



Information for Addressing the Needs of Older Adults in Public Health Emergencies and Disasters

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Overview

- I. Introduction to concepts and terms
- II. Capacity-Building Toolkit for Including the Aging & Disability Networks in Emergency Planning
- III. Access & Functional Needs Web-Based Training
- IV. Addressing the Needs of Older Adults in Disasters Web-Based Training
- V. Resources for addressing COVID-19
- VI. Other ASPR work

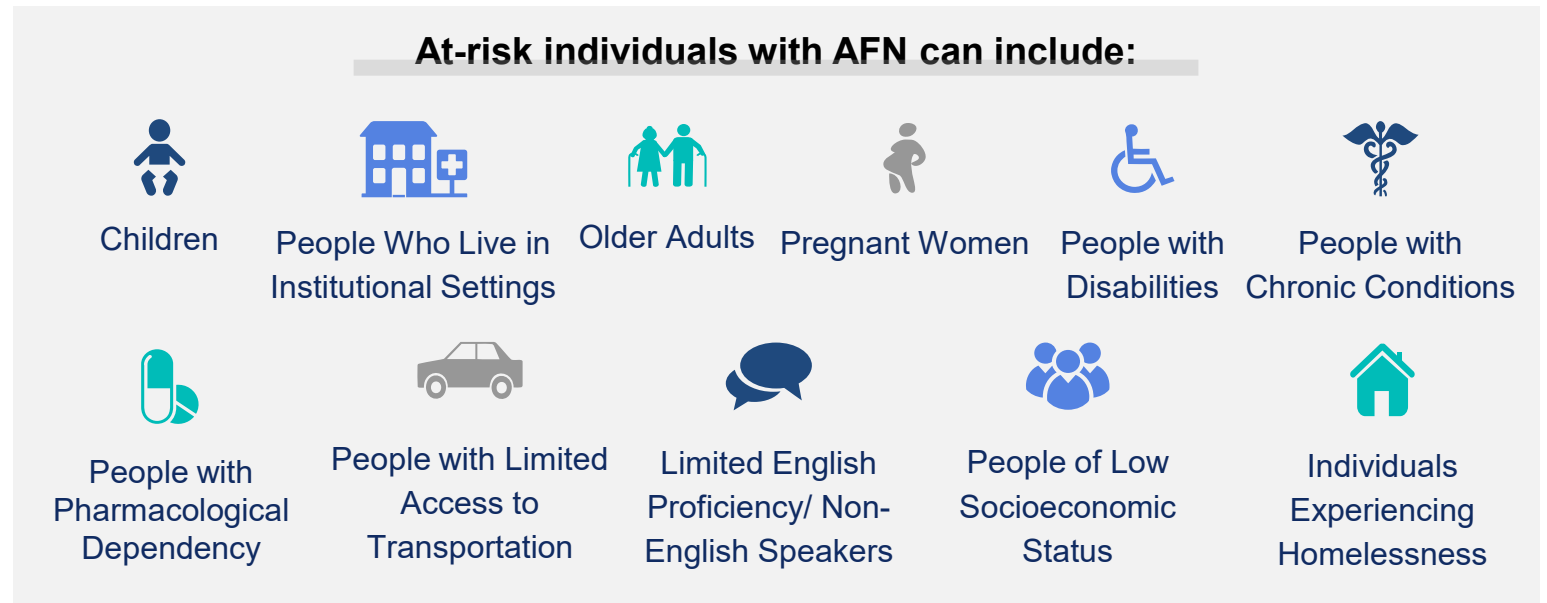
HHS Requirements for Addressing the Needs of At-Risk Individuals

Public Health Service Act, as amended by the Pandemic and All-Hazards Preparedness and Advancing Innovation Act (2019)

- Defines ***at-risk individuals*** as children, pregnant women, **older adults**, individuals with disabilities, and others who may have ***access or functional needs*** in the event of a public health emergency as determined by the Secretary of Health and Human Services [42 USC 300hh-1\(b\)\(4\)](#)
- Outlines required Activities [42 USC 300hh-16](#)
 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
 9. Facilitate coordination for detecting emerging threats to at-risk individuals

Access and Functional Needs (AFN)

At-risk individuals are defined as people with *access and functional needs (AFN)* (temporary or permanent) that may interfere with their ability to access or receive medical care before, during, or after a disaster or public health emergency.



