



10TH ANNUAL **PREPAREDNESS** SUMMIT

Federal Health Data and Mapping Capabilities for Integrating Access and Functional Needs of At-Risk Individuals into Disaster and Emergency Preparedness, Response and Recovery Activities

APRIL 14-17, 2015
ATLANTA, GEORGIA

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GLOBAL HEALTH SECURITY:
PREPARING A NATION
FOR EMERGING THREATS

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Introductions

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Health & Community Resilience (ABC)

Office of the Assistant Secretary for
Preparedness & Response (ASPR)

U.S. Department of Health and Human Services
(HHS)


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Agenda

Introductions

Define Access and Functional Needs

CMIST Framework

HHS At-Risk Resilience Initiative – Data, Maps, and Tools


Arizona Department of Health Services

Broome County Health Department, New York State

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Access and Functional Needs

- **Access**: Resources are accessible to all individuals (i.e., social services, accommodations, information, transportation, medications to maintain health).
- **Function**: Restrictions or limitations an individual may have that requires assistance before, during and/or after a disaster or emergency.



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Whole Community Planning


Through preparedness planning that integrates access and functional needs, we are able to plan for everyone – the whole community.



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CMIST Framework

- **C**ommunication
- **M**aintaining Health
- **I**ndependence
- **S**ervices and **S**upport
- **T**ransportation

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Communication

People with communication needs may not be able to hear announcements, see signs, understand messages, or verbalize their concerns.

Communication access and functional needs may include people who have limited or no ability to:

- Speak
- See
- Hear
- Understand
- Learn



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Maintaining Health

Planning for maintaining health can help reduce the negative impact of a disaster or public health emergency. This may include the following:




- Supplies
- Personal Assistance Services
- Infant and childcare
- Medical care
- Human services
- Mental health services
- Electricity-power equipment

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Independence

Ensuring that people are able to function independently if they are not separated from their assistive devices and/or equipment. These can include:


- Communication Aids
- Durable Medical Equipment
- Medical Equipment
- Service Animals
- Access to a power source for battery-powered assistive devices



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Services and Support

During an emergency, some people may require additional services or support.




- Individuals with psychiatric and behavioral health needs
- Individuals with dementia and Alzheimer's disease
- Individuals with intellectual or developmental disabilities or brain injury
- Pregnant women
- Unaccompanied children

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Transportation

Preparedness planning requires coordination with mass transit authority and coordination for the provision of accessible vehicles.

Access to transportation includes people who are unable to drive because of:

- Disability
- Age
- Temporary Injury
- Poverty
- Legal Restriction
- No Access



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Laws and Policies

Executive Order 13166: Provides meaningful access to services for people with limited English proficiency.

Section 504 of the Rehabilitation Act: Protects individuals from discrimination based on their disability.

Title VI of the Civil Rights Act: Prohibits discrimination on the basis of race, color, and national origin.

Section 1557 of the Affordable Care Act: Provision that states all civil rights laws will be applicable to activities under the ACA (*forthcoming*).

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Tools for Integrating the Access and Functional Needs of At-Risk Individuals



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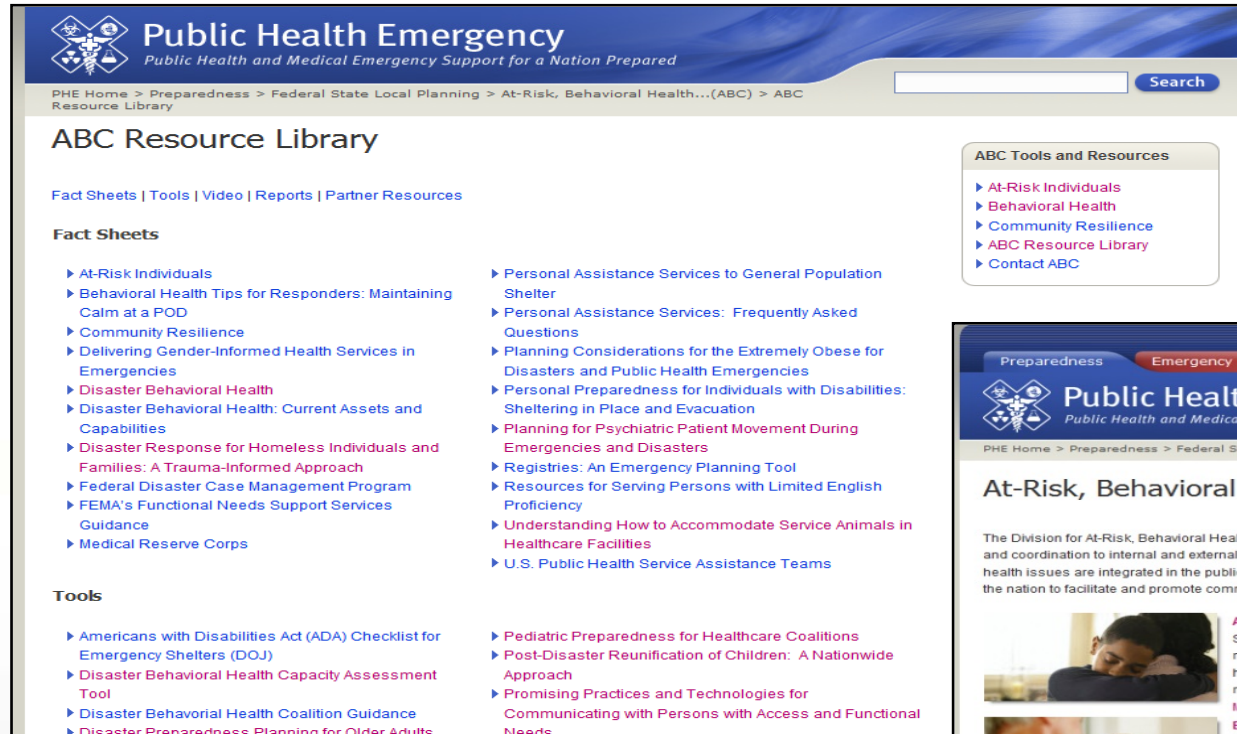
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ABC Homepage and Resource Library



Public Health Emergency
Public Health and Medical Emergency Support for a Nation Prepared

PHE Home > Preparedness > Federal State Local Planning > At-Risk, Behavioral Health...(ABC) > ABC Resource Library

ABC Resource Library

Fact Sheets | Tools | Video | Reports | Partner Resources

Fact Sheets

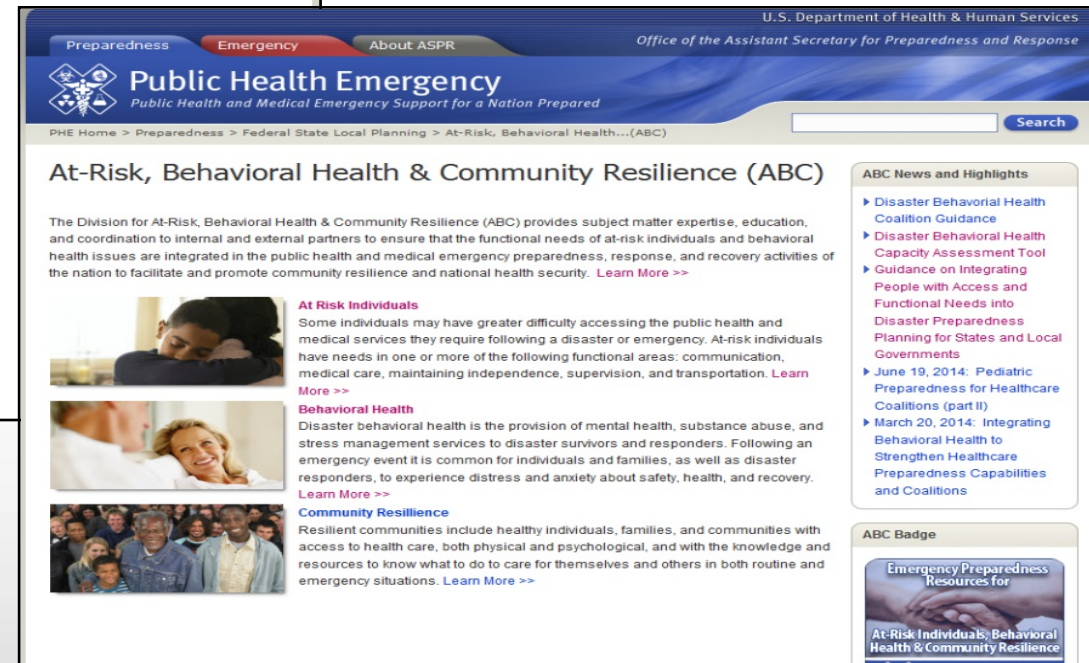
- ▶ At-Risk Individuals
- ▶ Behavioral Health Tips for Responders: Maintaining Calm at a POD
- ▶ Community Resilience
- ▶ Delivering Gender-Informed Health Services in Emergencies
- ▶ Disaster Behavioral Health
- ▶ Disaster Behavioral Health: Current Assets and Capabilities
- ▶ Disaster Response for Homeless Individuals and Families: A Trauma-Informed Approach
- ▶ Federal Disaster Case Management Program
- ▶ FEMA's Functional Needs Support Services Guidance
- ▶ Medical Reserve Corps
- ▶ Personal Assistance Services to General Population Shelter
- ▶ Personal Assistance Services: Frequently Asked Questions
- ▶ Planning Considerations for the Extremely Obese for Disasters and Public Health Emergencies
- ▶ Personal Preparedness for Individuals with Disabilities: Sheltering in Place and Evacuation
- ▶ Planning for Psychiatric Patient Movement During Emergencies and Disasters
- ▶ Registries: An Emergency Planning Tool
- ▶ Resources for Serving Persons with Limited English Proficiency
- ▶ Understanding How to Accommodate Service Animals in Healthcare Facilities
- ▶ U.S. Public Health Service Assistance Teams

Tools

- ▶ Americans with Disabilities Act (ADA) Checklist for Emergency Shelters (DOJ)
- ▶ Disaster Behavioral Health Capacity Assessment Tool
- ▶ Disaster Behavioral Health Coalition Guidance
- ▶ Disaster Preparedness Planning for Older Adults
- ▶ Pediatric Preparedness for Healthcare Coalitions
- ▶ Post-Disaster Reunification of Children: A Nationwide Approach
- ▶ Promising Practices and Technologies for Communicating with Persons with Access and Functional Needs

ABC Tools and Resources

- ▶ At-Risk Individuals
- ▶ Behavioral Health
- ▶ Community Resilience
- ▶ ABC Resource Library
- ▶ Contact ABC



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Office of the Assistant Secretary for Preparedness and Response

Preparedness Emergency About ASPR

Public Health Emergency

Public Health and Medical Emergency Support for a Nation Prepared

PHE Home > Preparedness > Federal State Local Planning > At-Risk, Behavioral Health...(ABC)

At-Risk, Behavioral Health & Community Resilience (ABC)

The Division for At-Risk, Behavioral Health & Community Resilience (ABC) provides subject matter expertise, education, and coordination to internal and external partners to ensure that the functional needs of at-risk individuals and behavioral health issues are integrated in the public health and medical emergency preparedness, response, and recovery activities of the nation to facilitate and promote community resilience and national health security. [Learn More >>](#)

