community members, as well as city and county staff, the ERT serves as an internal 'think tank' and has been addressing cross-cutting issues raised by Health Medical Area Command (HMAC), as well as community and partner agencies, since March 2020.

Public Health Preparedness Workforce Competencies: Developing and Supporting the Next Generation of Practitioners

Ashley Moore

University of Washington

Since its inception, the field of public health preparedness and response has changed significantly with evolving approaches and priorities, including recent learnings from the COVID-19 pandemic response and a greater emphasis on the critical roles of equity, community resilience, and partnerships. We conducted a series of focus groups with experienced state and local public health practitioners to establish evidence-based competency domains needed for the existing and future public health workforce related to preparedness and response. These focus group discussions, along with input from an interdisciplinary expert working group, informed the development of a national survey to refine a set of competencies among the wider public health practice and academic communities. We will present the process of establishing the expert working group, current findings, and the next steps for this project. This session will invite attendees to reflect on their experiences with competency development, strategies to implement these competencies in various contexts, and alignment with national public health workforce and infrastructure initiatives.

Heat Dome

Matias Korfmacher

University of Washington

ABSTRACT

The Firewall Doesn't Cover Coughs: Testing Agency Continuity of Operations in a Cyberattack Scenario.

Nathan Anderson, Quynh Sample

Kitsap Public Health District

In May 2025, Kitsap Public Health District's Public Health Emergency Preparedness and Response team conducted a tabletop on continuing services during an unplanned network outage. In this scenario, a cyberattack disrupted network service at the agency's office and prevented staff from accessing internal file servers, databases, VPN access, and Microsoft 365 products. Objectives for the exercise were to 1) Develop strategies to continue District operations and services and 2) Identify how leadership will distribute messaging to alert employees of the situation.

Washington State Department of Health Disaster Epidemiology Team

Emily Laskowski

Washington Department of Health

The Washington State Department of Health Disaster Epidemiology team uses epidemiological methods to prepare for, evaluate and mitigate the effects of a disaster or public health emergency. Through support for epidemiological investigations and outbreak responses, management of the Epidemiological Response Team, promotion of readiness among epidemiology staff, development of tools and resources for use in disasters or emergencies, and assistance with data collection and analysis before, during, and after incidents, the WA DOH Disaster Epidemiology Team helps bolster workforce capacity to assess current capabilities and better address future hazards. This poster will provide an overview of disaster epidemiology, describe the work of the WA DOH Disaster Epidemiology Team, and share opportunities for collaboration and engagement.

Are We Ready? A Discussion of Disaster Epidemiology and Readiness for Infectious Disease Surveillance During Major Emergencies

Emily Laskowski

Columbia University

Public health agencies must be prepared to conduct infectious disease surveillance during major incidents when surveillance systems are disrupted. Eleven 60-minute, virtual, semi-structured key informant interviews were conducted with public health professionals at all levels of government to better understand successes and areas for improvement in key areas of disaster surveillance operational readiness. Interview transcripts were qualitatively coded and thematically analyzed using a systematic inductive approach. Several challenges in preparedness for infectious disease surveillance remain, including internal silos, limited data-handling capacity of systems, uncertainty around communications outages, inflexible data sharing agreements, limited sight outside of healthcare or laboratory systems, little familiarity with emergency response procedures, suboptimal funding, and limited staff capacity. Study findings suggest public health agencies can improve their operational readiness by strengthening collaboration with internal and external partners, preparing for communications outages, improving community-based surveillance and needs assessment capabilities, and developing relationships and tools for surge staffing capacity.

Enhancing Safety and Self-Sufficiency during Extreme Summer Hazards in Deschutes County, Oregon

Sarah Worthington

Deschutes County Public Health

Extreme heat and wildfire smoke are ongoing challenges during summer in Central Oregon, particularly for populations who are most vulnerable to environmental hazards. To mitigate health risks from summer hazards, Deschutes County Health Services, Public Health Emergency Preparedness team (DCHS PHEP), supports various extreme weather efforts. As an additional resource, DCHS PHEP launched a Heat Stress Kit pilot program in summer 2024 with the goal to help reduce heat and smoke related illness during extreme weather events. Kits included physical items and health education materials about ways to stay safe during heat and smoke events. Kits were distributed via request form to community partners who primarily served people experiencing homelessness and older adults. This poster highlights the pilot program, partnerships, distribution and feedback.

