Assistant Secretary for Preparedness & Response

Pandemic and All-Hazards Preparedness Act

Public Law 109-417

Progress Report on the Implementation of Provisions Addressing At-Risk Individuals

August 2008

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Statement by Secretary Leavitt

Over the past several years, the Department of Health and Human Services (HHS) has taken unprecedented actions to improve the health and well-being of Americans, both before and after major disasters and emergencies. While the responses to hurricanes Katrina, Rita, and Wilma were challenging, these events taught us many valuable lessons that have helped us to develop stronger healthcare and public health systems.

The Pandemic and All-Hazards Preparedness Act (PAHPA) can help us build upon these efforts. This law has broad implications for the Department, as well as our partners in the Federal government, States, Territories, Tribes, and local communities.

This report describes the activities undertaken since the passage of PAHPA to address the needs of at-risk individuals. It also provides a look ahead at some of the activities planned as HHS continues its implementation of the new law. The report also serves to inform members of Congress how this Department, working with Federal partners, will continue to improve the Nation's preparedness for at-risk individuals in public health and medical emergencies.

Many of the actions called for in PAHPA build upon work the Department has already begun. Other actions require establishing new processes and strategies. In either case, the work will be challenging. As we implement our new responsibilities, I have asked the Department leadership to execute PAHPA in a transparent and collaborative manner.

Through these actions, we will take another step to ensure our Nation's public health emergency preparedness.

Sincerely,

Michael O. Leavitt

Introduction

Over the past several years, the Nation has witnessed unprecedented efforts to prepare for and respond to natural and man-made disasters. Following the creation of the Department of Homeland Security (DHS) and the establishment of the National Response Plan (NRP)[1] and National Incident Management System, the Nation confronted a major disaster in the form of three severe hurricanes (Katrina, Rita, and Wilma) in 2005. These hurricanes ravaged communities along the Gulf Coast, causing physical destruction, flooding of cities, and the deaths of over 1,300 people. In each of these events, the physical destruction and impact on the local infrastructure had tremendous effects on individuals with special needs (e.g., children, the elderly, and people with disabilities). The effect of these catastrophic events 1) focused Federal attention on how to translate lessons learned into meaningful reforms that strengthen future emergency planning, preparedness, and response capabilities and 2) established the need for the Federal government to assist State, Territorial, Tribal, and local jurisdictions to provide support to at-risk populations prior to and following a public health or medical emergency.

The White House report on Hurricane Katrina further emphasized the need for the Department of Health and Human Services (HHS) to enhance its capability for public health and medical support and to play a significant role in the coordination of support services during a crisis.

In December 2006, Congress passed and the President signed the Pandemic and All-Hazards Preparedness Act (PAHPA), Public Law No. 109-417, which had broad implications for HHS' preparedness and response activities. The Act authorized a new Assistant Secretary for Preparedness and Response (ASPR), tasked with new authorities for a number of programs, and a new Director of At-Risk Individuals within ASPR. The components of the Act that address preparedness for at-risk individuals focus primarily on planning, coordination, and information dissemination. Specific planning provisions relate to National Preparedness Goal implementation, HHS grantee guidance, and the Strategic National Stockpile (SNS). Coordination activities include assisting other Federal agencies in planning for the needs of at-risk individuals and overseeing progress of the Advisory Committee on At-Risk Individuals and Public Health Emergencies. Information dissemination provisions focus on novel and best practices of outreach to and care of at-risk individuals and curriculum development for the public health and medical response training program to take into account the needs of at-risk individuals. The progress described below is organized by these three thematic divisions to more clearly depict the Department's progress to date. The exact language of the Public Health Service (PHS) Act[2] that pertains to at-risk individuals and summarizes other relevant sections of the legislation is found in Appendix A and includes sections 2814, 319L(c)(6), and 319M(b)(3). Section 2814 of the PHS Act focuses entirely on activities that address preparedness for at-risk individuals in public health and medical emergencies. Section 319L(c)(6) of the PHS Act refers

[1] The National Response Plan (NRP) has since been revised and is now known as the National Response Framework (NRF). The NRF was finalized in March 2008.

[2] The Pandemic and All-Hazards Preparedness Act (PAHPA) added provisions regarding at-risk individuals to section 2814 of the Public Health Service (PHS) Act. Therefore, references to section 2814 throughout this report correspond to a section of the PHS Act, not to a section of PAHPA. Similarly, sections 319L(c)(6) and 319M(b)(3) are also part of the PHS Act that have implications for activities relevant to at-risk individuals and were added to the PHS Act by PAHPA.

to the Biomedical Advanced Research and Development Authority (BARDA) and includes a provision on research and development of countermeasures and products that are likely to be safe and effective for at-risk individuals. Similarly, section 319M(b)(3) of the PHS Act refers to the National Biodefense Science Board and Working Groups and includes a provision stating that such working groups will obtain advice regarding research and development related to qualified countermeasures and products that are likely to be safe and effective for at-risk individuals.

This document describes HHS' strategies and actions from December 2006 to December 2007 to address the needs and concerns of at-risk individuals and the Department's plans for the immediate future; it is not meant to be a comprehensive overview of all aspects of the PAHPA legislation. HHS recognizes that the implementation of a major piece of legislation such as PAHPA is an iterative process and, as such, it requires ongoing evaluation and consultation. The Department continues to welcome the input of stakeholders and partners as it moves forward toward achieving our common goals.