At Risk Individuals

Some individuals may have greater difficulty accessing the public health and medical services they require following a disaster or emergency. At-risk individuals have needs in one or more of the following functional areas: communication, medical care, maintaining independence, supervision, and transportation. [Learn More >>](#)

Behavioral Health

Disaster behavioral health is the provision of mental health, substance abuse, and stress management services to disaster survivors and responders. Following an emergency event it is common for individuals and families, as well as disaster responders, to experience distress and anxiety about safety, health, and recovery. [Learn More >>](#)

Community Resilience

Resilient communities include healthy individuals, families, and communities with access to health care, both physical and psychological, and with the knowledge and resources to know what to do to care for themselves and others in both routine and emergency situations. [Learn More >>](#)

ABC News and Highlights

- ▶ Disaster Behavioral Health Coalition Guidance
- ▶ Disaster Behavioral Health Capacity Assessment Tool
- ▶ Guidance on Integrating People with Access and Functional Needs into Disaster Preparedness Planning for States and Local Governments
- ▶ June 19, 2014: Pediatric Preparedness for Healthcare Coalitions (part II)
- ▶ March 20, 2014: Integrating Behavioral Health to Strengthen Healthcare Preparedness Capabilities and Coalitions

ABC Badge

Emergency Preparedness Resources for
At-Risk Individuals, Behavioral Health & Community Resilience

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Identifying Access and Functional Needs Populations

Phase 1: Defining your at-risk populations

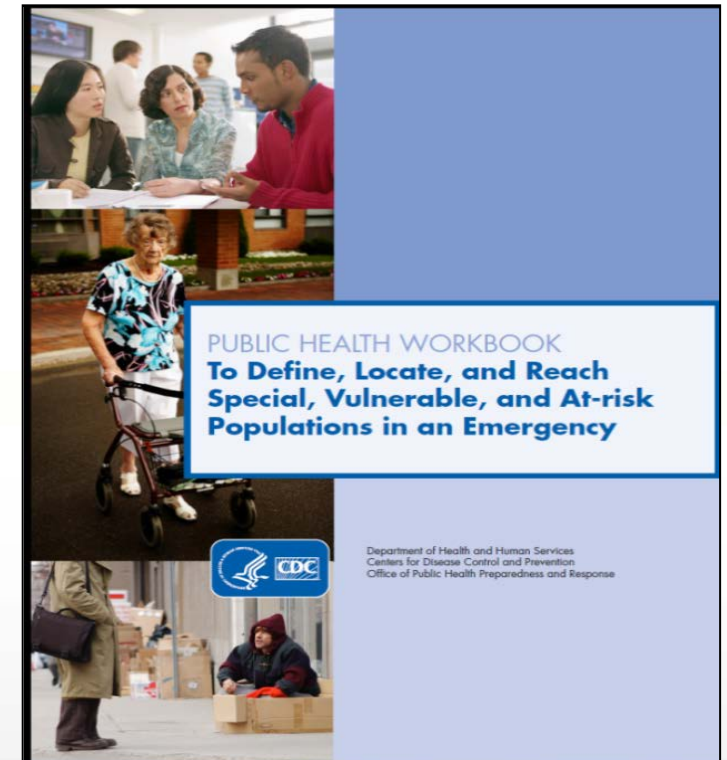
- *Estimate number of at-risk individuals*
- *Identify agencies and organizations that can serve as key contacts*

Phase 2: Locating your at-risk populations

- *Mapping*
- *Creating a COIN*

Phase 3: Reaching your at-risk populations

- *Conduct focus groups or community roundtables*
- *Collaborate with community organizations*



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Identifying Partners

Directory of Community-Based Organizations Serving People with Disabilities



The 54 million people with disabilities currently living in the United States experience numerous health disparities, yet receive fewer preventative services and have poorer health status than people without disabilities.^{1,2} Therefore, local health departments (LHDs) must include people with disabilities as a population when considering public health intervention strategies.

The National Association of County and City Health Officials (NACCHO) promotes **inclusion and engagement** of people with disabilities in planning, implementing, and evaluating public health programs, products, and services. With support from the National Center on Birth Defects and Developmental Disabilities at the Centers for Disease Control and Prevention, NACCHO developed the following directory of community-based disability organizations to support and encourage LHDs to collaborate with disability organizations in their respective communities. This directory provides an overview of these organizations, the populations they serve and support, ways the organizations can complement LHD efforts, and links to websites that provide information about local affiliates/chapters in various jurisdictions. NACCHO selected the organizations listed within because they were nationally recognized disability organizations, had local chapters nationwide, and provided services to persons with various types of disabilities. While this directory is not exhaustive, it illustrates how LHDs can collaborate with community-based disability organizations.

People with disabilities and community-based organizations can support and offer expertise to LHDs in numerous ways, including the following:

- Improving **accessibility** to buildings and other space for people with disabilities;
- Developing methods to **screen** for chronic diseases among people with disabilities;
- Increasing **health literacy** and accessibility of health information for people with disabilities;
- Including people with disabilities in the development of **emergency preparedness plans and exercises**;

Significant health disparities exist for persons with disabilities, including the following:

- Adults with disabilities are 58 percent more likely to be obese;³
- Children and adolescents with disabilities are 38 percent more likely to be obese;⁴
- Cigarette smoking is significantly higher among adults with a disability (25.4%) compared to adults without a disability (17.3%);⁵
- Fewer women with disabilities have mammograms as recommended than women without disabilities;⁶ and
- People with disabilities are not included in pre-disaster emergency planning.⁷

- Developing general and worksite **health promotion** programs for organizations that support people with disabilities;
- Conducting **environmental health** scans and developing strategies to reduce environmental toxins;
- **Training** healthcare professionals about the particular needs of people with disabilities; and
- Creating programs for **preventing diseases** such as brain injuries or birth defects.


In addition to the community-based organizations listed in the following table, numerous disability organizations and service providers exist in local jurisdictions, including the following:

- Residential Habilitation Homes (e.g., group homes, supported housing);
- Day Training and Habilitation Centers (e.g., vocational training centers, job coaching);
- Advocacy Groups;
- Support Groups; and
- Activity Clubs.

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Cultural and Linguistic Competency

[The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care](#): Tools to advance and sustain culturally and linguistically appropriate health services.




Relevant Trainings:

1. Cultural Competency Curriculum for Disaster Preparedness and Crisis Response
2. Physician's Practical Guide to Culturally Competent Care
3. Culturally Competent Nursing Care
4. Cultural Competency Program for Oral Health Professionals

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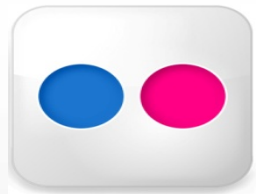
ASPR on the Web



PHE.gov:
www.phe.gov



PHE.gov Newsroom:
www.phe.gov/newsroom



Flickr:
www.flickr.com/phegov



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HHS At-Risk Resiliency Initiative

Using Federal Health Data and Mapping to Advance
State, Territory, Local and Community Partner
Emergency Planning for Electricity-Dependent At-Risk
Populations

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Data
Awareness
Preparedness
Resilience



Kristen P Finne, Senior Policy Analyst

Office of the Assistant Secretary for Preparedness and Response

Division of Health Systems Policy, Office of Policy and Planning

U.S. Department of Health and Human Services



National Health Security Strategy and Implementation Plan 2015-2018 It's Here!

1

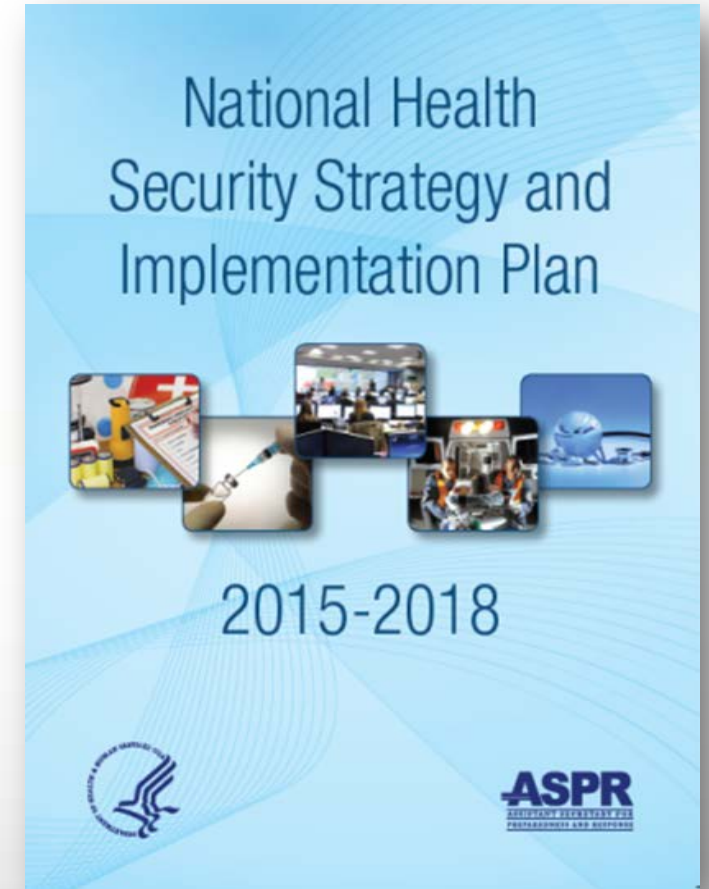
Build and sustain healthy, resilient communities.

2

Ensure comprehensive health situational awareness to support decision-making before incidents and during response and recovery operations.

4

Enhance the integration and effectiveness of the public health, healthcare, and emergency management systems.



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URL: <http://www.phe.gov/Preparedness/planning/authority/nhss/Pages/default.aspx>

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Do you know who lives in your community and what their needs are?

Can we better understand, assess, and mitigate disaster-induced healthcare system stress and its impact on access, utilization, and health outcomes for at-risk populations?


Can we help a community better understand how many at-risk populations rely upon electricity-dependent medical and assistive devices and healthcare services, and their local healthcare system- *Daily, Weekly, Monthly?*



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Can Federal Health Data Enhance State, Local and Community Partner Emergency Preparedness, Response, Recovery and Resilience?