A Sustainable Partnership Model Between Pediatric and Community Emergency Departments to Improve Pediatric Readiness

Kendra Powell, Neil Uspal, Amanda Adler

Seattle Children's Hospital

"Most children seeking emergency services in the United States present to community emergency departments (EDs). Community EDs often have low pediatric patient volumes, potentially leaving systems underprepared to care for children. High pediatric readiness has been associated with lower child mortality. Our objective is to improve regional pediatric workforce and systems capacities by building a sustainable network connecting community EDs to our academic children's hospital. We follow the ImPACTS model, utilizing simulation and Pediatric Readiness Assessments to improve outcomes for critically ill children. We enhance local leadership by partnering to identify site Pediatric Emergency Care Coordinators (PECCs). Supported by the Pediatric Pandemic Network (PPN), the Seattle Children's Community Pediatric Readiness Team was established in April 2024. Our group has conducted 20 simulations with 150 participants during visits to 9 community EDs, with 7 sites identifying new PECCs. We plan to further expand our program across the Pacific Northwest Region. "

Developing a Framework for Communicating Extreme Cold Risk

Mary Hannah Smith

University of Washington

The lack of acclimatization to extreme cold in the coastal northwest region makes timely and tailored public health communication about human health impacts especially important. Organizations that respond to and warn the public about extreme weather, including public health agencies, rely on alerts from the National Weather Service (NWS) to identify and prepare for weather events that pose risks to the public. However, to be effective, an extreme cold early warning system must be context-specific, including by accounting for local health impacts and informing culturally appropriate intervention opportunities. This project will bring together the NWS Seattle Forecast Office, Public Health - Seattle King County, UW researchers, and experts on weather risk communication from the National Oceanic and Atmospheric Administration Global Systems Laboratory (NOAA GSL), to: 1) evaluate the health impacts of extreme cold in our region, including the temperature thresholds at which health impacts become more frequent and severe; 2) identify risk reduction opportunities that can be applied by public health agencies and their partners; and, 3) identify opportunities to improve interagency coordination by illuminating information required to make informed decisions about extreme cold preparedness and response by specific organizations. Outcomes from this project will enable the project team to produce a framework that includes the escalating impacts of extreme cold, will set the stage for future research examining the implementation and effectiveness of a place-specific extreme cold early warning system, and will directly inform the development of extreme weather decision support tools and services created by NOAA GSL.

Power of Good Data: Operationalizing Stakeholder Preparedness Review Outcomes

Michelle Gillies

University of Washington Medicine

Public health emergencies demand decision-making grounded in timely, accurate, and actionable information. This project introduces an integrated approach to preparedness that combines modernized risk assessment tools with real-time after-action data capture and analysis. By streamlining data collection, visualization, and reporting, jurisdictions can move from static, compliance-driven assessments to a dynamic cycle of continuous improvement. The system captures operational insights from incidents, training, and planning events, categorizes them into core preparedness capabilities, and tracks progress on corrective actions over time. This process ensures that lessons identified are translated into tangible improvements, resource prioritization, and stronger public health resilience. The integrated platform supports planning, investment justification, and coordinated action across sectors, enabling communities to respond more effectively to emerging threats while safeguarding essential health and community services. This approach bridges gaps between analysis, action, and accountability, creating a sustainable foundation for evidence-based preparedness.

Enhancing Community-Centered Disaster Planning with Psychological First Aid

Amanda Stewart

Oregon Health & Science University

Psychological First Aid (PFA) has emerged as a key component of early mental health intervention during and after disasters, yet its integration into coordinated disaster response remains inconsistent. This poster synthesizes current literature on the effectiveness, principles, and implementation of PFA in disaster response planning. It highlights core components of evidence-based PFA models, identifies gaps in training and delivery among disaster response teams, and examines the challenges of cultural and contextual adaptation. Drawing from both empirical findings and best practices, the poster offers practical recommendations for embedding PFA within multidisciplinary emergency response systems. Emphasis is placed on community-centered approaches that empower local responders, foster resilience, and ensure psychosocial support is accessible and sustainable across diverse populations. This synthesis aims to inform planners, policymakers, and first response teams on how to operationalize PFA as an essential pillar of inclusive disaster preparedness and recovery.