Guiding Assumptions for PAHPA Implementation

The Department recognizes the unique needs of at-risk individuals and is relying on the work of experts in the field to ensure the success of our efforts. HHS has been an active participant on the Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities (ICC). The ICC was established so that the Federal government could appropriately support safety and security for individuals with disabilities in disaster situations. Tasked with defining the term "special needs" populations accepted for use in the National Response Framework, the ICC reaffirmed its commitment to the following key assumptions for the integration of special needs populations in its preparedness and planning. *While these assumptions were developed in the context of addressing emergency preparedness activities for persons with special needs, particularly those with disabilities, they are equally valid and compelling assumptions for other members of at-risk populations, including persons from diverse cultures.*

- Inclusion and Access: No one should be left behind in emergency and disaster prevention (mitigation), preparedness, response, and recovery, whether an event is natural or man-made. The emergency management framework must be inclusive of all populations regardless of needs.
- Self-Determination: Persons with disabilities are the most knowledgeable about their own needs.
- No "One Size Fits All": Persons with disabilities do not all require the same assistance and do not all have the same needs.
- Equal Opportunity: Persons with disabilities must have the same opportunities to benefit from emergency programs, services, and activities as people without disabilities.
- Inclusion: Persons with disabilities have the right to participate in all emergency programs, services, and activities provided by governments, private businesses, and nonprofit organizations.
- Integration: Persons with disabilities must be provided services in the most integrated setting.
- Physical Access: Persons with disabilities must be able to access locations where emergency programs and services are provided.

- Equal Access: Persons with disabilities must be able to benefit from emergency programs equally with the general population through accessible means.
- Effective Communication: Persons with disabilities must be given the same information provided to the general population using a method that is understandable and timely.
- Program Modifications: Persons with disabilities must have equal access to emergency programs and services, which may entail modifications to rules, policies, practices, and procedures.
- No Charge: Persons with disabilities may not be charged to cover the costs of measures necessary to ensure nondiscriminatory treatment.
- Service/Assistance Animal: Both service animals and assistance animals should be included.

Through a commitment to these assumptions and a concerted effort to increase HHS' knowledge of at-risk individuals, the Department is continually enhancing its ability to account for the needs of at-risk individuals prior to, during, and following a public health or medical emergency.

Clarifying the Meaning of "At-Risk"

Defining At-Risk Individuals

The workgroup tasked with developing an implementation plan for the at-risk provisions in PAHPA developed a working definition of at-risk individuals designed to be consistent with other efforts, particularly the draft National Response Framework (NRF).[3] (See Appendix B.) The HHS working definition of at-risk individuals is:

Before, during, and after an incident, members of at-risk populations[4] may have additional needs in one or more of the following functional areas:

- *maintaining independence*
- *communication*
- *transportation*
- *supervision*
- *medical care*

In addition to those individuals specifically recognized as at-risk in the statute, i.e., children, senior citizens, and pregnant women, individuals who may need additional response assistance should include those who: have disabilities; live in institutionalized settings; are from diverse cultures; have limited English proficiency or are non-English speaking; are transportation disadvantaged; have chronic medical disorders; and have pharmacological dependency.

In simple terms, at-risk individuals are those who have, in addition to their medical needs, other needs that may interfere with their ability to access or receive medical care. This approach to defining at-risk individuals establishes a flexible framework that addresses a broad set of common function-based needs irrespective of specific diagnoses, statuses, or labels (e.g., those with HIV, children, the elderly). These functional needs of at-risk individuals are ones that may exist across segments of the population. Specifically:

- Maintaining Independence: Individuals in need of support that enables them to be independent in daily activities may lose this support during the course of an emergency or a disaster situation. This may include lost or damaged durable medical equipment, e.g., wheelchairs, walkers, scooters, and essential supplies (catheters, ostomy supplies, etc.). By supplying needed support/devices, individuals will be able to maintain their independence.[5]

- Communication: Individuals who have limitations that interfere with the receipt of and response to information will need such information provided in ways they can understand and use. They may not be able to hear verbal announcements, see directional signage, or understand how to get assistance because of hearing, vision, speech, cognitive, or intellectual limitations, and limited English proficiency.

[3] Since the formation of this report, the NRF was finalized in March 2008.
[4] For the purposes of this document, "at-risk individuals" and "at-risk populations" are the same.
[5] Note that when service animals are lost, maimed, or killed during an emergency or disaster situation, this loss will also interfere with an individual's ability to maintain independence.

- Transportation: Individuals who cannot drive due to the presence of a disability or who do not have a vehicle will require transportation support for successful evacuation. This may include the availability of accessible vehicles (e.g., lift equipped or vehicles suitable for transporting individuals who use oxygen) or knowledge of how/where to access mass transportation used to assist in evacuation.

- Supervision: Before, during, and after an emergency or a disaster individuals who require supervision to make decisions affecting their welfare may lose the support of caregivers, family, or friends, or may be unable to cope in a new environment. These include unaccompanied children and individuals with conditions such as Alzheimer's, psychiatric conditions, or cognitive impairment.

- Medical Care: Includes individuals who are not self-sufficient or do not have or have lost adequate support from caregivers, family, or friends and need assistance with: managing unstable, terminal, or contagious conditions that require observation and ongoing treatment; managing intravenous therapy, tube feeding, and vital signs; receiving dialysis, oxygen, and suction administration; managing wounds; and operating power-dependent equipment to sustain life. These individuals require support of trained medical professionals.

Understanding the Needs of At-Risk Individuals

In the past year since the passage of PAHPA, the Department has developed new tools to ensure the effective incorporation of at-risk individuals into all existing policy, planning, and programmatic documents. Through these actions, the Department and the Federal government will be better prepared to account for the needs of at-risk individuals prior to and following a public health or medical emergency. As part of the efforts to better understand the needs of at-risk populations, prior to passage of PAHPA, HHS surveyed the human services benefits and programs provided by its own Operating Divisions (OPDIVs) and Staff Divisions (STAFFDIVs)[6] to determine which services are most vital to victims of disasters. This survey, conducted in 2006, identified the following areas as critical to support a response:

- behavioral health services
- case management
- cash assistance
- child care
- family reunification
- food
- health and medical issues, including needed pharmaceuticals and durable medical equipment (DME) support
- housing
- personal care items
- transportation

[6] HHS is made up of Operating Divisions (e.g., CDC, FDA, or NIH) and Staff Divisions (e.g., the Office for Civil Rights or the Office of the Assistant Secretary for Public Affairs). Operating Divisions focus on specific programs and activities as authorized by Congress. Staff Divisions are part of the Office of the Secretary and serve a coordinating role for the Department. All are critical to implementation of PAHPA.