[At-Risk Individuals Fact Sheet](https://www.phe.gov/Preparedness/planning/abc/Pages/at-risk.aspx) provides further information on common and cross-cutting access and functional needs and requirements;

<https://www.phe.gov/Preparedness/planning/abc/Pages/at-risk.aspx>

Five Categories of the CMIST Framework (spectrum of AFN)

- Irrespective of specific diagnosis, status, or label, the term *access and functional needs* is used to describe a broad set of **common and crosscutting access and functional needs**



C = Communication: People with communication needs may have limited ability to hear announcements, see signs, understand messages, or verbalize their concerns

M = Maintaining Health: Individuals who may require specific medications, supplies, services, durable medical equipment, electricity for life-maintaining equipment, breastfeeding and infant/childcare, or nutrition, etc.

I = Independence: Individuals who function independently with assistance from mobility devices or assistive technology, vision and communication aids, services animals, etc.

S = Support & Safety: Some individuals may become separated from caregivers and need additional personal care assistance; experience higher levels of distress and need support for anxiety, psychological, or behavioral health needs; or require a trauma-informed approach or support for personal safety

T = Transportation: Individuals who lack access to personal transportation, are unable to drive due to decreased or impaired mobility that may come with age and/or disability, temporary conditions, injury, or legal restriction

Capacity-Building Toolkit

Developed by HHS:

- ASPR/ARI Program
- Administration for Community Living (ACL)
- National Association of County and City Health Officials (NACCHO)
- Association of State and Territorial Health Officials (ASTHO)

Toolkit: https://www.naccho.org/uploads/downloadable-resources/NACCHO_Aging-and-Functional-Needs-Planning-FINAL.pdf

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 HHS OFFICE OF THE ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE (ASPR) AND THE HHS ADMINISTRATION FOR COMMUNITY LIVING (ACL)

Emergency Planning for Organizations

- Identify hazards
 - ✓ Conduct risk assessments
- Create an Emergency Operations Plan
- Understand the Incident Command System (ICS)
- Understanding the Emergency Support Functions (ESF)
- Participate in trainings and exercises
- Engage in consumer advocacy
 - ✓ Participation in exercises
 - ✓ Inclusion in emergency plans

Figure 1 – The Phases of Emergency Management



Purpose of the Capacity-Building Toolkit

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



Web-Based Training: Access and Functional Needs

The course defines the concept and requirements for addressing the access and functional needs (AFN) of at-risk individuals and provides tools and resources to help you address the AFN of at-risk individuals during disaster preparedness, response, and recovery activities.

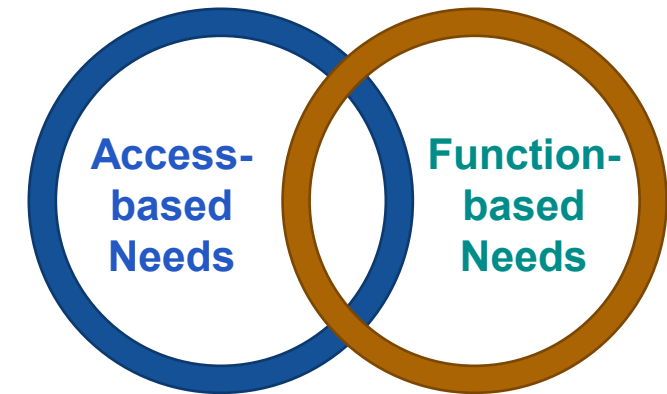


People with “access and functional needs” (AFN) require assistance due to any condition (temporary or permanent) that limits their ability to take action in the event of a disaster or public health emergency

