



#### **New Toolkit from ASPR:**

<u>Capacity-Building Toolkit for Including the Aging & Disability</u>

<u>Networks in Disaster Planning</u>

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#### I. Background on ASPR





## Mission: ASPR Saves Lives and Protects Americans from 21st Century Health Security Threats

#### **ASPR's Key Priorities:**

- **Strong Leadership:** Provide clear policy direction, improved threat and situational awareness, and secure adequate resources
- Regional Disaster Health Response System: Leveraging and augmenting existing programs to create a more coherent, comprehensive, and capable system integrated into daily care delivery
- Public Health Security Capacity: Improve the ability to detect and diagnose infectious diseases and other threats and increase the capability to rapidly dispense medical countermeasures in an emergency
- Medical Countermeasure Enterprise: Develop and maintain a robust stockpile of safe and efficacious vaccines, medicines, and supplies to respond to emerging disease outbreaks, pandemics, and chemical, biological, nuclear, and radiological incidents and attacks



## Legal Authorities: Office of the Assistant Secretary for Preparedness and Response (ASPR)

ASPR was established in 2006, in the wake of Hurricane Katrina, to lead the nation in preventing, preparing for, and responding to adverse health effects of public health emergencies and disasters whether deliberate, accidental, or natural.

<u>The Public Health Service Act (PHSA)</u> forms the foundation of HHS' legal authority for responding to public health <u>emergencies as amended by the 2006 Pandemic and All Hazards Preparedness Act (PAHPA), 2013 Pandemic and All-Hazards Preparedness Reauthorization Act (PAHRA), and (draft) 2019 Pandemic And All-Hazards Preparedness and <u>Advancing Innovation Act</u>.</u>

- ✓ Authorize ASPR
- ✓ Authorize public health and medical preparedness programs
  - Biomedical Advanced Research and Development Authority (BARDA) and Medical Countermeasures
  - Emergency Support Function (ESF) #8: Public Health and Medical Response: Domestic and International Programs
  - Situational Awareness: Surveillance and Credentialing
  - Grants
  - National Health Security Strategy (NHSS)
  - Address the Access & Needs of At-Risk Individuals
  - Education and Training



#### **HHS Requirements for At-Risk Individuals**

Section 2802 of the <u>Public Health Service Act (PHSA)</u> requires taking into account the *access and* functional needs of at-risk individuals, including public health and medical needs, in the event of a public health emergency. This include children, pregnant women, older adults, people with disabilities, and others as determined by the Secretary.

Section 2814 of the PHSA establishes the following eight requirements as they are related to addressing the access and functional needs of at-risk individuals:

- 1. Monitor emerging issues
- 2. Oversee implementation of preparedness goals
- 3. Assist federal agencies in preparedness activities
- 4. Provide guidance on preparedness and response strategies and capabilities
- 5. Ensure the strategic national stockpile addresses the needs of at-risk populations



- 6. Develop curriculum for public health and medical response training
- 7. Disseminate and update best practices
- 8. Ensure communication addresses the needs of at-risk populations



# II. Capacity-Building Toolkit HHS/ASPR & ACL NACCHO ASTHO

Capacity-Building
Toolkit
for including
Aging & Disability
Networks
in
Emergency Planning



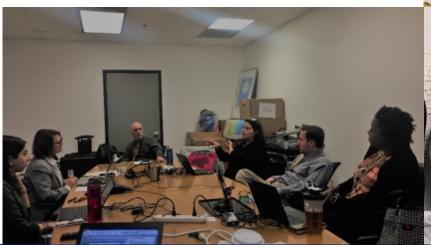
Developed by the U.S.
Department of Health and
Human Services, Office of
the Assistant Secretary for
Preparedness and Response

AUTHORED BY THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO) AND THE ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS (ASTHO) IN COLLABORATION WITH THE HIS OFFICE OF THE ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE (ASPI) AND THE HIS ADMINISTRATION FOR COMMUNITY LIVING (ACL)



### **Background**

- 2017 Hurricane Response
- Aging & Disability Taskforce
   (HHS/Administration on Community Living & Office for Civil Rights)