The survey also found that the most significant barriers were the lack of staff and funding, victim identification and tracking, coordination between programs, funding inflexibility, legislative barriers, lack of program waiver authority, and eligibility restrictions. The survey underscored the importance of considering the array of functional needs of at-risk individuals.

Accomplishments and Progress Specific to PAHPA Provisions

PAHPA calls for HHS to integrate the needs of at-risk individuals on all levels of emergency planning, ensuring the effective incorporation of at-risk populations into existing and future policy, planning, and programmatic documents. HHS has previously taken significant strides in this area. For example, since Fiscal Year (FY) 2003, HHS has worked to incorporate the needs of at-risk individuals into existing planning documents and into the emergency preparedness and planning grants for public health (administered by the Centers for Disease Control and Prevention [CDC]) and healthcare systems preparedness (administered initially by the Health Resources and Services Administration [HRSA], now by ASPR). In 2005 through 2007, BARDA awarded $17.6 million for the manufacture and delivery of over 4.8 million doses of pediatric liquid potassium iodide, developed specifically for children, who are the most susceptible to the dangerous effects of radioactive iodine. In another example, HHS has been an active participant on the ICC mentioned above, which ensures that the Federal government supports safety and security for individuals with disabilities in disaster situations. Through coordination efforts with the ICC, HHS has provided input to the development of strategies to assess, implement, and evaluate safety and security activities for at-risk individuals during a disaster.

Effective integration of the needs of at-risk individuals has occurred on all levels of HHS emergency planning – between HHS and its Federal partners, within HHS, and between HHS and current and future grantees. This has occurred through advice provided by listening sessions for Federal, State, Territorial, Tribal, local, and non-government stakeholders; participation on inter- and intra-agency workgroups; and the development of new emergency planning and response tools.

This work was evidenced in HHS' response to Hurricane Dean in 2007. For Hurricane Dean, State evacuation plans for at-risk individuals were organized and timely. States utilized assessment strategies for sheltering at-risk individuals and were prepared for the rapid deployment of Federal Medical Station (FMS) units from locally pre-staged sites.[7] At the national level, a Human Services Group drawn from HHS OPDIVs and STAFFDIVs with expertise in diverse populations was established to coordinate resources and response with the HHS Emergency Management Group.

The following examples represent HHS' development of strategies to address the needs of at-risk individuals since the passage of Section 2814 of the PHS Act, as amended by PAHPA. The progress described below is organized by three thematic sections: planning, coordination, and dissemination. For those accomplishments that fall into more than one of the three thematic

[7] A U.S. Department of Health and Human Services Federal Medical Station is a deployable healthcare platform that can deliver large-scale primary healthcare services in the form of non-acute hospital bed surge capacity, special needs sheltering capacity, or quarantine support. Each platform contains medical and pharmaceutical resources to sustain 250 stable primary-care based patients who require bedding services for a three-day period (further days can be accomplished through the re-supply process). A standard FMS must be housed inside a structurally intact building with electricity, heating/air conditioning/ventilation, and clean water services (commonly described as a "shelter of opportunity").

areas, other applicable categories are indicated in parentheses following the description of the activity.

Planning

Refers to the following statutory provisions from Section 2814 of the PHS Act, as amended by PAHPA: (1) implementation of the National Preparedness Goal, (3) providing guidance to public health grant recipients, and (4) accounting for at-risk individuals in the Strategic National Stockpile.

- HHS worked with the American Red Cross (ARC) to develop a Shelter Intake and Assessment Tool to ensure that at-risk individuals are referred to the most appropriate shelter setting. This intake tool addresses a critical issue that prevented many at-risk individuals from placement in the most appropriate shelter for their needs during Hurricane Katrina. The ARC and HHS have entered into a Memorandum of Understanding to use the tool. The tool significantly increases the support available to at-risk individuals requiring sheltering by assessing the level of independence and type of support needed. This tool has also been prepared for optional use by States through development of a Concept of Operations, which has been presented to HHS Regional Directors (RDs), and through the RDs' communication with respective State governors' offices and emergency preparedness officials. (Also relates to coordination and dissemination.)

- The HHS Office on Disability (OD), in collaboration with ASPR, has developed a toolkit to address the needs of planners for concrete information and guidance on accounting for the needs of at-risk individuals, including persons with disabilities. State Emergency Planners can use the toolkit to plan for a range of potential hazards affecting individuals designated as at-risk. The toolkit is based on focus group input and research to identify the gaps in training and ensures a comprehensive compendium of electronically-provided (online) emergency planning, preparedness, evacuation, and response information. OD released a draft of the toolkit to its constituency and to members of the ICC Health and Human Services Emergency Preparedness Subcommittee for review and comment. The toolkit will be released by summer 2008. (Also relates to dissemination.)

- Since FY 2003, HHS has worked to incorporate the needs of at-risk individuals into the emergency preparedness and planning grants for public health (administered by the CDC) and healthcare systems preparedness (administered initially by HRSA, now by ASPR).

- The Division of National Healthcare Preparedness Programs (NHPP) includes the Hospital Preparedness Program (HPP), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), and the Bioterrorism Training and Curriculum Development Program (BTCDP). In 2007, provisions on at-risk individuals and behavioral health significantly increased within HPP grant announcements. In particular, the grant guidance stipulated that activities supported through HPP funds must help award recipients meet the National Preparedness Goal established by DHS in 2005, and also goals related to the medical needs of at-risk individuals during a public health

emergency, as required by section 319C-2(c) of the PHS Act and outlined in section 2802(b)(4) of the PHS Act, as amended by PAHPA. (See Appendix C.)