[Course: https://www.train.org/main/course/1083869/](https://www.train.org/main/course/1083869/)

[Fact Sheet:](https://empowerprogram.hhs.gov/Access-Functional-Needs-WBT-Fact-Sheet.pdf)

<https://empowerprogram.hhs.gov/Access-Functional-Needs-WBT-Fact-Sheet.pdf>



Access and functional needs may overlap

Access and Functional Needs Web-Based Training Available on the TRAIN Learning Network



HHS/ASPR Access and Functional Needs (AFN) Web-Based Training



Whole Community Planning

On any given day, approximately half of the U.S. population has a temporary or permanent condition that limits their ability to take action in an emergency. Simply put—they have access and functional needs (AFN).

Addressing AFN is a crucial part of comprehensive disaster planning for the whole community and is mandated for inclusion in federal, state, local, tribal, and territorial public health emergency plans. ASPR has developed the HHS/ASPR Access and Functional Needs (AFN) Web-Based Training to help public health officials, emergency managers, and social/human service providers learn how to address AFN in disaster preparedness, response, and recovery.

Access and Functional Needs

AFN provides an inclusive approach to describing the wide array of populations who may have additional needs before, during, or after an emergency. Populations with AFN may include but are not limited to:

- Children
- People living in institutional settings
- Older adults
- Pregnant women
- People with disabilities
- People with chronic conditions
- People with pharmacological dependency
- People with limited access to transportation
- Limited English proficiency/non-English speakers
- People of low socioeconomic status
- Individuals experiencing homelessness

Protection from Discrimination

Public health officials, emergency managers, and social/human service providers need to be aware of and comply with legal requirements designed to protect individuals with AFN from discrimination. The training highlights information from federal guidance, laws and executive orders

that require non-discrimination for addressing AFN—both specific and nonspecific to a disaster context.

Tools, Resources and Data

Within the training, participants learn how to use the Communication, Maintaining Health, Independence, Support and Safety, and Transportation (CMIST) Framework to address a broad set of common AFN irrespective of specific diagnoses, status, or labels. Additionally, the training provides tools and resources for addressing AFN during disaster preparedness, response, and recovery activities. Participants will find relevant data, recommended partners, and links to tools and information so that they may immediately apply what they have learned and successfully address AFN in their communities.

Learn More

To learn more about addressing the AFN of individuals and the CMIST Framework, take the free [HHS/ASPR Access and Functional Needs Web-Based Training](#).

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www.PHE.gov



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HHS/ASPR: Access and Functional Needs

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Web-Based Training - Self-Study ID 1083869 Skill Level: Introductory 1.5h

★★★★★ (109)

The HHS/ASPR Access and Functional Needs (AFN) web-based training defines the concept and requirements for addressing the AFN of at-risk individuals, and provides tools and resources to help you address the AFN of at-risk individuals in your community during disaster preparedness, response, and recovery activities.

Learning credits coming soon! We are in the process of certifying this course. We will provide an update on the status of CEUs here, when available.

Keywords: access needs, functional needs, functional and access needs, access and functional needs

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Details

Learning Objectives

At the end of this course, learners should be able to:

- Define access and functional needs
- Explain why addressing access and functional needs during disaster preparedness, response, and recovery is important
- List the different types of at-risk populations with access and functional needs
- Identify federal guidance, legal requirements, and executive orders that reinforce this work
- Identify and explain the categories of the CMIST Framework
- Explain and provide examples of how to operationalize the CMIST Framework to address the access and functional needs of at-risk individuals
- Highlight resources that help to address the access and functional needs of specific at-risk populations

Web-Based Training: Addressing the Needs of Older Adults in Disasters

1. Older adults' diversity and various community supports that impact care considerations
2. Common conditions and challenges that increase older adults' vulnerability
3. Promising practices for assessing and addressing the needs of older adults
4. Response strategies for older adults in common disaster situations
5. Apply lessons learned from real-world examples of addressing the needs of older adults in disasters



52M+ older adults in the U.S.