“Is Big Data, the NEW Federal Asset”



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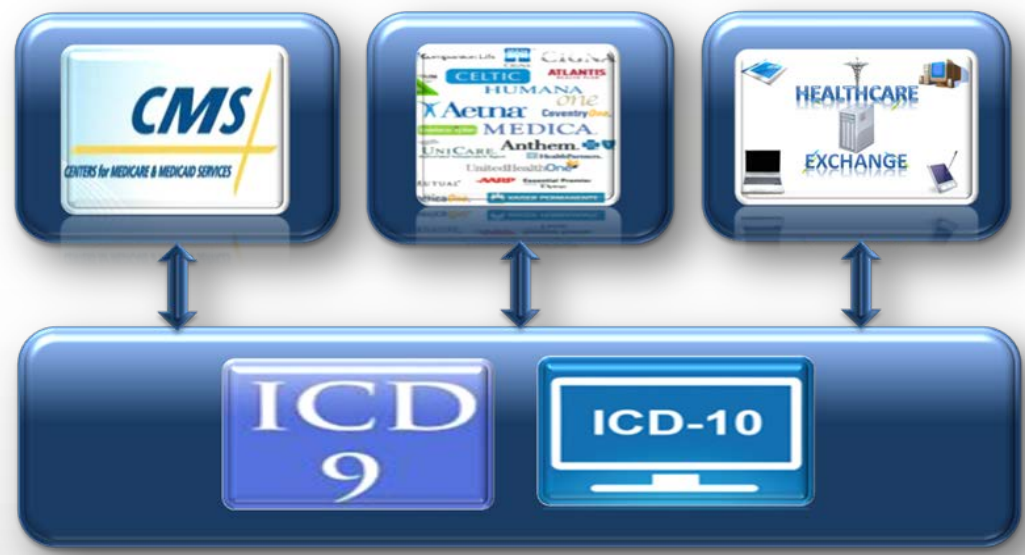
Are Medical Claims Data Really Created Equally?

“It starts with an encounter form and can end with a limited dataset”

Medicare Fee-For-Service Claims Data



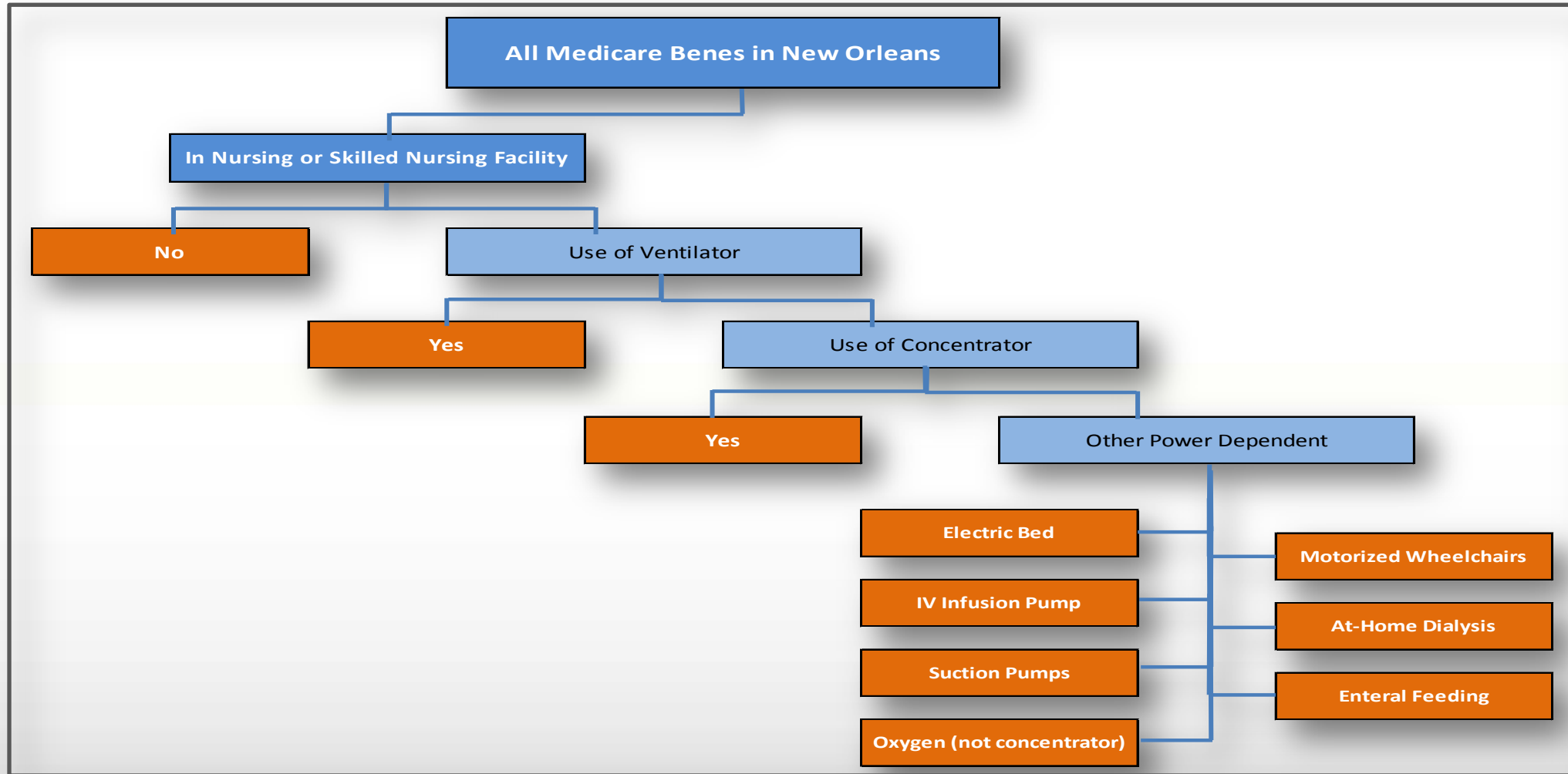
Clinical Algorithms Using Claims Data Coding



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Developing A Logic Model for the Oxygen DME Clinical Algorithm



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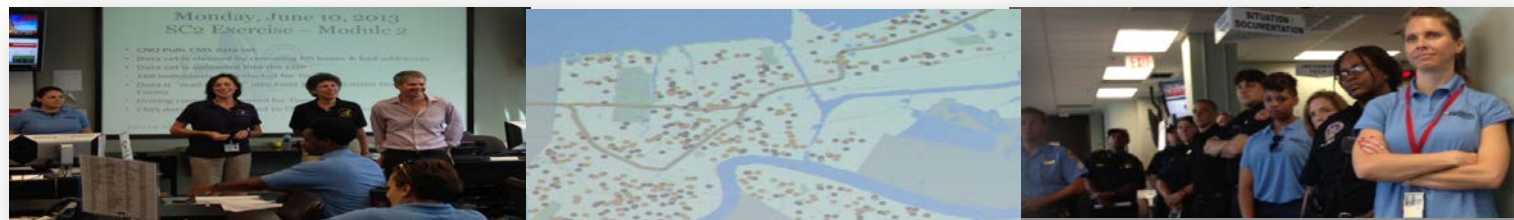
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White House Strong Cities, Strong Communities Initiative (SC2) “A First-in-the-Nation At-Risk Resiliency Pilot Exercise”

City of New Orleans, June 10-13, 2013



A joint collaboration between the: City of New Orleans Health Department and HHS’ Office of the Assistant Secretary for Preparedness and Response, Centers for Medicare & Medicaid Services, and Office of the Assistant Secretary for Planning and Evaluation.

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Publication: DeSalvo K¹, Lurie N, Finne K, et al. Using Medicare data to identify individuals who are electricity dependent to improve disaster preparedness and response. *Am J Public Health.* 2014 Jul;104(7):1160-4. doi: 10.2105/AJPH.2014.302009. Epub 2014 May 15.



“Big Data. Timing is Everything.”



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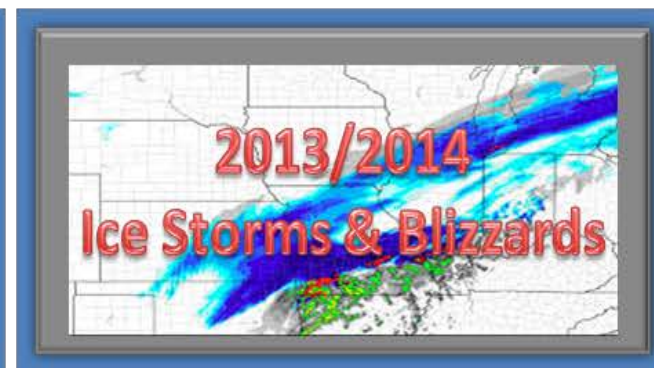
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HHS At-Risk Resiliency Pilots

“Innovating Data- Making Preparedness and Response Leaps”



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HHS At-Risk Resiliency Initiative

“A HHS Data and Mapping Partnership is Born”



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DATA



TOOLS



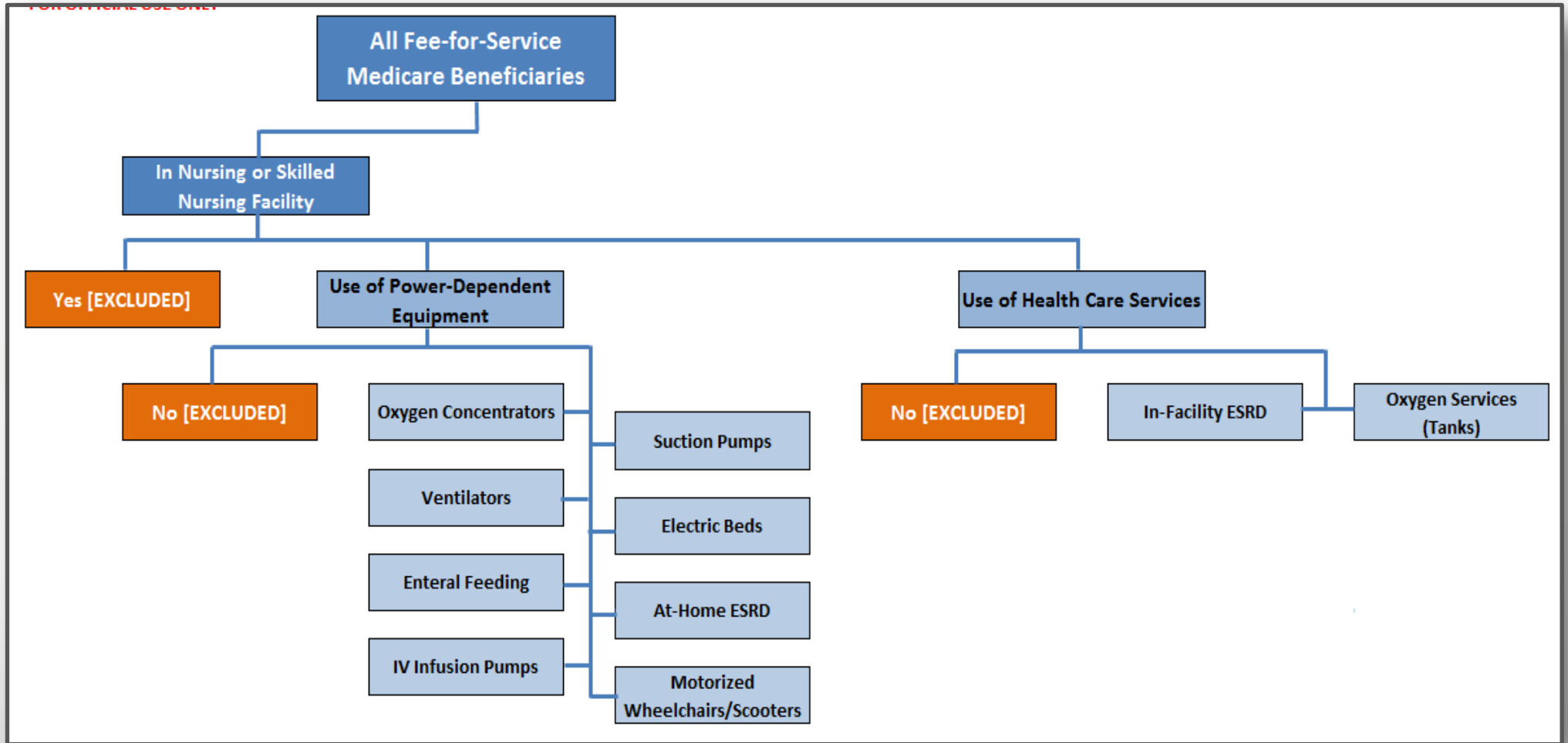
MAPS

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Logic Model for Developing a National Medicare FFS Dataset for Electricity-Dependent DME and Healthcare Services



