

Outline of Summary Conclusions

***Introductory Note:** This material was presented at the final session of the Vulnerable Populations: Emergency Preparedness Conference on November 7th, 2007. These conclusions will form the initial basis for a recommended national action plan (which we be circulated to attendees in draft form), as well as follow up activities for the conference participants. We plan to structure the plan in accordance with five to six major principles or themes. Provisionally, these are:*

- *Defining the needs in an emergency of vulnerable populations based on functional needs rather than medical definitions or stereotypes;*
- *Engaging vulnerable populations in emergency planning at the community level;*
- *Prioritizing funding for emergency planning efforts that strengthen the resiliency of vulnerable populations to respond and recover from a disaster;*
- *Developing evidence based solutions to the challenges faced by vulnerable populations in responding to and recovering from disasters (this includes learning from existing efforts and developing community based pilot efforts);and*
- *Forming a national coalition of community agencies, nonprofits, foundations, and vulnerable populations to advocate for policy, program and funding decisions required to prepare vulnerable populations for emergencies.*

***Please Note:** This summary was drafted on Tuesday night, November 6th, and it therefore does not reflect the additional recommendations made during the session on funding on the morning of November 7th.*

1. Form a national coalition to give a voice to vulnerable populations on key emergency preparation issues. This national coalition would address federal, state, and local decision-makers as well as business and foundation leaders on policy, program, and funding issues. Also, this partnership would:

- i. Develop and Publicize Best Practices
 - ii. Address Legal Issues
 - iii. Advise on Message and Communication
 - iv. Advocate Holistic and Positive Approaches
 - v. Establish a Virtual Resource Center
 - vi. Advocate and Conduct Further Study
 - a. Study Rationing
 - b. Study Shelter Identification
 - c. Study Registries
2. Inform work at all levels of emergency preparedness and vulnerable populations with several bedrock values, global themes, and assumptions including:
 - i. Inculcating Advance, Inclusive and Comprehensive Planning
 - ii. Inculcating Positive Rationale for Planning
 - iii. Addressing the “Whole System”
 - iv. Focusing on Resilient and Sustainable Communities
 - v. Asking Government to ‘Do Its Part’ to Address the Needs of Vulnerable Populations
 - vi. Incorporating Economic Development Opportunities
 - vii. Planning at the Lowest Level of Government Most Effective to Meet Objectives
3. Promote Continuity of Operations (“COOP”) Planning for all those who serve vulnerable populations including government service providers, nonprofit providers and advocacy groups, foundations, health facilities, and private sector. Provide incentives or require COOP, perhaps through direct funding of COOP; condition program funding on COOP; and/or condition licensing on COOP planning
4. Advocate fast track money flow during emergencies by government, foundations, and corporations including addressing legal and institutional barriers to flexibility and speed.

5. Utilize Existing Infrastructure & Supplies to enhance preparedness and response.
(Examples)
 - i. California: Deployment of Community Health Workers
 - ii. Health Fairs
 - iii. School Nurses
 - iv. Government Sponsored COOP Training
 - v. Available Low Tech, e.g., Whistles and Sharpies

6. Underlying poverty decreases resilience during emergencies; addressing poverty should improve resiliency. Examples of financial constraints undercutting emergency preparedness include the observation that personal finances dictate options for response, e.g. desire to secure belonging, ability to seek private shelter, ownership access to a car or funds to pay for gasoline.

7. Critical Issues for Further Study and/or developing resources
 - a. Rationing
 - i. Medication
 - ii. Transportation
 - iii. Shelters
 - iv. Medical Supplies
 - v. Vaccines (Pandemic)
 - vi. Ventilators (Pandemic)
 - vii. Triage
 - b. Legal Issues (including issues requiring further development as well as those were models exist that could/should be adapted for use across the country)
 - i. Immunity from suit (Reform of Good Samaritan Laws as well as Reciprocal or Emergency Credentialing)
 - ii. Emergency Powers
 - iii. Standards of Care
 - iv. Quarantine and Isolation

8. Define vulnerable populations in a way that avoids stigmatizing individuals or groups and which focuses on functional needs rather than stereotypes or medical definitions. Such a definition should take into account hidden functional impairments and event specific functional impairment. The definition should take into account the full range of populations and the overlapping nature of these populations. Groups or categories should include:

- i. Elderly
- ii. Mental and Cognitive Disabilities
- iii. Children, especially, e.g., Foster Children
- iv. Undocumented (the "ICE" issue)
- v. Prisoners in Adult and Juvenile Facilities Including those Pending Pretrial Proceedings
- vi. Persons needing Palliative Care

{Note: How do we insure that we have encompassed these populations and relied on a functional definition?}

9. Funding for emergency preparedness, mitigation, and response should be conditioned on integrating and including vulnerable populations in planning and addressing the needs of vulnerable populations

- i. No Plans/No Funds
- ii. Public Funds
- iii. Private Funds
- iv. Requires Metrics
- v. Possible Leverage Points Include:
 - a. PAPHA
 - b. HSPD-21
 - c. Stafford Act (needs work)
 - d. 5310 (needs work)

10. Local Planning Is The Key/Inclusiveness

- i. Local Planning Should Engage a Wide Range of Stakeholders Including:
 - a. Local Emergency Managers
 - b. Nonprofits
 - c. Faith Based Community
 - d. "Trusted" Advocacy Groups
 - e. Foundations
 - f. Private Sector
 - g. Academic Centers
 - h. Community Action Agencies
 - i. AmeriCorps/Vista
 - j. Volunteer Corps/Medical Reserve Corps
- ii. Keys to successful local planning include:
 - a. Encouraging Stakeholders to Coordinate and Collaborate with Each Other but also with their Counterparts in the Community (i.e. Coordination Among Advocacy Groups)
 - b. Finding a "Neutral" Venue to Maximize Participation
 - c. Focusing on Funding Needs
 - d. Finding Administrative Support for Advocacy Groups
 - e. Determining a Metric to Define Adequate and Meaningful Inclusiveness
 - f. Defining "recovery" in a way that does not Permit a Return to Previous Inequities

11. Design and implement pilot projects at a community or neighborhood level to demonstrate the efficacy and equity of emergency planning approaches.

12. Make recovery resources adaptive so that they can be taken to the field as appropriate, incorporated in a safe center, or provided at centers which already provide key services to vulnerable populations.

13. Design and implement communications strategies and mechanisms to deliver messages that tailor emergency communications to vulnerable populations. Note that this means an approach that targets messages to specific populations in specific locations. Considerations in the strategy and means of communication include:

- a. Avoid References to “Vulnerable Populations”
 - i. Use Community Members to Speak to the Community
 - ii. Use the Following Communication Strategies
 - a) Emphasize oral communications
 - b) Simplicity
 - c) Graphics
 - d) Universal Symbols (Teach and Train)
 - iii. Fix Emergency Broadcasting System/ Employ FCC Enforcement
- b. Use Communication Alternatives
 - i. Do Not Rely Only on Internet
 - ii. Use Land lines
 - iii. Hot lines
 - iv. Crank Radios and Flashlights
 - v. *Effective* Reverse 911 Systems
 - vi. Private Alert Systems
 - vii. Whistles and Sharpies
 - viii. Ham Radio: Radio Amateur Civil Emergency Service
 - ix. Low Frequency Radios
 - a. Interoperability
 - b. Internal Corporate Messaging
- c. Condition the Media
 - i. Are they Ready for an Emergency?
 - ii. Do they know Which Communities are Vulnerable?
 - iii. Do they have an Appropriate Message Strategy?
 - iv. Do we need a Message Strategy Locally and/or Nationally?

14. Develop and make available to emergency planners and responders GIS Mapping/Visual Data Base that address the following questions:
 - i. Who Lives Where?
 - ii. Where are the Resources
 - iii. Shelters (Pre-identification Problem)
 - iv. Medical Facilities
 - v. Public Transportation
 - vi. Private Available and Usable Transportation (keys, etc.)
 - vii. Evacuation Routes

15. Incorporate key health care issues in emergency planning including issues concerning need for surge capacity in the event of a mass casualty or pandemic event, availability transportation and personnel, and development and administration of supply stock piles. Illustrations of these issues include:
 - i. Personnel and Transportation Capacity
 - ii. Training Additional Volunteers
 - iii. Beefing up Medical Reserve Corps (Arlington VA)
 - iv. Backup Transportation (5310)
 - v. Develop National Functional Response Teams (Seattle)
 - vi. Portable Medical Records
 - a. High tech both nationwide and state-wide or local (investigate case studies)
 - b. Low tech
 - vii. Stockpiles
 - a. SNS Delivery Issues
 - b. CDC Requests
 - c. Stockpiles Beyond 12 sites
 - d. Address 30 Day Limit on Medications with Medicaid and Private Insurers
 - e. Psychotropic Drugs