95%+ of older adults in the U.S. are community-dwelling

Course: <https://www.train.org/main/course/1093802/>

Landing Page: <https://www.phe.gov/Preparedness/planning/abc/Pages/addressing-older-adults-needs-in-disasters-web-trng.aspx>

Fact Sheet: <https://empowerprogram.hhs.gov/Older-Adults-in-Emergencies-Fact-Sheet.pdf>

Web-Based Training on Addressing the Needs of Older Adults in Disasters Available on the TRAIN Learning Network



HHS ASPR Addressing the Needs of Older Adults in Disasters Web-Based Training



The [HHS ASPR Addressing the Needs of Older Adults in Disasters](#) web-based training (#1093802) is a free, publicly accessible course designed to **improve public health and emergency medical responders' capability to address the access and functional needs of community-dwelling older adults in disasters.**

This course provides information, resources, tools, and strategies to help responders assess and address the needs of older adults in common disaster situations, including natural disasters and infectious disease outbreaks.

Go to www.train.org/main/course/1093802/ to take the course today!

Why Focus on Older Adults?

The U.S. population is rapidly aging, and the U.S. Census Bureau projects that, by the year 2035, there will be more Americans who are 65 and older than there will be children under the age of 18. As of 2018, there were over 52 million adults ages 65 and older.

Older adults are a very diverse group, with varying life experiences and capabilities. In many cases, older adults demonstrate greater resilience in the face of disasters than younger populations.

However, since many disasters and emergencies disproportionately impact the older adult population, especially older adults ages 85 and older, it is important to understand how to identify and address the specific needs of older adults during a disaster or emergency.

What Will I Learn?

This course is divided into four modules, with case studies and real-life examples embedded throughout.

The course aims to support public health and medical responders in:

1. Describing older adults' diversity and various community supports that impact care considerations in a disaster
2. Describing common conditions and challenges that increase older adults' vulnerability in a disaster
3. Identifying promising practices for assessing and addressing the needs of older adults in a disaster
4. Identifying optimal response strategies for older adults in common disaster situations
5. Understanding how to apply lessons learned from real-world examples of addressing the needs of older adults in disasters

How Can I Learn More?

Learn more about supporting individuals with access and functional needs in the [HHS/ASPR Access and Functional Needs web-based training](#) and the [HHS emPOWER Program web-based training](#).

How to Launch the Course

1. Create a free account on TRAIN.org.
For assistance, view the [video tutorials](#) or the ["Setting Up Your TRAIN Account" guide](#).
2. Search for course ID #1093808 in the TRAIN search bar, or [select this link](#).
3. Launch the course and review all screens with audio and/or closed captioning. The course will take 1 hour, and can be paused and resumed at any time.
4. To earn CEUs, you must achieve a score of at least 80% on the final exam; you will have three attempts to do so.

Note: We are in the process of certifying this course. We will provide an update on the status of CEUs in the course description section on TRAIN.



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HHS/ASPR: Addressing the Needs of Older Adults in Disasters

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Web-Based Training - Self-Study

ID 1093802

Skill Level: Introductory

1h

★★★★☆ (73)



This U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR) web-based training is designed to improve public health and emergency medical responders' capability to address the access and functional needs of community-dwelling older adults in disasters.

This course provides information, resources, tools, and strategies to help you assess and address the needs of older adults in common disaster situations, including natural disasters and infectious disease outbreaks.

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About Contacts Reviews Resources Certificates

Details

Learning Objectives

1. Describe older adults' diversity and various community supports that impact care considerations in a disaster
2. Describe common conditions and challenges that increase older adults' vulnerability in a disaster
3. Identify promising practices for assessing and addressing the needs of older adults in a disaster
4. Identify optimal response strategies for older adults in common disaster situations
5. Understand how to apply lessons learned from real-world examples of addressing the needs of older adults in disasters