- HHS, through CDC's Cooperative Agreement for Public Health Emergency Preparedness, initiated a coordinated set of agency-level activities to protect vulnerable populations before, during, and after public health emergencies.
    - The 2007 Program Announcement funding guidance integrated considerations of at-risk individuals. For example, awardees were encouraged to work with partners with connections to at-risk communities and others with insight about the needs of particular at-risk communities to ensure the broadest impact of preparedness planning. These partners include other CDC- and HHS-funded programs, such as chronic disease prevention and control programs, maternal and child health programs, and programs designed to enhance access to services for those with various disabilities. (See Appendix C.)
    - In 2006, the funding guidance required awardees to document how special needs and vulnerable populations are defined within the jurisdiction, the level of at-risk individuals' involvement and participation in preparedness planning and response, and the assistance to be provided for at-risk individuals in an emergency (e.g., mass care, shelter-in-place, evacuation). The guidance also specified that these populations should participate in all preparedness planning activities and exercises.

- The CDC/Agency for Toxic Substances and Disease Registry has prepared a white paper to develop geospatial tools for identifying vulnerable populations. (Also relates to dissemination.)

- The CDC/Office of Minority and Health Disparities convened a multidisciplinary, agency-wide Pandemic Influenza Working Group on Vulnerable Populations to prepare guidelines and recommendations for tasks specific to the various vulnerable populations to address tasks in the CDC Pandemic Influenza Operations Plan.

- The CDC Pandemic Influenza Working Group on Vulnerable Populations has coordinated the development of a series of foundational papers for use at the State, Territorial, Tribal, and local levels of government. These documents will provide evidence-based guidelines and recommendations on how to effectively prepare specific vulnerable populations for an influenza pandemic. Issues to be addressed include: why the population is considered vulnerable during an influenza pandemic; the unique issues, concerns, and needs of that vulnerable population during a pandemic; and effective strategies to protect these populations during a pandemic and specific recommendations for the vulnerable population, their families, and their communities, including healthcare and other service providers, to ensure protection during a pandemic. (Also relates to dissemination.)

- Following consultation with the ASPR Office for At-Risk Individuals, Behavioral Health, and Human Services Coordination (ABC—see description in Coordination section below) and OD, the FMS cache of equipment and supplies was expanded to include

accommodations for at-risk individuals, such as toilet seat risers, bariatric patient lifts, wheelchair and walker accessibility aisles, and supplies for the care of infants. The checklist for site inspection/approval now includes accessibility items such as wheelchairs and walker accessible aisles.

- Following consultation between ABC and OD, the ASPR FMS cache was expanded to include a wider range of medications for managing issues for patients with behavior health disorders.

- HHS completed a survey of all HHS OPDIVs and STAFFDIVs to identify behavioral health resources and assets related to preparedness, response, and recovery efforts.

- To enhance all HHS divisions' ability to respond to the needs of at-risk individuals in an emergency, ASPR subject matter experts on at-risk individuals, behavioral health, and human services were provided to ASPR Operations, Planning, and Logistics departments as liaisons between departments and ABC.

- HHS, through its Office of Minority Health (OMH), convened a consensus panel to develop a consensus statement on the inclusion of racial and ethnic communities in the preparedness, response, and recovery stages of natural and man-made disasters.

- HHS, through its Administration on Aging, conducted a series of webinars consisting of interactive dialogue between Federal, State, and local emergency preparedness planners and supportive services providers, with a particular focus on the needs of older, at-risk individuals. HHS leadership officials, as well as State and local representatives with first-hand disaster response experience, presented best practice information in preparing for and responding to disaster events. The webinars attracted nationwide participation from various governmental levels, the private sector, and local providers, many of whom used the content as a basis for ongoing local discussions about ways to improve existing planning and response efforts for at-risk individuals during future emergencies. (Also relates to dissemination.)

- ASPR, as the lead for the Interagency Workgroup on At-Risk Individuals and Pandemic Influenza, conducted listening sessions for non-governmental organizations and State, Territorial, Tribal, and local governments to complete a matrix of best practices, model plans, gaps, and barriers in planning for at-risk individuals. (Also relates to dissemination.)

- HHS, through BARDA's management of Project BioShield programs, has sought to acquire medical countermeasures for at-risk populations such as vaccines targeted for immuno-compromised persons. In June 2007, BARDA awarded a contract for $500 million to manufacture and deliver 20 million doses of a next generation smallpox vaccine, which is undergoing studies to determine if it may be a safe and effective vaccine against smallpox for individuals with weakened immune systems.

- HHS, through BARDA, has acted to improve and strengthen the underlying national response capacity and distribution efficiency that is required to take full advantage of these stockpiled medical countermeasures. HHS has specifically worked to address response capacity for at-risk populations including children, pregnant women, senior citizens, and other individuals who may have special needs in the event of a public health emergency, as determined by the Secretary.

- During an influenza pandemic, vaccination will be one of several tools that can be used to reduce pandemic influenza impacts. In October 2007, the Federal government released the "Draft Guidance on Allocating and Targeting Pandemic Influenza Vaccine" for a public comment period that ended in December 2007 (see http://www.pandemicflu.gov/vaccine/prioritization.pdf). The draft guidance is intended to provide uniform recommendations to support planning an effective and consistent pandemic response by states and communities. It is currently being revised based on public and stakeholder comments. Various at-risk populations are included within the guidance. (The final version of the guidance was released on July 23rd, 2008, which occurred after December 2006 through December 2007, the designated reporting period for this report. The new guidance can be found at http://www.pandemicflu.gov/vaccine/allocationguidance.pdf.)