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National Medicare Fee-For-Service (FFS) Dataset

Currently Included

- **Medicare Fee -For -Service (Parts A/B) beneficiaries enrolled & alive**
 - 65 years old/older, blind, ESRD patients, long-term disabled (adults/children)
- **Dual Eligible Medicare FFS beneficiaries- currently enrolled in both Medicare FFS AND a State Medicaid Program**
- **Medicare FFS beneficiaries with a DME or healthcare service claim within the given look-back period**
 - DME (13 months/ 36 months)
 - ESRD Dialysis- In Facility (3 months)
 - Oxygen Tank Services (13 months)
- **Medicare FFS beneficiaries residing in a LTC/SNF facility**

Currently Not Included

- **Other insurance providers:**
 - *Medicare Advantage (Part C)-only beneficiaries— **Coming Soon***
 - State Medicaid-only beneficiaries
 - Private insurance beneficiaries
 - VA- only beneficiaries
 - Tri-Care/military-only beneficiaries
- **Medicare FFS beneficiaries with a DME or healthcare service claim not within given the look back period**
 - DME (13 months/ 36 months)
 - ESRD Dialysis- In Facility (3 months)
 - Oxygen Tank Services (13 months)

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National Medicare Fee-For-Service Dataset Overview

(Data as of 3/27/15)

Population	Total
Medicare FFS Beneficiaries	32,524,938
At-Risk Medicare FFS Beneficiaries	1,957,530

Age (in Years)	Count
0-18	736
19-44	77,232
45-64	396,790
65-84	1,164,548
85+	318,224
Total	1,957,530

At-Risk Medicare FFS Beneficiaries, by Category

Population	Actual Total
Power-Dependent DME	1,704,998
O2 Services	595,004
In-Facility ESRD/Dialysis	266,296

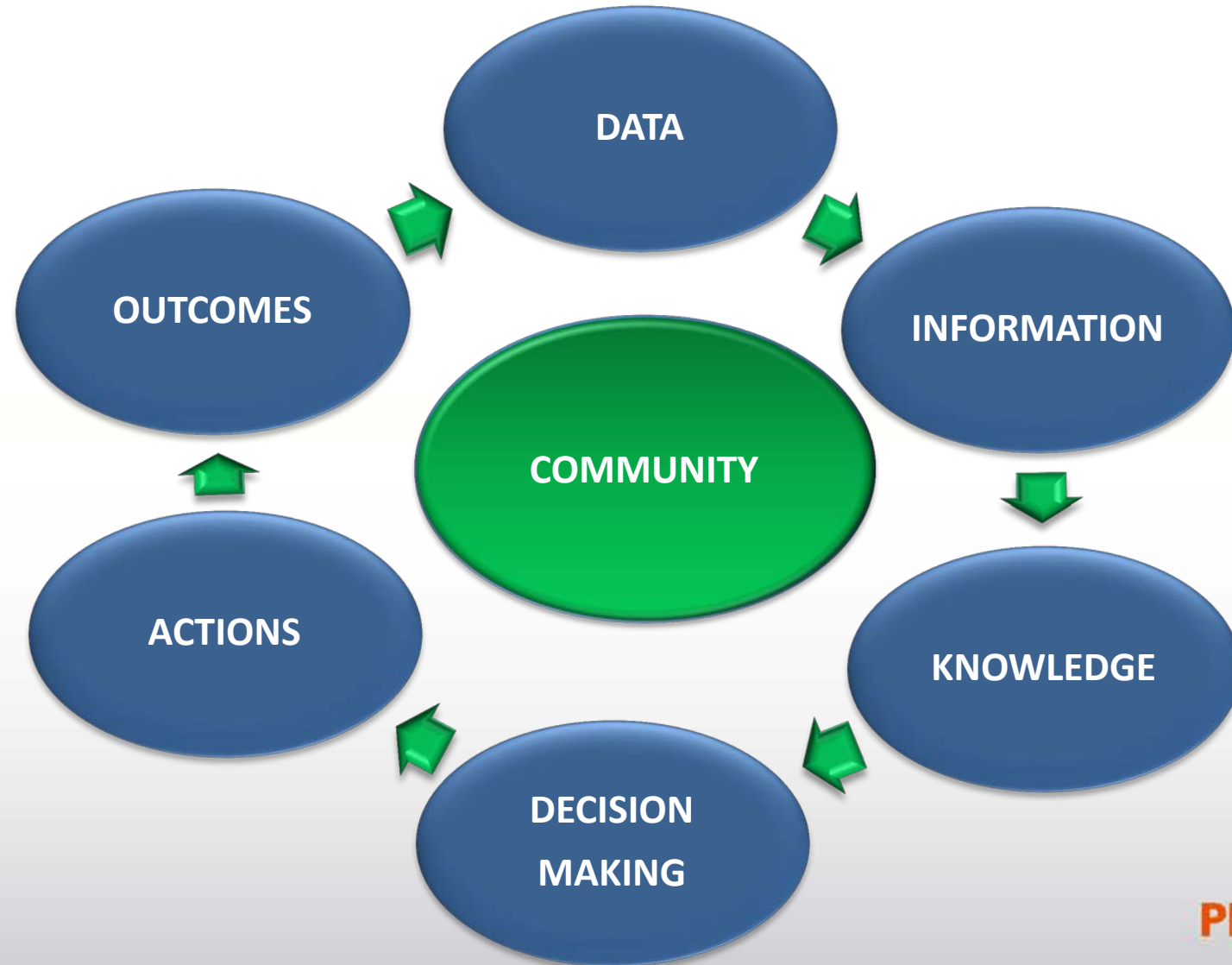
Power-Dependent Medicare FFS Beneficiaries, by DME Category

Population	Actual Total
Oxygen Concentrator (36-month)	1,366,626
Ventilator (13-month)	26,637
Suction Pump (13-month)	16,154
IV Pump (13-month)	52,461
Electric Bed (13-month)	206,936
Motor Wheelchair (13-month)	68,413
Enteral Feeding (13-month)	62,665
At-Home Dialysis (3-month)	29,973

National Total
1,957,530

Integrating Federal Data and Mapping to Advance Community Resilience

“Data. Awareness. Preparedness. Resilience.”



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How Can the HHS At-Risk Resiliency Initiative Help?

“Right Data. Right Tool. Right Time. Right Person”

Community Partners

Open

De-identified Data

Preparedness, Response, Recovery, Resilience

Public Health Authority
ESF-8/6 Support

Restricted

De-identified Data

Preparedness, Response, Recovery, Resilience

Public Health Authority-
Only

Secure

Individual Data

Response/Preparedness
Outreach



HHS At-Risk Resiliency Initiative
De-Identified Aggregated U.S. Zip Code - ESRD-Dialysis and Electricity-Dependent DME

Zip Code	County FIPS Code	County	State	# of Medicare Beneficiaries in Zip Code	# of Medicare Beneficiaries with a Renal Dialysis Address in Zip Code	# of Medicare Beneficiaries with a Renal Dialysis Address and FFS Box (Unknown in Zip Code)	# of Medicare Beneficiaries with a Renal Dialysis Address and FFS Box (Unknown in Zip Code)	# of Medicare Beneficiaries with a Renal Dialysis Address and FFS Box (Unknown in Zip Code)	# of Medicare Beneficiaries with a Renal Dialysis Address and FFS Box (Unknown in Zip Code)	# of Medicare Beneficiaries with a Renal Dialysis Address and FFS Box (Unknown in Zip Code)	# of Medicare Beneficiaries with a Renal Dialysis Address and FFS Box (Unknown in Zip Code)	# of Medicare Beneficiaries with a Renal Dialysis Address and FFS Box (Unknown in Zip Code)	# of Medicare Beneficiaries with a Renal Dialysis Address and FFS Box (Unknown in Zip Code)
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00004	00004	Al	Al	0	0	0	0	0	0	0	0	0	
00005	00005	Al	Al	0	0	0	0	0	0	0	0	0	
00006	00006	Al	Al	0	0	0	0	0	0	0	0	0	
00007	00007	Al	Al	0	0	0	0	0	0	0	0	0	
00008	00008	Al	Al	0	0	0	0	0	0	0	0	0	
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00036	00036	Al	Al	0	0	0	0	0	0	0	0	0	
00037	00037	Al	Al	0	0	0	0	0	0	0	0	0	
00038	00038	Al	Al	0	0	0	0	0	0	0	0	0	
00039	00039	Al	Al	0	0	0	0	0	0	0	0	0	
00040	00040	Al	Al	0	0	0	0	0	0	0	0	0	
00041	00041	Al	Al	0	0	0	0	0	0	0	0	0	
00042	00042	Al	Al	0	0	0	0	0	0	0	0	0	
00043	00043	Al	Al	0	0	0	0	0	0	0	0	0	
00044	00044	Al	Al	0	0	0	0	0	0	0	0	0	
00045	00045	Al	Al	0	0	0	0	0	0	0	0	0	
00046	00046	Al	Al	0	0	0	0	0	0	0	0	0	
00047	00047	Al	Al	0	0	0	0	0	0	0	0	0	
00048	00048	Al	Al	0	0	0	0	0	0	0	0	0	
00049	00049	Al	Al	0	0	0	0	0	0	0	0	0	
00050	00050	Al	Al	0	0	0	0	0	0	0	0	0	
00051	00051	Al	Al	0	0	0	0	0	0	0	0	0	
00052	00052	Al	Al	0	0	0	0	0	0	0	0	0	
00053	00053	Al	Al	0	0	0	0	0	0	0	0	0	
00054	00054	Al	Al	0	0	0	0	0	0	0	0	0	
00055	00055	Al	Al	0	0	0	0	0	0	0	0	0	
00056	00056	Al	Al	0	0	0	0	0	0	0	0	0	
00057	00057	Al	Al	0	0	0	0	0	0	0	0	0	
00058	00058	Al	Al	0	0	0	0	0	0	0	0	0	
00059	00059	Al	Al	0	0	0	0	0	0	0	0	0	
00060	00060	Al	Al	0	0	0	0	0	0	0	0	0	
00061	00061	Al	Al	0	0	0	0	0	0	0	0	0	
00062	00062	Al	Al	0	0	0	0	0	0	0	0	0	
00063	00063	Al	Al	0	0	0	0	0	0	0	0	0	
00064	00064	Al	Al	0	0	0	0	0	0	0	0	0	
00065	00065	Al	Al	0	0	0	0	0	0	0	0	0	
00066	00066	Al	Al	0	0	0	0	0	0	0	0	0	
00067	00067	Al	Al	0	0	0	0	0	0	0	0	0	
00068	00068	Al	Al	0	0	0	0	0	0	0	0	0	
00069	00069	Al	Al	0	0	0	0	0	0	0	0	0	
00070	00070	Al	Al	0	0	0	0	0	0	0	0	0	
00071	00071	Al	Al	0	0	0	0	0	0	0	0	0	
00072	00072	Al	Al	0	0	0	0	0	0	0	0	0	
00073	00073	Al	Al	0	0	0	0	0	0	0	0	0	
00074	00074	Al	Al	0	0	0	0	0	0	0	0	0	
00075	00075	Al	Al	0	0	0	0	0	0	0	0	0	
00076	00076	Al	Al	0	0	0	0	0	0	0	0	0	
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00084	00084	Al	Al	0	0	0	0	0	0	0	0	0	
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00092	00092	Al	Al	0	0	0	0	0	0	0	0	0	
00093	00093	Al	Al	0	0	0	0	0	0	0	0	0	
00094	00094	Al	Al	0	0	0	0	0	0	0	0	0	
00095	00095	Al	Al	0	0	0	0	0	0	0	0	0	
00096	00096	Al	Al	0	0	0	0	0	0	0	0	0	
00097	00097	Al	Al	0	0	0	0	0	0	0	0	0	
00098	00098	Al	Al	0	0	0	0	0	0	0	0	0	
00099	00099	Al	Al	0	0	0	0	0	0	0	0	0	
00100	00100	Al	Al	0	0	0	0	0	0	0	0	0	