### **Purpose of the Capacity-Building Toolkit**

- Provide information and resources for the aging & disability networks to become more engaged in emergency planning
- Increase CBO readiness, establish partnership with emergency management & public health officials
- Advance whole community planning & supporting consumers
- Ensure equal access to our nation's emergency preparedness, response, & recovery resources











## HHS/ACL's Aging & Disability Networks

#### **Aging Network Partners**

- Area Agencies on Aging (AAAs)
- State Units of Aging (SUAs)





- Centers for Independent Living (CILs)
- Statewide Independent Living Councils (SILCs)
- Developmental Disabilities Councils (DD Councils)
- Protection and Advocacy Systems (P&As)
- University Centers for Excellence in Developmental Disabilities (UCEDDs)
- State Grants for Assistive Technology Programs (AT Programs)



#### Role of Aging & Disability Networks in Emergencies

- HHS/Administration on Community Living (ACL) provides grant funding to CBOs for programs to support older adults & people with disabilities so that they can remain in their homes & communities
- Knowledge, experience, & expertise in working with at-risk individuals and can assist with identifying their access & functional needs & providing outreach to older adults, people with disabilities, their caregivers, & family members
- CBOs vital role as disaster planning SMEs to ensure that consumers have access to community services, supports, & disaster assistance



#### **Emergency Planning for Organization**

- Identify hazards
  - ✓ Conduct risk assessments.
- Create an Emergency Operations Plan
- Understand the Incident Command System
- Participate in trainings and exercises
- Engage in consumer advocacy
  - ✓ Advocate for consumers to participate in exercises





## **Emergency Planning for Consumers**

- Establish effective communication with consumers
  - ✓ Discuss emergency plans
  - ✓ Identify the support that may be needed in the event of an emergency
  - Discuss the emergency services that will likely be provided
- Assist consumers with
  - ✓ Preparing emergency kits
  - ✓ Understanding safety checks
  - ✓ Navigating disaster assistance





### **CBO Partnering with Local Responders**

- Share situational awareness
- Provide subject matter expertise on access and functional needs for
  - ✓ sheltering in place/evacuations
  - √ accessible transportation
- Leverage CBO data in lieu of local registries





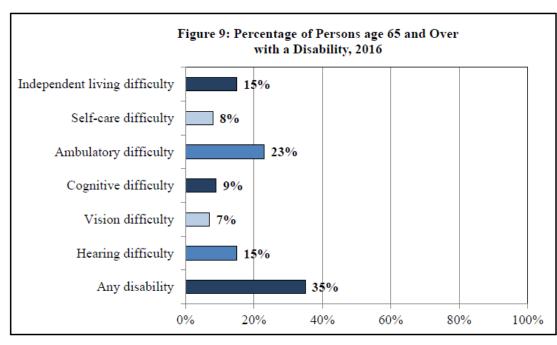
## "Special Need Registries" are Problematic

- **Cost**: There is a significant cost in collecting, protecting, and organizing personal identifying information for developing and maintaining a registry
- Maintenance: Keeping the data up to date requires sophisticated resources and technical skills; it must be managed and maintained to ensure utility
- **Utility**: Many communities and counties provide an opt-in registry. To be useful, however, the data must be verified and kept up to date. These opt-in registries run the risk of being incomplete and out of date
- Resources: Risk of sending responders to registry locations that are out of date uses valuable time and resources
- Resident Assumptions: Residents who opt-in to a registry may falsely assume that someone will come for them and thus, may not take responsibility for their personal preparedness
- Ineffective: Many communities do not have the capability to effectively operationalize registry data or the capacity to disaggregate registry data to produce local situational awareness of their access and functional needs populations



#### **Data & Tools**

- Consumer data
  - ✓ CBO database
  - ✓ HHS emPOWER Program
- Demographic data
  - ✓ Census/American Community Survey
    - Age
    - Disability
    - Transportation
    - Living arrangements



<sup>\*</sup> Percentage of persons age 65 and over with a disability, 2016. Census/ACS