Coordination

Refers to following statutory provisions from Section 2814 of the PHS Act, as amended by PAHPA: (2) assisting other Federal agencies in planning for the needs of at-risk individuals and (5) overseeing progress of the Advisory Committee on At-Risk Individuals and Public Health Emergencies.

- HHS has taken steps toward creating a uniform definition of "at-risk" populations that will be consistent with other terminology, such as "special needs" or "vulnerable" populations. Toward that end, HHS has been an active participant in the Special Needs Work Group established by DHS to craft the first Federal definition of "special needs" ("at-risk") populations. This definition is incorporated in the draft National Response Framework (NRF) and is also being used for implementation of PAHPA. HHS and a wide range of representatives from Federal and State agencies, first responders, non-governmental organizations, and disability advocates worked together to reach clarity on the principles and assumptions of this functional definition. In defining the special needs population, the document uses a function-based approach that is consistent with the population-based focus of public health preparedness as well as the individual focus that will enable emergency planners and first responders to match individuals' abilities, resources, and needs to the abilities and resources available to carry out emergency support functions that serve individuals within defined populations identified in the NRF. This working definition is consistent with the terms used in the statutory language and serves as a common definition that encompasses the essential meaning of "at-risk," "special needs" and "vulnerable" populations. (Also relates to planning.)

- HHS conducted training and information sessions for the inter-departmental ICC Health and Human Services Emergency Preparedness Subcommittee (facilitated by the Office on Disability), resulting in a performance-measure based strategic plan that supports the roles and responsibilities of ASPR. (Also relates to planning and dissemination.)

- HHS participated in an interagency workgroup that addressed evacuation and transportation issues related to emergency preparedness and response to ensure that transportation plans and activities take into account the needs of at-risk individuals for accessible transportation and other appropriate aids and services, and that at-risk individuals are not inappropriately steered to medical facilities when they can be transported to and served in general population shelters. The workgroup issued a new triage tool for evacuation and transportation that the Federal Emergency Management Agency (FEMA) and HHS have agreed to use. (Also relates to planning.)

- The Assistant Secretary for Planning and Evaluation (ASPE) awarded a contract in September 2007 to examine current research and best practices regarding emergency preparedness communication strategies for vulnerable (at-risk) populations. This work will include a final report to inform Federal, State, Territorial, Tribal, and local emergency preparedness planning. (Also relates to planning.)

- In 2007, ASPR established the ASPR Office for At-Risk Individuals, Behavioral Health, and Human Services Coordination (ABC). This office is tasked with ensuring that

ASPR, along with other HHS OPDIVs and STAFFDIVs, is developing policies and capabilities for emergency planning, response, and recovery activities related to at-risk individuals, behavioral health, and human services, and ensuring that such efforts are coordinated across the Department. (Also relates to planning and dissemination.)

- HHS funded a Tribal readiness assessment that addressed the current capacity of selected Tribes to respond to disasters, potential resources available to Tribes, and routes for accessing these resources. The overall report is intended to be informative to multiple audiences, but foremost to Tribal governments as a tool for increasing emergency preparedness and response capacities. (Also relates to planning.)

- HHS is participating with the Department of Education and FEMA to develop plans and best practices for emergency management in schools and the sheltering and evacuation of students with special needs. (Also relates to planning and dissemination.)

- ASPR participated in the development and review of the FEMA National Disaster Housing Strategy and received support for language that included equal access to FEMA services and housing. This led FEMA to establish a new requirement that FEMA housing be constructed using universal design principles and that "wrap-around" services be provided for each "community" established by FEMA.

- Agency for Healthcare Research and Quality (AHRQ) convened a subject-matter expert panel to identify the gaps and barriers related to providing home care in a public health emergency. Issues addressed included: establishing linkages with the public health system, training for healthcare workers, surveillance of the spread of influenza, and alternate models of care for the homebound.

- The National Biodefense Science Board (NBSB), a Federal Advisory Committee, is tasked with providing expert advice and guidance to the Secretary of the Department of Health and Human Services on scientific, technical, and other matters of special interest regarding current and future chemical, biological, nuclear, and radiological agents, whether naturally occurring, accidental, or deliberate. The NBSB has required that all of its working groups expressly address the needs of at-risk populations, unless specific justification for exclusion is documented.

- The past activities of the Advisory Committee on At-Risk Individuals and Public Health Emergencies, formerly the Advisory Committee on Children and Terrorism, have been reviewed and evaluated.

- Through the Gap Analysis Lessons Learned and After Action Report, HHS is reviewing evacuation assistance to hospitals and nursing homes, emergency medical care for those acutely ill and injured as a result of a catastrophic incident, and medical support for displaced/sheltered populations.

Dissemination

Refers to following statutory provisions from Section 2814 of the PHS Act, as amended by PAHPA: (6) curriculum development for the public health and medical response training program to take into account the needs of at-risk individuals and (7) disseminate novel and best practices of outreach to and care of at-risk individuals.

- The CDC/Coordinating Office for Terrorism Preparedness & Emergency Response/Division of State and Local Readiness prepared a draft of the "Public Health Workbook to Define, Locate and Reach Special, Vulnerable, and At-Risk Populations in an Emergency" (the Workbook) to help identify vulnerable populations and to develop a communication outreach and information network of resource people and trusted leaders to serve as a vital communication link for information dissemination.

- The CDC/Coordinating Center for Health Promotion prepared "Chronic Diseases and Vulnerable Populations in Times of Natural Disasters: An Action Guide" to provide advice specific to chronic diseases, disability, and reproductive health needs for disaster planning and response.

- The CDC/National Center for Health Marketing developed "Snaps: Snapshots of Data for Communities Nation-wide" to provide a "snapshot" of key variables to guide and tailor health education/communication messages to ensure diverse audiences receive critical messages.