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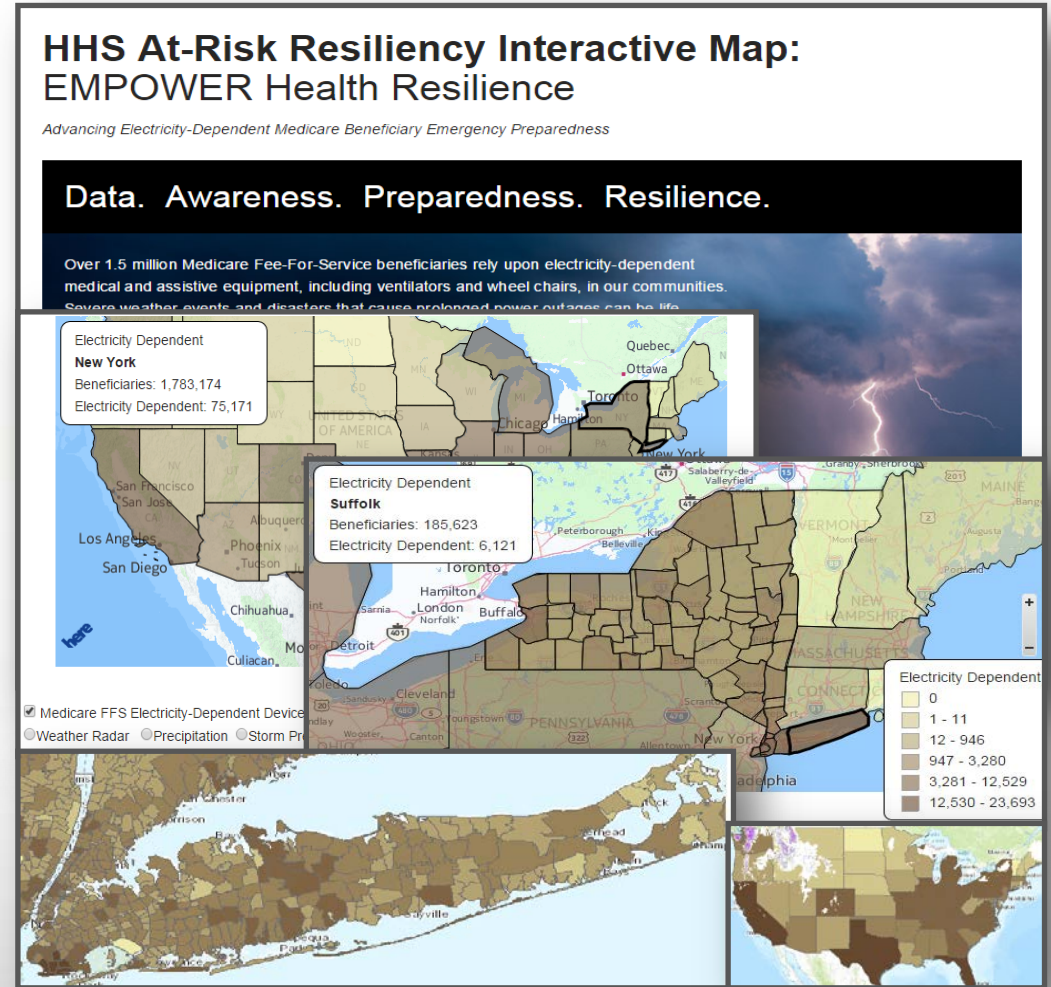
Name	Other Information	Address Indicators	Address	Dual Eligibility	Nursing Home										
Initial Sorting Order	Last Name	First Name	Date of Birth	PO Box or Unknown Address	Care OP Indicator	Salvation	Street Address 1	Street Address 2	City	State	Zip Code Name	Zip Code	Parent Zip Code	Currently in Nursing Home?	Currently in Nursing Home?
1	Anne	Smith	November 4, 1944	0	0	Adm Park Manor Home For A Smith	57 Corey Island Av		Brooklyn	NY	Brooklyn	11203		Yes	
2	Amy	Brown	February 19, 1955	0	0	C/O Genetic Care Ctr	150 Dean Street		Brooklyn	NY	Brooklyn	11201			
3	John	Taylor	December 20, 2023	0	1		1500 40 St		Brooklyn	NY	Brooklyn	11214	11201		
4	Jane	Owe	March 4, 1956	0	1		1800 Bay Ridge Ave		Brooklyn	NY	Brooklyn	11214	11201	Yes	
5	Robert	Walker	May 20, 1950	0	0		1900 63rd St	First Floor	Brooklyn	NY	Brooklyn	11214	11201	Yes	
6	Mary	Johnson	September 14, 2011	1	0		17 112th Place		Queens Village	NY	Queens Village	11427			
7	William	Jones	December 1, 1933	0	0	De/Tr For David Robinson	180 E 105 St		Bronx	NY	Bronx	10469	10465		
8	David	Robinson	July 6, 1956	0	0		PO Box 202507		Bronx	NY	Bronx	10469	10465		
9	Carol	Davis	July 24, 1933	1	0		PO Box 191-144		Brooklyn	NY	Brooklyn	11239			

HHS At-Risk Resiliency Interactive Map

A Community Partner De-identified Interactive Map

May 2015: www.phe.gov/arim or www.arim/phe.gov

- **2003 Blackout research studies /disasters:**
 - Electricity-dependent DME overwhelm hospitals and shelters during prolonged power outages
- **Public Open Data Map:**
 - De-identified Medicare FFS electricity-dependent DME--*state/territory, county and zip code*
 - NOAA weather tracking
- **Sample Use Cases:**
 - **Public health, healthcare coalitions, hospitals and EMS anticipate and emergency plan** for potential surge in shelters, hospitals, and transport requests due to weather-induced prolonged power outages
 - **Local public health, emergency managers, aging service providers, and electric companies anticipate and emergency plan** for power restoration prioritization, potential sheltering needs (e.g. locations, power needs) and/or areas that may need health/wellness visits during an emergency



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At-Risk Resiliency De-identified Datasets & HHS GeoHealth Platform Data Layers for State Health Departments/ESF-8 Partner

- Restricted Datasets & Data Layers:**

- De-identified Medicare FFS electricity-dependent DME, Dialysis and O2 Tank Services
- Federal, State, local and other data layers

- Sample Use Case Examples:**

- Informing power restoration prioritization decision making at all levels
- Identifying optimal locations, support, and power needs for multiple devices in general population shelters
- Assessing potential transportation needs for evacuating or transport to healthcare providers (e.g. dialysis)
- Anticipating potential EMAC requests for at-risk populations residing by borders



HHS At-Risk Resiliency Initiative
De-Identified Aggregated U.S. Zip Code - ESRD-Dialysis and Electricity-Dependent DME

Zip Code	County FIPS Code	County	State FIPS Code	State	# Medicare Beneficiaries in Zip Code	Population of Beneficiaries at Home with a Residential Address, not P.O. Box or Unknown in Zip Code	Services		ALL DME		# Ventilators (13 months)	# Enteral Feeding (13 months)
							# In-Facility ESRD Dialysis (3 months)	# O2 services [tanks] (13 months)	# Electricity-Dependent DME	# O2 concentrators (36 months)		
80002	041	El Paso	08	CO	0	0	0	0	0	0	0	0
80002	059	Jefferson	08	CO	896	887	11	47	116	106	11	11
80003	059	Jefferson	08	CO	1,719	1,681	13	105	247	242	11	11
80004	059	Jefferson	08	CO	2,471	2,329	19	157	387	370	11	11
80005	059	Jefferson	08	CO	1,567	1,482	11	69	186	182	11	11
80007	059	Jefferson	08	CO	452	443	0	22	48	46	0	11
80010	001	Adams	08	CO	1,722	1,595	94	94	165	150	11	11
80011	005	Arapahoe	08	CO	2,784	2,510	54	202	377	349	14	14
80012	005	Arapahoe	08	CO	2,701	2,524	32	138	285	264	11	11
80013	005	Arapahoe	08	CO	5,071	5,028	20	143	350	311	11	11
80014	005	Arapahoe	08	CO	3,758	3,671	25	200	442	418	11	11
80015	005	Arapahoe	08	CO	2,614	2,495	18	110	275	258	11	11
80016	005	Arapahoe	08	CO	2,670	2,634	11	90	277	269	11	11
80017	005	Arapahoe	08	CO	1,371	1,350	19	65	154	140	11	11
80018	005	Arapahoe	08	CO	363	356	11	17	45	44	0	11
80019	001	Adams	08	CO	63	62	11	11	11	11	0	11
80020	014	Broomfield	08	CO	2,152	2,032	15	100	250	233	0	11
80021	059	Jefferson	08	CO	1,215	1,166	11	56	158	146	11	11
80022	001	Adams	08	CO	1,832	1,723	90	115	258	220	11	11
80023	014	Broomfield	08	CO	1,319	1,306	11	26	114	107	0	11
80026	013	Boulder	08	CO	1,882	1,798	11	73	219	202	11	11
80027	013	Boulder	08	CO	1,544	1,446	11	50	175	171	0	11
80030	001	Adams	08	CO	824	824	0	105	105	104	0	0
80031	001	Adams	08	CO	1,877	1,853	11	90	224	215	11	11
80033	059	Jefferson	08	CO	2,074	1,914	17	119	291	280	11	11
80101	039	Elbert	08	CO	58	48	0	11	11	0	0	0
80102	001	Adams	08	CO	330	265	11	21	47	45	11	0
80103	001	Adams	08	CO	199	118	0	12	25	24	0	0
80104	035	Douglas	08	CO	1,767	1,634	11	75	210	199	11	11
80105	005	Arapahoe	08	CO	128	70	11	11	22	20	0	11
80106	039	Elbert	08	CO	495	443	0	27	60	59	0	11
80107	039	Elbert	08	CO	961	752	0	45	137	125	0	11
80108	035	Douglas	08	CO	1,747	1,724	11	45	162	153	0	11
80109	035	Douglas	08	CO	863	850	11	36	111	105	0	0
80110	005	Arapahoe	08	CO	1,164	1,102	12	71	152	140	11	11
80111	005	Arapahoe	08	CO	2,100	1,981	11	62	178	167	11	11
80112	005	Arapahoe	08	CO	3,987	3,820	11	64	173	160	11	11

