

# Planning Discussion for At-Risk Populations with Access and Functional Needs



# What Does “At-Risk Populations” mean?

“At-risk individuals are people with access and functional needs that may interfere with their ability to access or receive medical care before, during, or after a disaster or emergency.”



# What are Access and Functional Needs?

- **Access-based needs:** requires ensuring that resources are accessible to all individuals, such as social services, accommodations, information, transportation, medications to maintain health, and so on.
- **Function-based needs:** refer to restrictions or limitations an individual may have that requires assistance before, during, and/or after a disaster or public health emergency.



# Examples of At-Risk Populations with Access and Functional Needs

- Children
- Older adults
- Pregnant women
- Individuals with disabilities
- Individuals who live in institutional settings
- Individuals from diverse cultures
- Individuals who have limited English proficiency or are non-English speaking
- Individuals who are transportation disadvantaged
- Individuals experiencing homelessness
- Individuals who have chronic medical disorders
- Individuals who have pharmacological dependency



# Access and Functional Needs in the US

- In the US:
  - 59 million disabled
  - 74.2 million children
  - 46.2 million adults over 65
  - 564,708 homeless daily
  - 25 million Limited English Proficiency



# Who is responsible for planning for At-Risk Populations?

- Health Care Coalitions
- Public Health
- Emergency Management
- EMS
- Human Services
- Community Based Organizations
- And many more!



# Why Are We Focusing on Planning for At-Risk Populations?

“Awardees must describe the structure or processes in place to integrate the access and functional needs of at-risk individuals...Strategies to integrate the access and functional needs of at-risk individuals involve inclusion in public health, healthcare, and behavioral health response strategies; furthermore, these strategies are identified and addressed in operational work plans.”

(HPP-PHEP BP5 Continuation Guidance)



# Why Are We Focusing on Planning for At-Risk Populations?

HPP/PHEP	CAPABILITY
HPP	1 Healthcare System Preparedness
HPP	10 Medical Surge
PHEP	1 Community Preparedness
PHEP	2 Community Recovery
PHEP	4 Emergency Public Information and Warning
PHEP	7 Mass Care
PHEP	8 Medical Countermeasure Dispensing
PHEP	9 Medical Materiel Management and Distribution
PHEP	10 Medical Surge
PHEP	11 Non-Pharmaceutical Interventions
PHEP	13 Public Health Surveillance and Epidemiological Investigation



# Laws and Lawsuits

- Title VI of the Civil Rights Act of 1964
- Section 1557 of the Patient Protection and Affordable Care Act
- Section 504 of the Rehabilitation Act of 1973
- Title II of the Americans with Disabilities Act
- Communities Actively Living Independent and Free, et al. v. City and County of Los Angeles
- Brooklyn Center for Independence of the Disabled v. City of New York



# Why is Minnesota Focusing on Planning for At-Risk Populations?

- Minnesota BP5 HPP Grant Duty: “Facilitate Coalition discussion regarding at-risk and special medical needs coalition-level planning using MDH tool.”
- Minnesota BP5 PHEP Grant Duty: “Participate in regional and/or local health care coalition-led discussions around planning for at-risk and individuals with access, functional, and special medical needs”



# Expected Outcomes of Today's Discussion

- Attendees will be reminded of their responsibility to include at-risk populations in all disaster planning.
- Attendees will understand the impact of federal laws on at-risk population planning.

# Expected Outcomes of Today's Discussion Continued...

- Attendees will review best practices for at-risk population planning.
- Attendees will clarify roles and responsibilities of various partners as they relate to at-risk population planning.

# Expected Outcomes of Today's Discussion Continued...

- Attendees will identify strengths and gaps in planning for at-risk populations.
- Attendees will identify steps for addressing gaps in at-risk population planning.