Returning To Work Toolkit for Community-Based Organizations during COVID-19



Equipping CBOs to Return to Work



Supporting Clients and Family Caregiving Networks



Bringing Innovation to CBO Service



Improving the Integration of CBOs

- **Considerations for the Workforce and Workplace:** Supporting staff as they return to work involves short- and long-term adaptations for addressing safety. It is essential that CBO leaders provide accurate and timely information, link employees with new and updated policies, and offer resources to help manage stress, support coping, and address safety.
- **COVID-19 has increased the challenges of caregiving.** Family caregivers take many forms and may include family members or other informal care providers of long-term services, supports, as well as health care and social services. Family caregivers and other service providers need additional support to adapt and maintain services. These resources can help family caregivers handle social distancing, leverage telehealth best practices, and more.
- **Innovation:** In response to COVID-19, CBOs have developed partnerships and implemented new practices to ensure that the access and functional needs of at-risk individuals are considered. This includes expanded access to telehealth medical services and use of other technology (EHR, etc.).
- **Building Relationships for the Next Emergency:** As trusted entities within their communities, CBOs are well positioned to partner with emergency management and public health to address the access and functional needs of at-risk individuals during future public health emergencies. Increased utilization of community data, as well as cross-sector partnerships between CBOs and health care organizations can meaningfully address the access and functional needs of community members.

See: <https://www.phe.gov/emergency/events/COVID19/atrisk/returning-to-work/Pages/default.aspx>

Telehealth Webinar Series for Community-Based Organizations

- ASPR/ARI Program led the Telehealth for Community-Based Organizations Webinars, a 3-part series on implementing telehealth services to address the access and functional needs of at-risk individuals in partnership with HUD during COVID-19
- Webinar Recording, Transcript, and Q&A
- SME and local practitioner speakers

See: <https://www.phe.gov/emergency/events/COVID19/atrisk/CBO-series/Pages/default.aspx>



Part 1: Services, Payment and Partners

The first webinar of the Telehealth for Community-Based Organizations Series, **Services, Payment and Partners**, provided an overview of telehealth basics for community-based organizations such as public housing authorities, multi-family housing providers, aging and disability network stakeholders, and other social service providers. The webinar highlighted relevant resources and provided examples of telehealth use and lessons from the field.



Part 2: Promising Practices - Accessibility and Language Access

The second webinar of the Telehealth for Community-Based Organizations Series, **Promising Practices: Accessibility and Language Access**, focused on telehealth accessibility for individuals with access and functional needs and individuals with limited English proficiency. It highlighted innovative strategies for ensuring access to older adults, people with disabilities, and addressed cultural and linguistic competency when providing telehealth services.



Part 3: Addressing Barriers - Homelessness and Connectivity

The third and final webinar of the Telehealth Community Based Organizations Series, **Addressing Barriers - Homelessness and Connectivity**, provides information to help connect low-income and people experiencing homelessness with telemedicine services during the COVID-19 pandemic. Find out about a federal program to improve access to phone and internet services for low-income individuals.

Direct Services Workforce Shortages during COVID-19

- Background
- Client Implications
- Health System Implications
- Just-In-Time Solutions/Workaround Opportunities during COVID-19

- Gaps in availability of DSP has been a significant and increasing problem, COVID-19 has highlighted the critical role of Direct Services Providers (DSP)
- Workforce shortages were an issue that has been further exacerbated during COVID-19
- They are an essential workforce for a range of supports and services. Direct services include non-clinical help with ADL/IADLs, and provide assistance such as personal care, homemaker, and transportation. Direct services may include home health services, skilled nursing, rehabilitation (PT/OT), home health aids, and some medical supplies, equipment, and appliances

Workforce & Client Estimates



Direct Service Workforce
4.3 million¹



Family caregiver
53 million²



Home Health Workforce
1.5 million³



Home Health Clients
4.5 million^{3,4}

See: <https://www.phe.gov/Preparedness/planning/abc/Pages/Direct-Services-Workforce-Shortages-during-COVID-19.aspx>