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HHS At-Risk Resiliency Outreach Response Individual Dataset Public Health Authorities-ONLY

- **At-Risk Resiliency Initiative CMS Response Outreach Individual and Aggregated Datasets**
 - Dataset includes limited individual level and/or actual aggregated data for DME, dialysis , and oxygen tank services
 - Quality improvement/ not research
- **Official Disclosure Request By Public Health Authority Senior Health Official & HHS Approval**
 - Public health authority and meets HIPAA, Final Privacy Rule criteria
 - Official Disclosure Request Cover Letter
 - Official HIPAA Assurance Statement
 - CMS Data Use Agreement (CMS-R-0235)
- **HHS At-Risk Resiliency Initiative Use Cases:**
 - ASPR/CMS approved emergency preparedness exercises (e.g. *HHS/City of New Orleans, HHS/NYS-Broome County*)
 - ASPR/CMS approved State request for an Incident, public health emergency, or disaster that may adversely impact at-risk individuals (e.g. *City of New Orleans Boil Water Alert*)



Dr. Nicole Lurie, U.S. Department of Health and Human Services Assistant Secretary for Preparedness and Response, with Dr. Karen DeSalvo, Health Commissioner for the City of New Orleans Health Department in June 2013

NOTE: All data are fictitious and used for illustrative purposes only

Name		Other Information		Address Indicators		Address						Dual Eligibility	Nursing Home		
Initial Sorting Order	First Name	Last Name	Date of Birth	PO Box or Unknown Address	*Care OP Indicator	Salutation	Street Address 1	Street Address 2	City	State	Zip Code Name	Zip Code	Parent Zip Code	Currently in Nursing Home?	Currently in Nursing Home?
1	Anne	Smith	November 4, 1944	0	0	Adm Park Manor Home For A. Smith	57 Coney Island Av		Brooklyn	NY	Brooklyn	11201		Yes	
2	Amy	Brown	February 13, 1955	0	0	C/O Geriatric Care Ctr	150 Dean Street		Brooklyn	NY	Brooklyn	11201			
3	John	Taylor	December 30, 2028	0	1		1800 40 St		Brooklyn	NY	Brooklyn	11241	11201		
4	Jane	Doe	March 4, 1966	0	1		1800 Bay Ridge Ave		Brooklyn	NY	Brooklyn	11242	11201	Yes	
5	Robert	Walker	May 20, 1930	0	0		1900 63rd St	First Floor	Brooklyn	NY	Brooklyn	11242	11201	Yes	
6	Mary	Johnson	September 14, 2012	1	0		17 112th Place		Queens Village	NY	Queens Village	11427			
7	William	Jones	December 1, 1933	0	0	Dev Ctr For David Robinson	180 E 205 St		Broxm	NY	Broxm	10465	10465		
8	David	Robinson	July 6, 1936	0	0		PO Box 28357		Broxm	NY	Broxm	10465	10465		
9	Caroli	David	July 24, 1933	1	0		PO Box 254-44		Brooklyn	NY	Brooklyn	11239			

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HHS At-Risk Resiliency Initiative

“Helping Our Communities Advance At-Risk Health Resilience”



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Office of Policy and Planning

Office of the Assistant Secretary for Preparedness and Response

U.S. Department of Health and Human Services

Office: 202-691-2013

Email: kristen.finne@hhs.gov

Web: www.phe.gov and <http://www.phe.gov/about/opp/dhsp/Pages/default.aspx>

ASPR & HHS At-Risk Resiliency Initiative Tools & Resources—More to come!

ASPR Fusion: HHS GeoHealth Platform (*formerly MedMap*) URL: geohealth.hhs.gov


ASPR's HHS At-Risk Resiliency Interactive Map URLs: <http://www.phe.gov/arim> and/or arim.phe.gov –

Officially Launching in May 2015

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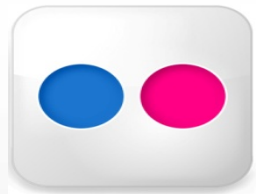
ASPR on the Web



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Arizona Department of Health Services

Building Robust Healthcare Coalitions with AFN Partners and Planning Tools



**Teresa Ehnert, Bureau Chief
Public Health Emergency Preparedness**

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“If you don’t know where you are going, you will wind up somewhere else.”

Yogi Berra

Bringing People to the Table


- 10 plus years cultivating relationships
- Matching stakeholder needs with grant capabilities
- Collaboration with partners from across the preparedness community
 - AFN advocacy
 - Local public health
 - State/local EM
 - Schools
 - Statewide committees



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AFN Partnerships & Projects

- Statewide Independent Living Council(SILC)
- Arizona Bridge to Independent Living (ABIL)
- Work with Developmental Disability Council & Disability Law
- Emergency Management Planning Tool
- CMS Data
- Durable Medical Equipment Cache for AFN

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The Arizona Statewide Independent Living Council (AZSILC) is a cross disability organization whose mission is to promote equality, inclusion and choice for people with disabilities through collaboration and public policy change




- Improve understanding of functional needs and how they impact disaster response, including relevant policies and procedures.
- Support integration of functional needs, integral equipment and tools in disaster plans

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ABIL's Mission:

To offer and promote programs designed to empower people with disabilities to take personal responsibility so they may achieve or continue independent lifestyles within the community.

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ABIL Project Outputs

(from June 2014 Project Report)

ACTIVITIES	PARTICIPANTS
(4) Special presentations In-Service Power Point presentation on Functional Needs in shelter programs	Cocopah, CRIT, Ft Mojave, GRIC, Hopi, Kaibab-Paiute, Navajo, Quechan, SRPIMC, Tohono O'odham, WMAT, Prescott-Yavapai, AHCCCS, Red Cross, tribal depts. Working w/functional needs
1- Conveyed ADHS functional needs equipment cache available 2- Conveyed AHCCCS functional needs equipment available to contracted tribes	
(3) Tribes with shelter plans, (5) tribes improving plans, (10) tribes with ADA shelter (6) tribes participating w/Red Cross	
1- Conveyed ADHS functional needs equipment cache available 2- Conveyed AHCCCS functional needs equipment available to contracted tribes	

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Emergency preparedness planning for persons with developmental disabilities and their families can be better integrated into neighborhoods, communities & counties in Arizona

- Agreement to fund AzSILC to carry out tasks and deliverables for AFN preparedness.
- AzSILC to collaborate with the Arizona Center for Disability Law (ACDL) & the Native American Disability Law Center (NADLC)



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PROJECT GOAL:

Properly train at least 110 of Northern Arizona's developmentally disabled population in emergency preparedness utilizing a train-the-trainer model and ensure that emergency preparedness plans are firmly in place.


This project will vitally equip persons with developmental disabilities and their families with the knowledge and skills to reduce the potential for injury and enhance the ability to avoid fatal outcomes.



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Emergency Management Planning Tool for AFN


- Provides breakdown of AFN populations for entire state & each county
- Can be used by state & local planners to refine sheltering plans (ESF6)
- Age:
 - Under 5
 - 5 to 17
 - 18 to 64
 - 65 years & over
- Partners from AzSILC compiled data



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Emergency Management Planning Tool for AFN

- AFN categories include with a:
 - hearing difficulty,
 - vision difficulty,
 - cognitive difficulty,
 - ambulatory difficulty,
 - self-care difficulty, and
 - independent living difficulty.



- Partners from AzSILC compiled data & led project

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Screen Shot from EM AFN Planning Tool

ESTIMATED ACCESS & FUNCTIONAL NEEDS DEMOGRAPHICS - STATE OF ARIZONA (2010)

DEMOGRAPHIC	Total	AFN Population
Total civilian noninstitutionalized population	6,231,546	714,833
Population under 5 years	463,130	3,422
With a hearing difficulty		2,166
With a vision difficulty		2,002
Population 5 to 17 years	1,161,208	54,970
With a hearing difficulty		8,106
With a vision difficulty		10,097
With a cognitive difficulty		38,068
With an ambulatory difficulty		8,153
With a self-care difficulty		10,078
Population 18 to 64 years	3,758,850	367,113
With a hearing difficulty		73,930

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Pima County Example - 750 Evacuees

DEMOGRAPHIC	ACCESS & FUNCTIONAL NEEDS POPULATION			
	EVACUATION ESTIMATE	SHELTER A POPULATION	SHELTER B POPULATION	SHELTER C POPULATION
	750	300	250	150
Total civilian noninstitutionalized population	97	39	32	19
Population under 5 years	0	0	0	0
With a hearing difficulty	0	0	0	0
With a vision difficulty	0	0	0	0
Population 5 to 17 years	7	3	2	1
With a hearing difficulty	1	0	0	0
With a vision difficulty	1	0	0	0
With a cognitive difficulty	4	2	1	1
With an ambulatory difficulty	1	1	0	0
With a self-care difficulty	1	0	0	0
Population 18 to 64 years	50	20	17	10
With a hearing difficulty	10	4	3	2
With a vision difficulty	8	3	3	2
With a cognitive difficulty	22	9	7	4
With an ambulatory difficulty	25	10	8	5
With a self-care difficulty	8	3	3	2
With an independent living difficulty	16	6	5	3
Population 65 years and over	40	16	13	8
With a hearing difficulty	18	7	6	4

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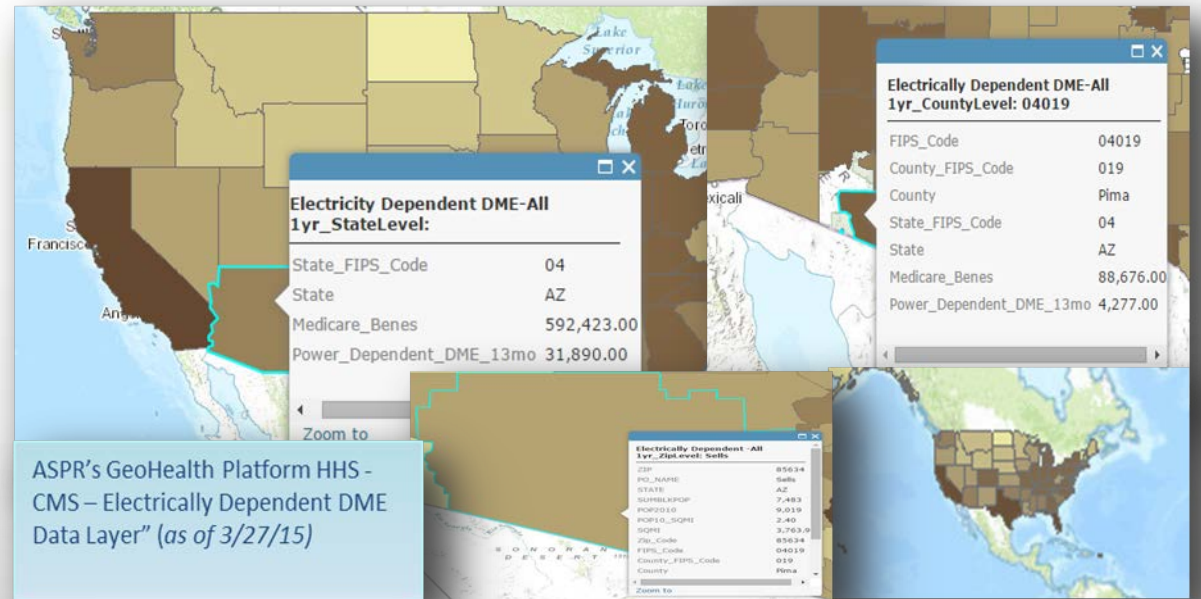
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HHS At-Risk Resiliency Initiative