#### **Effective Communication**

- 1. CBOs partner with local responders
- 2. Communication Outreach Information Network
  - CBOs as trusted entities to distribute messages
- 3. Establish effective & accessible communication with consumers
  - ✓ Discuss disaster plans
  - ✓ Identify the support that may be needed in the event of a disaster
  - ✓ Discuss the disaster services that will likely be provided





#### **Effective Communication for People with Disabilities**

- Hear the Warning Individuals must receive and understand messaging before they are able to respond; may experience challenges if communication needs are unmet
- Understand the Warning Different people might have different understandings of what the warning means. Understanding depends on previous experience and knowledge of the hazard, & if personal understanding is insufficient or inaccurate, may opt to not follow emergency instructions
- **Develop Belief in the Risk** Trust can depend on who issues the communication, how the message is delivered, & social effect (whether other people trust the message). Must have established trust in the disseminator of the alert or warning
- **Personalize the Risk** Must believe that an alert was meant for them before they will respond. To verify alerts & warnings, people must have access to trusted sources of information
- **Decide on a Course of Action** Personal factors influence individual response (social ties, pre-warning perceptions, & external factors including information source & method of dissemination). Everyday approaches for effective & accessible communication are more likely to be effective in an emergency

<sup>\*</sup> National Council on Disabilities, <u>Effective Communication for People with Disabilities: Before, During, and After Emergencies</u>, Table on Communication Accessibility Considerations and Solutions



#### **Evacuation & Transportation**

- Promoting comprehensive evacuation planning
- Understanding transportation coordination in evacuation (ESF #1 Transportation)
  - ✓ Reviewing MOU/MOAs with transportation providers
- Including CBOs in state and local evacuation plan development, training, & exercises





#### \*Four Elements of Evacuation Information

- 1. Notification (What is the emergency?)
- 2. Way finding (Where is the way out?)
- 3. Use of the way (Can I get out by myself or do I need help?)
  - Self
  - Self with device or service animal
  - Self with assistance
- 4. Assistance (What kind of assistance might I need?)

\*National Fire Protection Agency. (2016) Emergency Evacuation Guide for People with Disabilities



#### **Sheltering & Accessibility**

- Helping consumers prepare for emergency sheltering
- ADA compliance in sheltering
- Assess access & functional needs for level of care and shelter type

SWiFT Level	Explanation	Preparatory Steps
1	Cannot perform at least one basic ADL (activities of daily living: eating, bathing, dressing, toileting, walking, continence) without assistance	Evacuate early rather than late, depending on the circumstance. If possible, keep with family member, companion, or caregiver. Receives assistance in gathering all assistive devices, including eyeglasses, walkers, hearing aids, list of medications, names of doctor(s), family contact telephone numbers, and important papers, so they are accessible.
2	Trouble with instrumental activities of daily living (i.e. finances, benefits management, assessing resources)	Gather, with assistance if necessary, all assistive devices, including eyeglasses, walkers, hearing aids, list of medicines, names of doctor(s), family contact telephone numbers, and important papers so they are accessible.
3	Minimal assistance with ADL and instrumental activities of daily living	Advise individuals to have all assistive devices, including walkers, eyeglasses, hearing aids, list of medicines, names of doctor(s), family contact telephone numbers, and important papers together and accessible.

Baylor College of Medicine, <u>Recommendations for the Best Practices in the Management of Elderly Disaster Victims</u>, Seniors without Families Triage Tool (SWiFT) assessing ADLs



#### **Legal Requirements**

#### **Disaster and Emergency Specific**

- Public Health Services Act of 1944
- Robert T. Stafford Disaster Relief and **Emergency Assistance Act of 1988**
- Post-Katrina Emergency Reform Act of 2006
- Pets Evacuation and Transportation Standards Act of 2006
- Executive Order 13347: Individuals with Disabilities in Emergency Preparednes and Bill of Rights of 2000 of 2004