- The CDC/National Center on Birth Defects and Developmental Disabilities (NCBDDD)/Division of Human Development and Disabilities is developing a model for standardized measures and methods to describe and quantify persons with disabilities or chronic disease.

- The CDC/Influenza Coordinating Unit entered into a cooperative agreement with the Association of State and Territorial Health Officials (ASTHO) to develop evidence-based model guidance on the protection of at-risk populations during an influenza pandemic. ASTHO will perform an extensive review of relevant publications and plans, convene subject matter expert- and practitioner-led drafting workgroups, and convene stakeholder engagement meetings to provide key input during the drafting process. The draft guidance will be reviewed by public health practitioners, finalized, and disseminated to State, Territorial, Tribal, and local public health jurisdictions by June 2008. (Also relates to planning.) (Note: This guidance was released in June 2008, which occurred after December 2006 through December 2007, the designated reporting period for this report.)

- With the ICC and FEMA, HHS created the first in a series of "quick card" training materials for FEMA response workers on authorities for services for persons with disabilities. (Also relates to planning and coordination.)

- The Bioterrorism Training and Curriculum Development Program (BTCDP) was initiated in 2003 under HRSA to address the development of a comprehensive health workforce that possesses the knowledge, skills, and abilities to recognize and effectively respond to

a terrorist event or other public health emergency. The BTCDP, now administered by ASPR, has supported capacity building within State, Territorial, Tribal, and local public health systems in order to detect, diagnose, and respond to public health and medical emergencies in a coordinated, multidisciplinary manner while meeting the acute care needs of patients, including children and other vulnerable populations. The BTCDP also supported the efforts of health systems to rapidly and effectively alert the public health system of such an event at the Federal, State, Territorial, Tribal, and local levels and to participate in a coordinated, multidisciplinary response to terrorist events. The program consisted of two components: 1) curriculum development in health professions schools and 2) continuing education of health professionals. (Also relates to planning and coordination.)

- HHS, through CDC, developed a series of emergency preparedness public service announcement (PSA) video clips targeted towards the Deaf Community using American Sign Language (ASL). Guidance in the development of the PSAs was provided by an array of professionals from the Deaf Community (e.g., Georgia Council for the Hearing Impaired, Helen Keller National Center, and American Association of the Deaf-Blind) that are part of the Deaf, Hard of Hearing and Deaf-Blind Workgroup (DHHDB) chaired by CDC. The Workgroup emphasized the importance of translating emergency messages to ASL to reach the majority of the deaf population. In response to this need, closed captioned ASL emergency message video clips were launched in August 2007 and are now available on the CDC Emergency webpage, (http://emergency.cdc.gov/disasters/hurricanes/psa.asp). Currently, the ASL video clips are being evaluated using focus groups with assistance from the DHHDB Workgroup and further recommendations will be provided by spring 2008. (Also relates to planning.)

- HHS, through OMH, initiated a project to develop an e-learning cultural competency training program for disaster preparedness and crisis response personnel. This course will teach participants the concept of cultural competence and its relevance to the readiness, response, and recovery phases of a disaster by introducing skills such as working with an interpreter, locating translated materials, negotiating cultural differences, and implementing the Culturally and Linguistically Appropriate Services (CLAS) Standards into organizational policy. (Also relates to planning.)

Way Forward

The accomplishments of the last year have provided a firm foundation for guiding HHS plans for the effective integration of the needs of at-risk individuals at all levels of emergency planning. As implementation of PAHPA continues, HHS will be completing existing projects and initiating new ones. Full achievement of the strategies is contingent both on availability of resources and completion of tasks described above. HHS understands that the implementation of a major piece of legislation like PAHPA is an iterative process and, as such, it requires ongoing evaluation and consultation. HHS recognizes that some provisions have received less activity than others. In particular, the provisions addressing the Strategic National Stockpile and the Advisory Committee on At-Risk Individuals and Public Health Emergencies have received less attention and will be addressed in future activities. Although continued effort is required, several activities mentioned in the planning category of the accomplishments section demonstrate that progress has been made with the Strategic National Stockpile for at-risk individuals and behavioral health needs. HHS acknowledges that there is still much work to be done and is committed to these efforts.

The following activities for the future are also organized by the three thematic divisions: planning, coordination, and dissemination. Within each of these three thematic categories, the activities are arranged by short-term activities and long-term activities that seek to continue HHS' development of strategies to address the needs of at-risk individuals.

Planning

Refers to following statutory provisions from Section 2814 of the PHS Act, as amended by PAHPA: (1) implementation of the National Preparedness Goal, (3) providing guidance to public health grant recipients, and (4) the Strategic National Stockpile.

Short-term Activities

- HHS will provide input regarding planning for the needs of at-risk individuals in pandemic scenarios. This will include a new at-risk section in the Pandemic Influenza Operational Planning Guidance that incorporates the new NRF definition of functional special needs and its application for local plans. HHS will also complete the white paper of the ASPR-led Interagency Workgroup on At-Risk Individuals and Pandemic Influenza, ensuring these activities are integrated with the Department's pandemic influenza efforts.

- HHS is researching training for first responders and healthcare personnel in working with at-risk individuals. This research was begun in order to continue development of the OD toolkit to identify training and curricula and craft a plan to address training issues.

- HHS will finalize the consensus statement on the inclusion of racial and ethnic communities in the preparedness, response, and recovery stages of natural and man-made disasters. This statement will be distributed nationwide to State, Territorial, Tribal, and local emergency preparedness managers and other emergency preparedness personnel. (Also relates to dissemination.)

- The Secretary will designate Dr. Kevin Yeskey, MD, Deputy Assistant Secretary and Director of Preparedness and Emergency Operations within ASPR, as the Director of At-Risk Individuals. The Deputy Director for the Office of At-Risk Individuals, Behavioral Health, and Human Services Coordination, Dr. Daniel Dodgen, reports directly to Dr. Yeskey.