Tracking Health Exposure Data for the 2025 Southern California Wildfires With ArcGIS

Naomi Cutler

University of Washington

Following the 2025 Southern California wildfires, the Public Health Extreme Events Research Network (PHEER) convened to identify the needs of the local research and public health practice community in California. To address the need for coordination and data-sharing among researchers, PHEER developed a wildfire health exposure ArcGIS web application. The objective was to establish a web-based geospatial platform to collect and curate critical health exposure measures. These measures include environmental exposures related to fires and wildfire smoke as well as the secondary hazards associated with contaminated soil, air, water, or debris. The map is a collection of freely available data from local, state, and federal data sources as well as data collected by researchers and the Natural Hazards Engineering Research Infrastructure Natural Hazards Reconnaissance (NHERI RAPID) facility at the University of Washington. This poster describes the process of creating the health exposure map in ArcGIS Online, including coordinating with researchers and the NHERI RAPID facility to share data and creating features that allow users to download and utilize the data. Additionally, the poster explores the challenges and benefits of using an ArcGIS Online platform for a research coordination effort. Finally, the poster considers potential analyses and future research opportunities that could develop from the map.

Partnerships for Public Health Emergency Preparedness: A Survey of Region 10 Local Health Departments

Ashley Moore

University of Washington

Public health organizations and researchers recognize community engagement as a critical practice for promoting the health and well-being of communities, especially as climate change introduces unprecedented extremes of natural hazards and novel pandemics that can overwhelm the local health departments (LHDs) tasked with serving their communities. However, gaps remain in our understanding of factors that contribute to partnerships in public health emergency preparedness (PHEP). This research assesses LHD PHEP partnership activities and the contextual factors that influence these activities. We developed and distributed a cross-sectional survey to LHDs in Alaska, Idaho, Oregon, and Washington. The survey collected data on LHD characteristics, community engagement activities, and participant commitment to community partnerships in PHEP. We used linear regression to determine predictors to community engagement activities and commitment to partnerships in PHEP. With a response rate of 3.33%, participants represented LHDs in Washington

(n=17), Oregon (n=4), and Idaho (n=3). State is a predictor of community engagement activities and participant commitment to community partnerships, and participant years of experience in PHEP is a predictor of their commitment to community partnerships. Given the limited research on community engagement for PHEP after the start of the COVID-19 pandemic, this study can provide a current baseline of engagement and partnership activities among LHDs in Region 10. Early career training, transference of institutional knowledge, and embedding community partnership practices into organizations can facilitate sustainable PHEP community engagement practices.

Health Emergency Ready Oregon (HERO) Kids Registry - In an Emergency Every Moment Counts

Brittany Tagliaferro-Lucas

Oregon Title V - CYSHCN (OCCYSHN)

Learn about the Health Emergency Ready Oregon (HERO) Kids Registry. This registry helps to fill the information gap for EDs and EMS by providing critical health information and emergency contacts during a medical emergency or natural disaster.

Developing and Validating a Trust in Public Health Authorities Scale for Extreme Heat Guidelines

Riley Achtemeier

Oregon Title V - CYSHCN (OCCYSHN)

In the summer of 2021, the Pacific Northwest (PNW) experienced a record-breaking “heat dome” that severely strained public health systems and disproportionately impacted vulnerable populations. While trust in public health authorities (PHAs) is known to influence disaster response and resource use, little research has examined trust in the context of extreme heat events (EHEs) guidelines. This study addresses that gap by assessing the face validity of an adapted survey tool to measure public trust in PHAs and acceptance of EHE guidelines. To adapt an existing survey, a literature review was conducted on existing EHE guidelines to develop themes and questions proposed to a discussion group. Questions were refined through a second discussion group resulting in eight finalized questions; those eight questions were combined with 12 PHA trust questions and demographic questions to create the adapted Trust in Public Health Authorities (TiPHA) questionnaire. The adapted TiPHA questionnaire was administered to six focus groups with 29 participants from Multnomah County, OR, King County, WA and Vancouver, BC to assess perceived clarity, accuracy, difficulty, length, and bias through facilitated discussion. The focus groups were professionally transcribed, and a content analysis was conducted. Overall, the adapted TiPHA

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questionnaire was found to be generally clear in format and question clarity, with minimal bias, and of appropriate length. However, minor revisions were needed for specific questions and questionnaire elements, including definitions for key terms. This research begins to fill the gap for trust in PHAs and their climate-related hazard guidance, which will equip PHAs to assess if trust impacts adherence to EHE guidance and thus how to best deploy EHE communications to improve health outcomes.