CMS Emergency Planning De-Identified State Dataset

- Purpose is to enhance situational awareness of and support emergency planning and public health response activities for at-risk individuals that rely upon:
 - electricity-dependent durable medical equipment (DME)
 - facility-based dialysis
 - oxygen tank services



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CMS Emergency Planning De-Identified State Dataset

Arizona State

State	Total Number of Medicare Beneficiaries in State	Total Number of Dual-Eligible Medicare Beneficiaries in the State	Number of Medicare Beneficiaries at Home with a Valid Address	# In Facility ESRD Dialysis (3 months)	# O2 services [tanks] (13 months)
AZ	582,134	4,526	502,857	4,194	11,117

ALL DME	Durable Medical Equipment [DME]			
Electricity-Dependent DME	# O2 concentrators (36 months)	# Ventilators (13 months)	# Enteral Feeding (13 months)	# IV Infusion Pumps (13 months)
31,225	26,782	215	725	864

Durable Medical Equipment [DME]			
# Suction Pumps (13 months)	# At Home ESRD Dialysis (3 months)	# Power Wheelchairs or Scooters (13 months)	# Electric Beds (13 months)
177	524	1,517	1,846

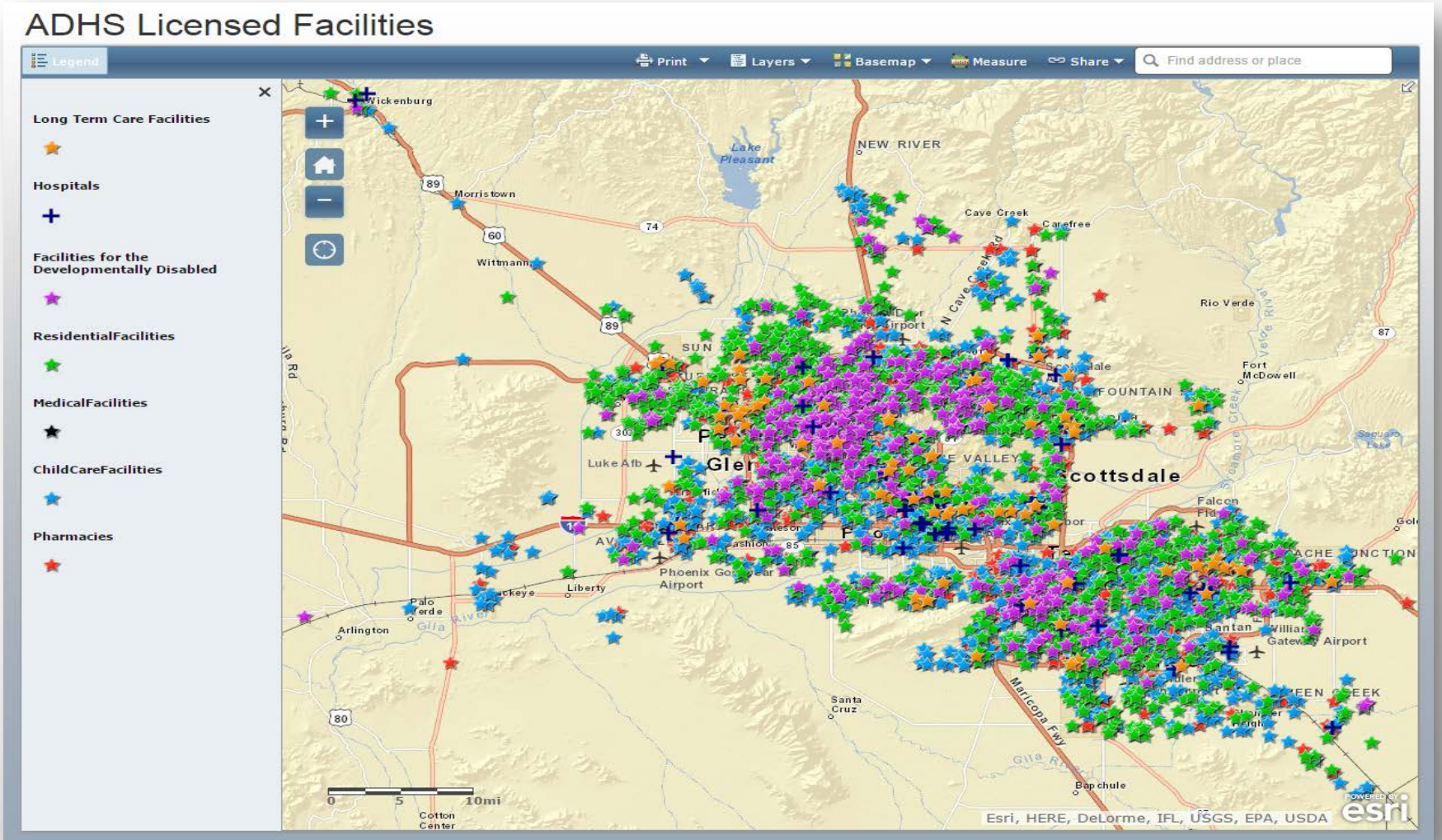
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Arizona Department of Health Services Maps



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Strategic Goal Assigned to ADHS

GOAL 4 - Provide durable medical equipment (DME) & medical supplies needed by local shelters to support Functional Needs Populations throughout AZ

OBJECTIVE – Establish deployable DME caches & medical supplies relative to the Functional Needs Population

MEASURE – Caches will be available & ready for deployment



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GOAL 4 - Provide durable medical equipment (DME) & medical supplies needed by local shelters to support Functional Needs Populations throughout AZ

ACTION ITEMS

Identify required inventory items of AFN cache

Identify sources for cache/maintenance & replenishment

Identify cache location/entity willing to manage & deploy

Provide training & exercise on cache deployment

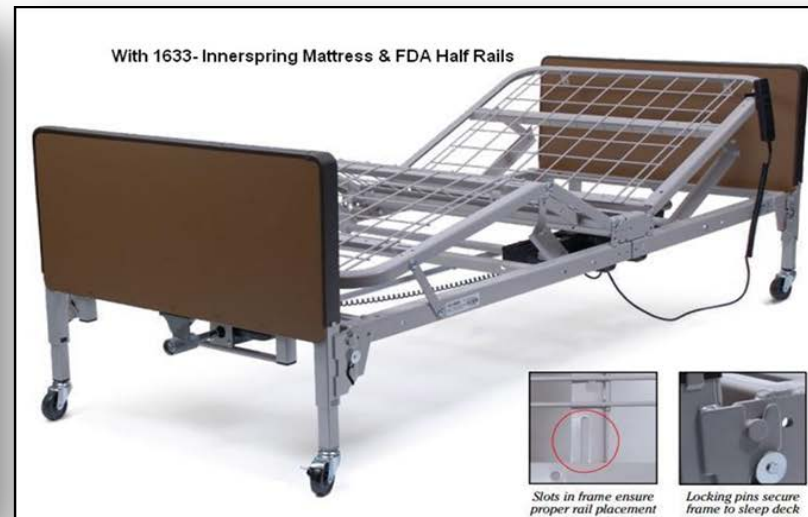


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Contact Information

Teresa Ehnert

Bureau Chief, Public Health Emergency Preparedness

Arizona Department of Health Services

Phone: 602-364-3571

Email: Teresa.Ehnert@azdhs.gov


Web: <http://www.azdhs.gov/>

Web: <http://www.azdhs.gov/phs/emergency-preparedness/>

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Broome County

Enhancing Disaster Response for At-Risk Populations Using Federal Data: A Full-Scale Exercise

Sean J. Britton, NRP, CEM


Emergency Preparedness Coordinator | Public Information Officer

Broome County Health Department

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Exercise Overview

- Exercise Dates: April 14, 2014 – April 16, 2014
- Mission Area: Response
- Threat/Hazard: Natural/Ice Storm

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Core Capabilities

- Community Preparedness
- Emergency Operations Coordination
- Emergency Public Information and Warning
- Information Sharing
- Planning
- Public Health and Medical
- Responder Health and Safety
- Situational Awareness
- Volunteer Management

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Scenario

- The National Weather Service has a high degree of confidence for a severe ice storm which will arrive in Broome County in 72 hours.
- The ice storm is anticipated to cause widespread power outages for an unknown period of time.
- The Broome County Emergency Operations Center is being established and the Health Department is being tasked with providing in-person notification to Medicare FFS individuals (clients) that rely upon electricity-dependent oxygen durable medical equipment.


Exercise Design – Five Modules

- Data Request Module
- Data Disclosure Module
- GIS Module
- Deployment Preparation Module
- Field Team Outreach Module

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Data Request Module

FEDERAL

HHS Regional
Emergency
Coordinators

STATE

New York State
Office of
Emergency
Management

New York State
Health
Department

COUNTY

Broome County
Health
Department

Broome County
Office of
Emergency
Services

Federal

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State
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County
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Data Disclosure Module

- NYSDOH will receive secure data and share with identified Broome County Health Department point of contact through the Health Commerce System Secure File Transfer