- HHS, through CDC, is planning to develop several papers focused on addressing the needs of specific at-risk populations related to a pandemic influenza event. Vulnerable populations to be addressed in these documents include:
    - Persons with disabilities
    - Persons with chronic diseases
    - Persons with HIV/AIDS
    - Inmates of prisons and jails
    - Homeless persons
    - Immigrants
    - Elderly
    - Persons living in poverty
    - Single-parent families
    - Racial and ethnic minorities
    - Native American Tribes

Long-term Activities

- The HHS Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) Implementation Plan will address the medical countermeasure needs of both the general population and those special populations (e.g., children, the elderly, pregnant women, immuno-compromised and immuno-suppressed individuals, and persons with disabilities) for whom Food and Drug Administration (FDA) licensure or approval has not been granted, for whom efficacy or dosing have not been determined, or for whom the use of a countermeasure is medically contraindicated.

- HHS will continue developing and disseminating guidance to ensure that recipients of State and local public health grants and Project BioShield contracts include preparedness and response strategies and capabilities that account for the medical and public health needs of at-risk individuals in the event of a public health emergency.

- Consistent with Homeland Security Presidential Directive-21 (HSPD-21), HHS will continue developing a process for coordinating Federal grant programs for public health and medical preparedness to promote cross-sector, regional, and capability-based coordination, consistent with sections 319C-1 (Improving State and Local Public Health Security) and 319C-2 (Partnerships for State and Regional Hospital Preparedness to Improve Surge Capacity) of the PHS Act, as amended by PAHPA.

- ASPR will continue to coordinate with the Director of CDC to ensure the needs of at-risk individuals are taken into account in the stockpile. An example of needs that should be addressed in the future includes respiratory protection for pediatric populations.

- The Enterprise Governance Board is a coordinated interagency effort responsible for: a) defining and prioritizing requirements for public health emergency medical countermeasures; b) focusing and aligning research, development, and procurement activities on prioritized requirements; and c) setting deployment and use strategies for medical countermeasures held in the SNS. The Enterprise Board establishes a vehicle through which greater attention can be given in the future to issues affecting at-risk individuals in the stockpile.

Coordination

Refers to following statutory provisions from Section 2814 of the PHS Act, as amended by PAHPA: (2) assisting other Federal agencies in planning for the needs of at-risk individuals and (5) overseeing progress of the Advisory Committee on At-Risk Individuals and Public Health Emergencies.

Short-term Activities

- The CDC and ASPR are working through existing cooperative agreements to build an all-hazards preparedness and response capacity for State, Territorial, Tribal, and local governments to plan better for the needs of vulnerable populations before, during, and after public health hazards. This will be achieved through strong CDC internal and external partner coordination, collaboration, technical assistance, training, and inclusion of communities to establish strong, prepared communities for any health hazard.

- The NBSB, a Federal Advisory Council, is tasked with providing expert advice and guidance to the Secretary of the Department of Health and Human Services on scientific, technical, and other matters of special interest regarding current and future chemical, biological, nuclear, and radiological agents/events, whether naturally occurring, accidental, or deliberate. The NBSB held its first meeting in December 2007. This Federal Advisory Committee will explicitly include attention to at-risk populations in all the work of its subcommittees/working groups. This effort will expand in 2008.

- HHS will continue to review the application of the FEMA Gap Analysis Tool to identify and/or include resources required for Special Medical Needs evacuation and shelter planning.

Long-term Activities

- The Secretary will continue developing plans and strategies to address the needs of at-risk individuals. Specific tasks may include:
    - Identify and assess existing and/or new efforts within and outside the Department to locate and serve at-risk individuals during each stage of an emergency.
    - Establish a framework for Federal, State, Territorial, Tribal, and local public health officials to facilitate collaboration and sharing of plans and strategies developed across governmental entities with private healthcare providers. This framework will cover implementation and requires periodic review.

- The Advisory Committee on At-Risk Individuals and Public Health Emergencies, formerly the Advisory Committee on Children and Terrorism, will be evaluated to

determine how best to continue its work. Because the charge for this group has significantly evolved since its previous iteration, steps must be taken to determine how best to reconstitute the group and reestablish it. In the meantime, HHS will continue to work on at-risk issues through existing relevant advisory committees, such as the NBSB described above and the committee on children and disasters described below.

- The Department plans to establish a committee on children and disasters. The purpose of the committee will be to conduct a comprehensive study to examine and assess the needs of children as they relate to preparation for, response to, and recovery from all hazards, building upon the evaluations of other entities, and report on specific findings, conclusions, and recommendations.

- In accordance with HSPD-21, HHS has established a Disaster Mental Health Subcommittee under the National Biodefense Science Board (NBSB) to provide advice and guidance to the NBSB, who will deliberate on that advice and make recommendations to the Secretary. (The Subcommittee was convened and held its first meetings in June 2008.)

- Per HSPD-21, HHS has established the Emergency Care Coordination Center (ECCC) within ASPR. Through clinical and systems-based research and the promotion of Federal, State, regional, and private sector collaboration, the ECCC will identify best practices to enhance the nation's delivery of daily emergency medical care, including care to at-risk populations, and provide a stronger foundation on which to advance disaster preparedness efforts and strengthen our Nation's ability to respond to mass casualty events. This new center will collaborate with the Departments of Defense, Homeland Security, Transportation, and Veterans Affairs and will create an Emergency Care Enterprise to address the full spectrum of daily emergency medical care issues—from the pre-hospital environment to the emergency department.

- The PHS Act, as amended by PAHPA, requires HHS to "assist other Federal agencies responsible for planning for, responding to, and recovering from public health emergencies in addressing the needs of at-risk individuals." An essential component to support that mandate is the secure exchange of health information within the Federal government, and with State, Tribal, and local governments, and with the private sector, an undertaking now being advanced by cross-agency collaboration through the Office of the National Coordinator for Health IT and the Federal Health Architecture.