Engaging Community-Based Organizations in Vaccination Activities

- Promising Practices for Reaching At-Risk and Underserved Communities for COVID-19 Vaccination and Information
- Aligned with the CMIST Framework, information for public health and emergency management for engaging CBOs in COVID-19 vaccination activities
- Locators to identify local CBOs
- To address equity considerations and promote timely and accurate information on protecting health, engaging with Community-Based Organizations (CBOs) for addressing equity towards overcoming barriers to reach underserved communities.
- CBOs are public or private not-for-profit resource hubs that provide specific services to the community or targeted populations within the community. They work to address the health and social services need of the populations they serve.
- CBOs are trusted entities that know their clients and their communities, want to be engaged, and may have the infrastructure/systems in place to help coordinate vaccine administration activities or serve as a trusted source to distribute timely and accurate information.



See: <https://www.phe.gov/Preparedness/planning/abc/Pages/engaging-CBO.aspx>

HHS emPOWER Program: emPOWERing Communities, Saving Lives

The [HHS emPOWER Program](#), a partnership between ASPR and the Centers for Medicare and Medicaid Services (CMS), provides dynamic data, GIS, and AI tools, training, informational resources, and technical assistance to help federal-to-community partners protect the health of at-risk Medicare beneficiaries who live independently, including 4.4 million who rely on essential health care services and/or electricity-dependent durable medical and assistive equipment and devices.

[HHS emPOWER Map, REST Service, and emPOWER AI](#)

Public



[HHS emPOWER Emergency Planning De-identified Dataset](#)

Restricted

Services # Home health (3 months)	Services # At-Home Hospice (3 months)	All Power Dependent # Electricity-Dependent Device and DME
11	11	44
59	50	13
59	50	13
11	11	44
59	50	13
59	50	13

[HHS emPOWER Emergency Response Outreach Individual Dataset](#)

Secure, Restricted

INDIVIDUAL LEVEL DATASET - All At-Risk Individuals
POPULATION: Medicare population is restricted to individuals as of November 2014 and MA indicates that the at-risk population is not included in this request.
Note: All data is a Redaction and used for illustrative purposes only.

Initial Sorting Order	Name	Other Information	PII Box or Unkown Address
First Name	Last Name	Date of Birth	PII Box or Unkown Address
1	Arno Smith	November 4, 1944	PII 0
2	Arno Brown	February 19, 1955	MA 0
3	John Taylor	December 20, 2018	MA 0
4	Arno Doe	March 4, 1995	PII 0
5	Robert Walker	May 20, 1930	PII 0
6	Mary Johnson	September 24, 2012	PII 0
7	William Jones	December 1, 1983	PII 0
8	Daniel Robinson	July 6, 1958	MA 1

[HHS emPOWER Program Platform](#)