- f. Filling Prescriptions under “Emergency Powers”
- g. Low-tech Medical Guidance as an Alternative
- h. Food and other Supplies

16. Ensure that sheltering in congregate facilities and sheltering in place both take into account vulnerable populations. A number of suggestions were made with respect to sheltering, including:

- i. Pre-planning is Key
- ii. Check Liability Issues Regarding Integration
- iii. Conduct Meaningful Surveys of Accessibility and Related Issues.
- iv. Functional Assessment Services Team (“FAST”)
- v. Pre-identify Locations (Needs Further Analysis)
- vi. “Rules of the Game” Inside the Shelter
- vii. ARC Certification Issue
- viii. Training Locals (California Wildfires Experience)
- ix. Use as Information Centers
- x. Create “Safe Centers” (Florida)
- xi. Continue to Monitor Health Conditions, which may change over Course of Stay, Especially Effect of Long Term Stay on Psychological Well Being
- xii. Avoid “Mega” shelters (Florida) and Long Distances
- xiii. Open issues:
 - a. Target Capabilities
 - b. ARC/HHS MOU
 - c. DOJ Guidelines
 - d. DHS CR/CL “Guide to Local Jurisdictions
 - e. FEMA Guidance
 - f. Whether Home Health Care can Come to Shelter

17. Promote protocols and programs for addressing the question of service animals (an issue distinct to vulnerable populations) and pets (an issue for general

population with particular relevance to vulnerable populations including the elderly).

- a. Service animals
 - b. Pets New Mexico legislation
 - c. New Jersey: Community Animal Response Teams
18. Identify and engage with natural allies including:
- i. Community Action Agencies
 - ii. National Emergency Managers Association
 - iii. International Association of Emergency Managers
 - iv. ASTHO
 - v. Law professors
 - vi. Neighborhood Watch Model/Charles Village
 - vii. Business Executives for Homeland Security
 - viii. American Nurses Association
19. Conduct Training, Exercises and Drills to test emergency plans with respect to vulnerable populations.
20. Redefine the use of registries to move away from the use of registries for vulnerable populations (e.g. persons with mobility related disabilities) to using a 'list of lists' model. Any use of registries should take into account loss of infrastructure related to an emergency, the ability to preserve lists, and update them.
20. Transportation and Evacuation
- i. Recommendations for Action
 - a. Include Local Emergency Planners in Transit Planning
 - b. Include Local Transit Workers in Planning when Necessary
 - c. County to County agreements, Esp. in Rural Areas

- d. Mark all Emergency Transportation as such, and have a Complete Package – Gas, Keys, & Drivers.
 - e. Appropriate Alternatives: Bikes, Vans, Carpools
 - f. Use Access to Ridership to Educate the Public about Disaster Plans/Evacuation
 - g. Consider the Return Plan – How will People get Back? How will People get to Work in the Meantime?
 - h. Transit Workers Must know that they have to Work During an Emergency
 - i. Load Vehicles with Equipment for Self Sustained Care
 - j. Access Public Transit ‘Citizen Advisory Boards’ to Affect Planning
 - k. Equip ‘Welcome Centers’ for Emergencies
 - l. ADA Mandated Para-Transit should be Designated
 - m. Consider Unifying Apt Transport Agencies to Consolidate Various Modes
 - n. The Appropriate Governmental Agency should Survey Transportation Resources and Enter into MOUs where Appropriate (e.g. Maryland DHMH Effort)
 - o. Ensure the Effective Use of Signage for Evacuation Route
 - p. Use Courier Service for Pets (Service Animals Stay with Owners)
- ii. Further Study
- a. Look to Military as Model
 - b. Study Use of Freeways for both Egress and Ingress During Emergencies
 - c. Examine Use of Amtrak
 - d. Examine Ride Sharing
 - e. Study MD Experience w/Electronic Debit Cards for Evacuees and Volunteers
 - f. Seek Guidance on When to Evacuate and When to ‘Shelter in Place’