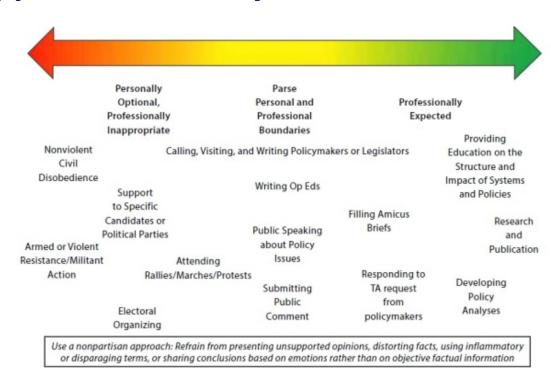
#### Relevant Federal Laws Not Waived in **Disasters or Emergencies**

- Rehabilitation Act of 1973
- Privacy Act of 1974
- Age Discrimination Act of 1975
- Americans with Disabilities Act of 1990
- Health Insurance Portability and Accountability Act of 1996
- **Developmentally Disabled Assistance**
- Section 1557, Affordable Care Act of 2016



#### **Legal Support & Advocacy**

- Many ACL grantees provide legal support to consumers, for example:
  - National Center of Law and Elder Rights
  - ADA National Network
  - Protection & Advocacy Agencies
  - Senior Legal Hotlines
- Grantees of federal funds may have a role in promoting the rights of older adults and people with disabilities



Source: Association of University Centers for Excellence in Developmental Disabilities



#### **Role of CBO in Recovery**

- CBO
  - ✓ Assess operational and financial impacts
  - ✓ Assess impacts to staff
  - ✓ Eligibility for FEMA Public Assistance or SBA disaster assistance loans
  - ✓ Develop lessons learned

- CBO & local responders
  - ✓ Contribute to hot wash and after action report
  - ✓ Provide lessons learned
  - ✓ Update Emergency
     Operations Plan to reflect
     lessons learned



#### **Recovery – Supporting Consumers**

- ✓ Return home or appropriate temporary housing (transition/discharge planning)
- ✓ Applying for FEMA Individuals Assistance
- ✓ Assessing health and behavioral health needs
- ✓ Accessing services through the aging and disability networks



#### Working with Older Adults and People with Disabilities: Tips for Treatment and Discharge Planning

Public health emergencies, like Hurricanes Irma and Maria, impact older adults and people with disabilities because they strain critical home and community-based services. As a responder or health care provider, you may encounter patients from these groups who do not reside in institutional settings (i.e. nursing homes), but still need additional supports. Sometimes, as a result of post-disaster circumstances (i.e. no access to medication), these individuals became sick or ill. It's important that these older adults and people with disabilities are not inappropriately placed in an institutional setting.

Individual self-determination and independence are important aspects of planning during the recovery phase. To ensure patients meet the requirements for safe discharge planning, they may need access to supports or medical care that exist in a more institutional setting before returning to independent living in the community. However, the ultimate goal for these individuals is to be placed in the least restrictive environment.

#### Important things to consider:

- You are treating people who until recently, did not need support in a clinical setting (i.e. did not come from an institution)
- Because of unmet needs, these patients are requiring care in a hospital/clinical setting and may need temporary
  care/respite.
- These patients need a safe discharge plan they may not be able to go home and maintain their health if there is structural damage or limited access to essential resources such as water, power, communication, or transportation.
- These patients should not be institutionalized inadvertently. All people should be able to live in the least restrictive setting. Planning must focus on appropriate settings, but it may take time because necessary home and community supports need to fully recover in order to support independent living.



#### **Super Useful Toolkit:**

- Highlight relevant resources & describes activities
  - ✓ Explains emergency planning to CBOs
  - ✓ Builds capabilities for supporting consumers
  - ✓ Introduces emergency managers & public health officials to CBO/aging & disability networks
- Each module:
  - Resources in each modules
  - Additional Resources & Tools
- Appendices:
  - Templates
  - Worksheets
  - Checklists
  - Terms





## **Available through NACCHO**

Capacity Building Toolkit for including Aging & Disability
Networks in Emergency
Planning

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## **Questions**