Training, Informational Resources, and Toolkits



Technical Assistance

Regional, Federal, SLTT, and Community Partners



Partners

Public Health Authorities

Health Care

Emergency Management

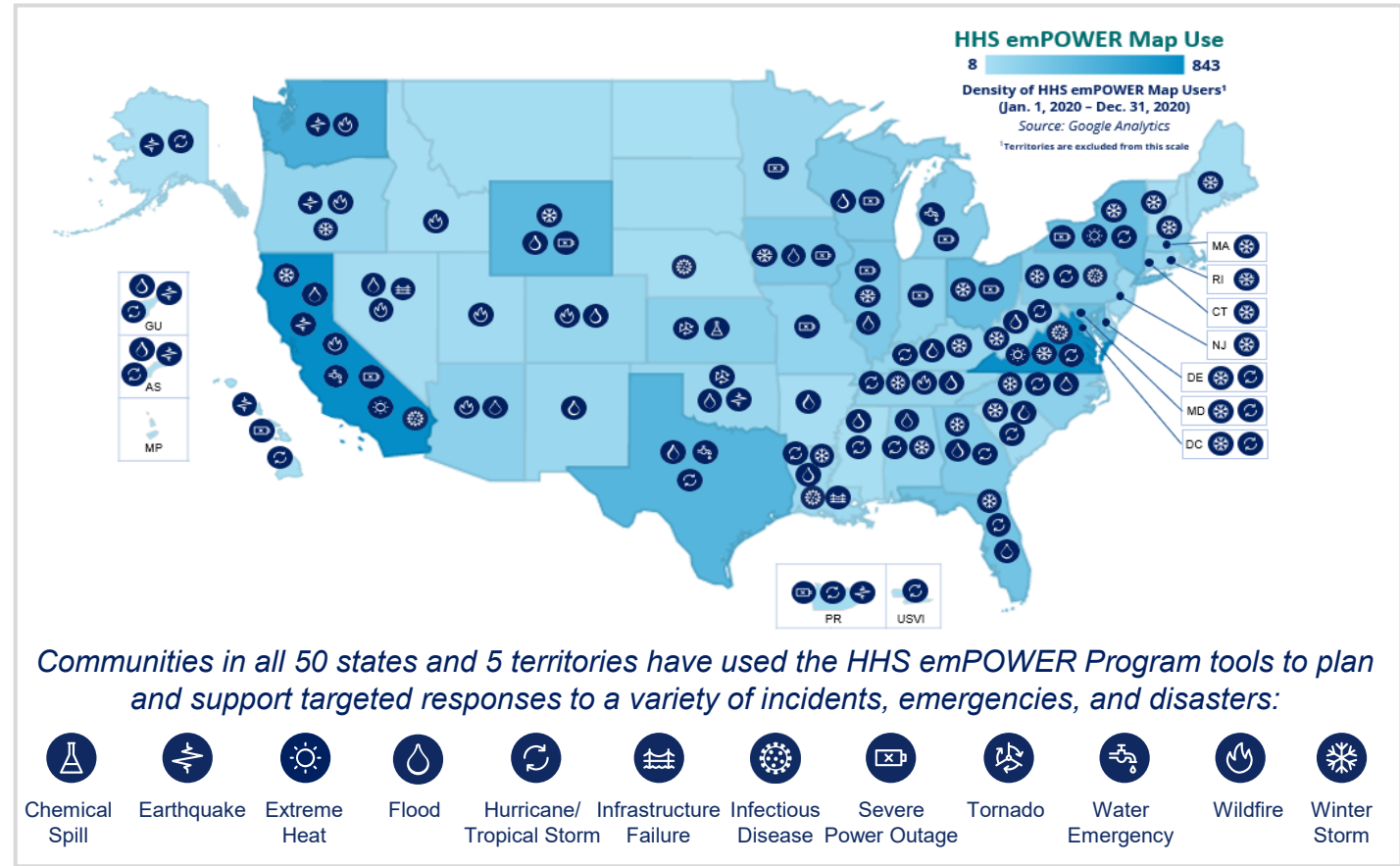
First Responders

Department of Defense

Public Utilities, Transportation

Human Services

Volunteer & Community Organizations



¹ Territories are excluded from this scale.

National Advisory Committee on Seniors and Disasters

National Advisory Committee on Seniors and Disasters

The National Advisory Committee on Seniors and Disasters (NACSD) will evaluate issues and programs and provide findings, advice, and recommendations to the Secretary of Health and Human Services to support and enhance all-hazards public health and medical preparedness, response, and recovery activities related to meeting the unique needs of older adults.



<https://aspr.hhs.gov/AboutASPR/WorkingwithASPR/BoardsandCommittees/Pages/NACSD/default.aspx>

- Members are appointed by the HHS Secretary from among the nation's preeminent scientific, public health, and medical experts in areas consistent with the purpose and functions of the advisory committee. The HHS Secretary, in consultation with other heads of relevant federal agencies, will appoint a maximum of 17 members to the NACSD, ensuring that the total membership is an odd number.
- The NACSD consists of at least seven non-federal voting members, including a Chairperson, including:
 - At least **two** non-federal health care professionals with expertise in geriatric medical disaster planning, preparedness, response, or recovery; and
 - At least **two** representatives from State, local, Tribal, or territorial agencies with expertise in geriatric disaster planning, preparedness, response, or recovery.

Questions?

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