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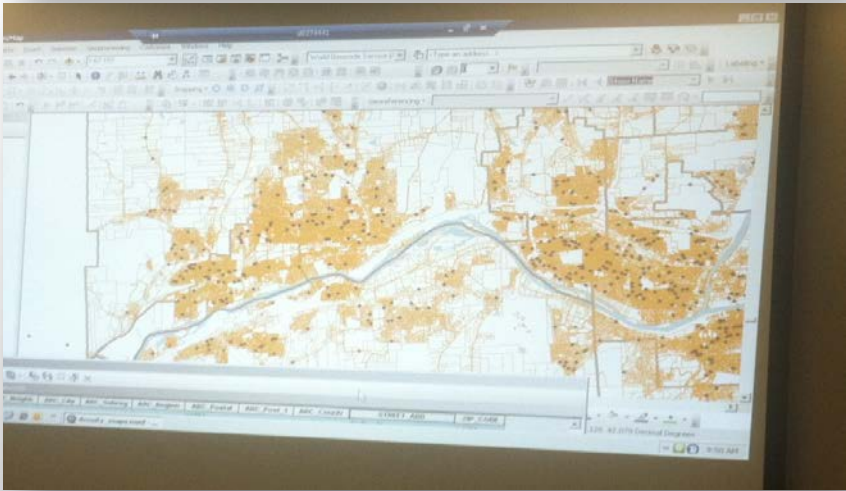
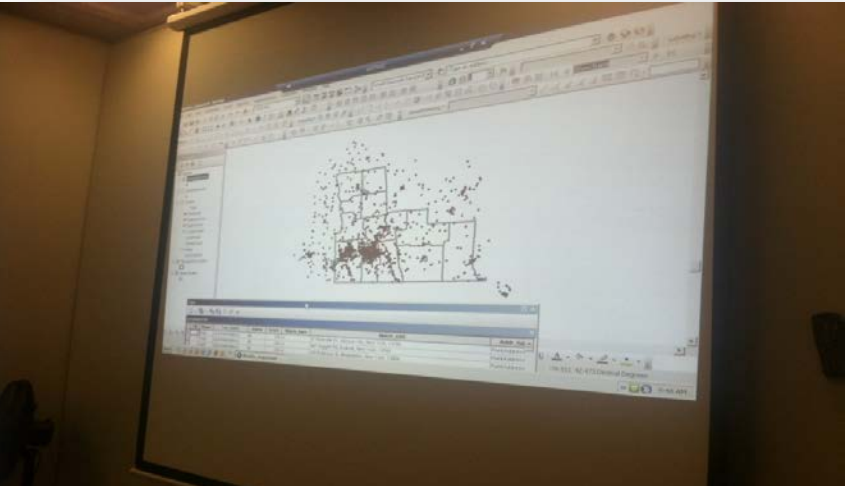
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GIS Module



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Deployment Preparation Module



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Field Team Outreach Module



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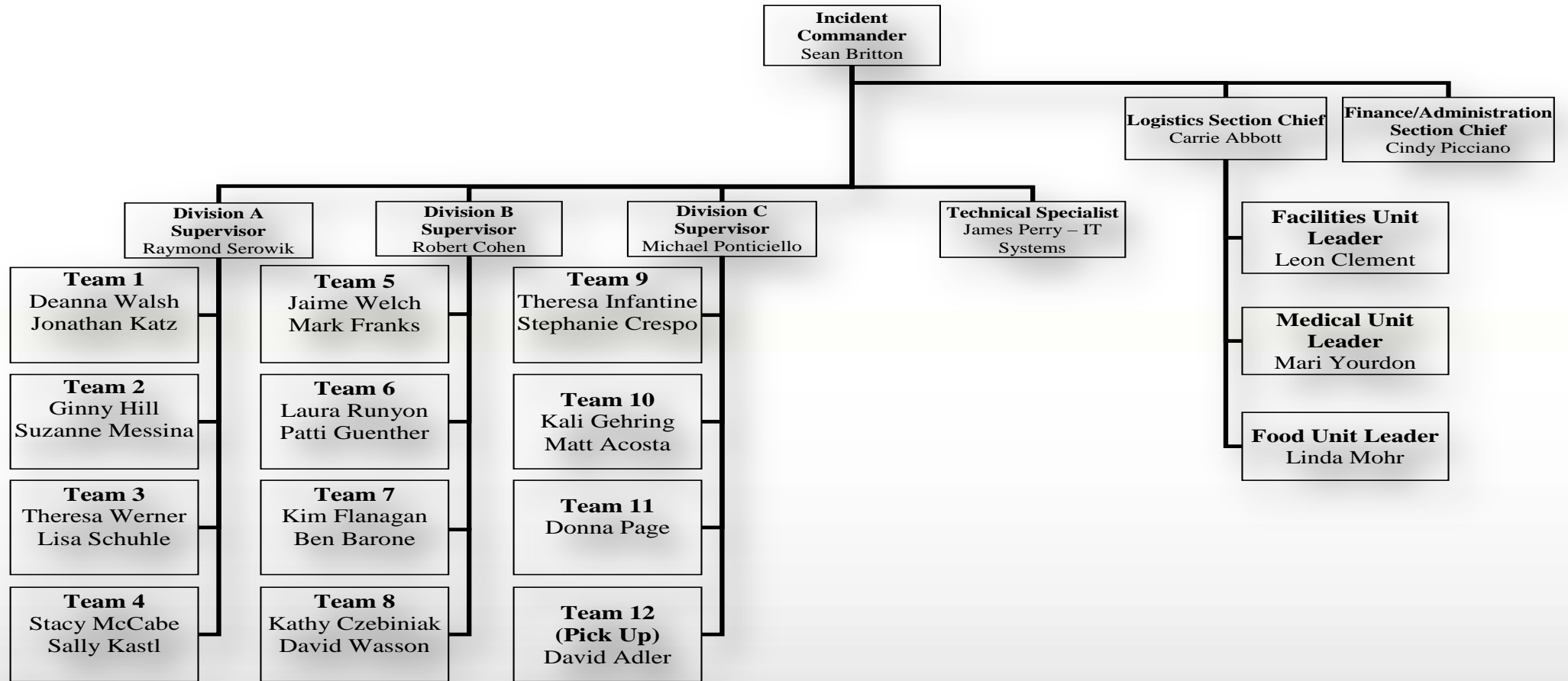
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Incident Command



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Incident Objectives

INCIDENT OBJECTIVES (ICS 202)

<p>1. Incident Name: Enhancing Disaster Response for Vulnerable Populations by Using Federal Data – Field Team Outreach Module</p>		<p>2. Operational Period: Date From: 4/16/2014 Date To: 4/16/2014 Time From: 10:00 Time To: 15:00</p>																
<p>3. Objective(s): Teams will collect information, based upon provided scripting, from identified individuals. Teams will provide printed information to enhance future preparedness for each individual interviewed. Teams will maintain communications with their Division Supervisor at the Health Department Operations Center (DOC) via cell phone (See Communications List – Page 2). Teams will call on-scene and off-scene to their Division Supervisor. Teams will attempt to make contact with at least 16 individuals during the operational period. Upon return to the Health Department, turn in your mileage log to the Finance/Administration Section Chief.</p>																		
<p>4. Operational Period Command Emphasis: Follow requested safety procedures:</p> <ul style="list-style-type: none"> • If your safety becomes endangered at any time, then expediently remove yourself from the unsafe location. If you encounter an imminent safety threat, then call for law enforcement assistance by dialing 911. Call the Health Department Operations Center (DOC) once you are in a safe location. • Field teams should attempt to conduct their interview from the front door of the residence. If you must go inside the residence, then team members should remain together at all times. • If you need rest room facilities, then use the facilities at a public location. Do not use the rest room of a client's home. • Field team should not accept any food, drinks, gifts, or donations from the clients. 																		
<p>General Situational Awareness Scenario: An ice storm is anticipated to occur in Broome County within the next 24 hours. The storm is anticipated to cause power outages for an unspecified period of time. The iPad code is 0815.</p>																		
<p>5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approved Site Safety Plan(s) Located at:</p>																		
<p>6. Incident Action Plan (the items checked below are included in this Incident Action Plan):</p> <table border="0"> <tr> <td><input type="checkbox"/> ICS 203</td> <td><input checked="" type="checkbox"/> ICS 207</td> <td>Other Attachments:</td> </tr> <tr> <td><input type="checkbox"/> ICS 204</td> <td><input type="checkbox"/> ICS 208</td> <td><input checked="" type="checkbox"/> Mileage Log</td> </tr> <tr> <td><input type="checkbox"/> ICS 205</td> <td><input type="checkbox"/> Map/Chart</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 205A</td> <td><input type="checkbox"/> Weather Forecast/Tides/Currents</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> ICS 206</td> <td></td> <td><input type="checkbox"/> _____</td> </tr> </table>				<input type="checkbox"/> ICS 203	<input checked="" type="checkbox"/> ICS 207	Other Attachments:	<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input checked="" type="checkbox"/> Mileage Log	<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____	<input type="checkbox"/> ICS 206		<input type="checkbox"/> _____
<input type="checkbox"/> ICS 203	<input checked="" type="checkbox"/> ICS 207	Other Attachments:																
<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input checked="" type="checkbox"/> Mileage Log																
<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> _____																
<input checked="" type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____																
<input type="checkbox"/> ICS 206		<input type="checkbox"/> _____																
<p>7. Prepared by: Name: Robert Cohen Position/Title: Planning Section Chief</p>																		
<p>8. Approved by Incident Commander: Name: Sean Britton Signature: _____</p>																		
ICS 202	IAP Page 1	Date/Time: 4/15/2014 16:00																

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Outreach Dialogue Tool

- Technology Driven
- Outreach Focus:
 - Individual/Residence Validation
 - Medical Equipment Validation
 - Emergency Preparedness Practices
 - Provide Emergency Preparedness Information
- Analysis

Enhancing Disaster Response for Vulnerable Populations by Using Federal Data - Field Outreach Module Data Dialogue Tool (Paper Version)

Team #: _____ Stop #: _____

RESIDENCE

1a If the address is a residence, indicate what kind Single family residence Apartment
 Assisted Living Other

1b If the address is not a residence, indicate what kind Business Other
 Abandoned Lot

Hello, we are with the Broome County Health Department (show County issued photo identification) and are here today as part of an emergency preparedness exercise. We are gathering information to help us to plan for your needs during a disaster. We have a few questions to ask about your preparedness for emergencies and this will take approximately 10 minutes of your time.

1c Does (fill in name) live here? Yes No
 Yes No, not available

1d Can we speak with (fill in name)? No, deceased No, in hospital
 No, refused to participate

1e If (fill in name) is not available, would you answer some questions instead? Yes No

1f What is your relationship to (fill in name)? _____

MEDICAL EQUIPMENT

2a According to our records, you have the following equipment: Oxygen Concentrator Ventilator

2b Do you have other medical equipment? Yes No

2c If yes, what type? _____

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Broome County Exercise Participant Emergency Preparedness Information and Materials



Broome County Health Department

Debra A. Preston, County Executive . Claudia A. Edwards, MS, Public Health Director
225 Front Street . Binghamton, New York 13905
Phone: (607) 778-3930 . Fax: (607) 778-2838 . www.gobroomecounty.com

April 16, 2014

Thank you for participating in our emergency preparedness exercise. We are improving our ability to notify you during a disaster by testing our emergency plan.

We partnered with the New York State Department of Health and the U.S. Department of Health and Human Services for this exercise.


We visited you because Medicare data shows you use oxygen. Your health information is kept confidential and secure.

If you are on electric life-sustaining medical equipment, then you should be listed with the NYSEG Life Support Customer Program. You may contact them at 1-800-572-1111 for more information.

NY-Alert is a system to warn the public about hazardous weather or emergency conditions. NY-Alert will send you a phone or email message if there is an emergency near you. You may enroll in the NY-Alert at users.nyalert.gov. You can also call the NY-Alert Support Line at (518) 292-2299 to enroll.

Thank you once again for your participation!


Sincerely,


Claudia Edwards, M.S.
Public Health Director
Broome County Health Department

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Broome County Exercise Results

- **531** individuals identified as having an oxygen concentrator and/or ventilator
- **260** homes were visited during the exercise
- Response at **63%** of the homes:
 - **96%** of individuals matched our records
 - **94%** of DME matched our records
- **43%** did not have emergency plans
- **45%** identified a need for assistance during an emergency



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Contact Information

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www.facebook.com/BroomeCountyHealth

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Questions?



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