Dissemination

Refers to following statutory provisions from Section 2814 of the PHS Act, as amended by PAHPA: (6) curriculum development for the public health and medical response training program to take into account the needs of at-risk individuals and (7) disseminate novel and best practices of outreach to and care of at-risk individuals.

Short-term Activities

- OD and ASPR are finalizing the development of an electronic-based training module which will educate Federal, State, Territorial, Tribal, and local emergency managers and

responders on the needs and challenges of persons with disabilities during an emergency. This training will be incorporated within the ASPR core curriculum for both U.S. Public Health Service Commissioned Corps and Government Service employees.

- The ASPE contract awarded in September 2007 will examine current research and best practices regarding emergency preparedness communication strategies for at-risk populations. Deliverables will include a final report to inform Federal, State, Territorial, Tribal, and local emergency preparedness planning.

- HHS will finalize the toolkit sponsored by OD. This toolkit will provide information to support State, Territorial, Tribal, and local emergency managers and others in addressing at-risk individuals—with particular attention to the needs of persons with disabilities—in their emergency plans and responses. The toolkit will include information from an evacuation and a shelter-in-place perspective and will address the five major areas (maintaining independence, communication, transportation, supervision, and medical care) based on the definition of special needs adopted in the NRF.

- HHS will continue its involvement in the development of plans and best practices for emergency management in schools and the sheltering and evacuation of students with special needs in collaboration with the Department of Education and FEMA. A webinar is planned for May 2008. (Note: This webinar took place in early May 2008, which occurred after December 2006 through December 2007, the designated reporting period for this report.)

- The Assistant Secretary for Public Affairs will be testing already developed messaging strategies in several pilot communities to include ethnic and language minorities.

- OMH is developing an e-learning cultural competency training program for disaster preparedness and crisis response personnel that will teach participants the concept of cultural competence and its relevance to the readiness, response, and recovery phases of a disaster. This project is due for release in the spring of 2009.

Long-term Activities

- HHS intends to oversee curriculum development for the public health and medical response training program on medical management of casualties, as it concerns at-risk individuals. Items to be addressed will include:
    - Identify and assess basic competencies for serving at-risk populations.
    - Identify the full array of services that must be included in training (and the range of professionals who must receive the training) to address the needs of at-risk individuals during an emergency.
    - Designate activities and publications to address education and training of medical and public health responders, as they relate to at-risk individuals.
    - Develop training curricula that incorporate competencies for medical first responders and other public health professionals serving under Emergency Support Function (ESF) #8.

  - Provide training that addresses overlapping issues between ESF #6 and ESF #8 through direct engagement of appropriate ESF #6 responders and public health and medical response teams.
  - Under HSPD-21, ensure that core public health and medical curricula and training developed pursuant to PAHPA address the need to: improve individual, family, and institutional public health and medical preparedness; enhance private citizen opportunities for contributions to local, regional, and national preparedness and response; and build resilient communities.
  - After completion of the National Disaster Medical System and national surge capacity review, identify high-priority gaps in mass casualty care capabilities and options for addressing critical deficits through a systems-based approach involving expertise from such entities and experts.
  - Per HSPD-21, HHS will: 1) create a mechanism to coordinate public health and medical disaster preparedness and response core curricula and training across executive departments and agencies; 2) develop a strategy for long-term enhancement of disaster public health and medical capacity; and 3) ensure the propagation of disaster public health and medicine education and training.

- HHS will continue efforts to disseminate novel and best practices of outreach to and care of at-risk individuals before, during, and following public health emergencies. Proposed activities include:
  - Identify existing and new efforts to identify, serve, and evaluate treatment effects for at-risk individuals during each stage of an emergency.
  - Analyze research and evaluation products related to best practices and emerging public health emergency messaging including, but not limited to, Hurricane Katrina after-action reports.
  - Develop a process for continually scanning the environment and obtaining input from collaborators and constituents on the care of at-risk individuals.

Conclusions

HHS has a long-standing commitment to addressing the needs of our Nation's most vulnerable citizens. This commitment is manifested in programs as diverse as Head Start, Medicare, and the Low Income Home Energy Assistance Program. Specifically regarding public health emergency preparedness, HHS has also developed a history of attending to the needs of uniquely vulnerable populations. The passage of the Pandemic and All-Hazards Preparedness Act has strengthened HHS' continuing efforts to integrate the needs and concerns of at-risk individuals by providing new tools and a new structure for our work. The activities described in this report list not only our current efforts, but also point the way ahead. The needs of at-risk individuals are not new, nor will they disappear. Therefore, HHS recognizes that the activities described herein are merely the first steps in a long-term effort. The accomplishments and progress of HHS in the past year are evidence of HHS' ongoing and long-term commitment to ensuring effective incorporation of the needs and concerns of at-risk individuals in all existing and future policy, planning, and programmatic documents.

Appendix A: PHS Act Provisions Related to At-Risk Individuals

Sec. 2814. At-Risk Individuals

‘‘The Secretary, acting through such employee of the Department of Health and Human Services as determined by the Secretary and designated publicly (which may, at the discretion of the Secretary, involve the appointment or designation of an individual as the Director of At-Risk Individuals), shall—

‘‘(1) oversee the implementation of the National Preparedness goal of taking into account the public health and medical needs of at-risk individuals in the event of a public health emergency, as described in section 2802(b)(4);

‘‘(2) assist other Federal agencies responsible for planning for, responding to, and recovering from public health emergencies in addressing the needs of at-risk individuals;

‘‘(3) provide guidance to and ensure that recipients of State and local public health grants include preparedness and response strategies and capabilities that take into account the medical and public health needs of at-risk individuals in the event of a public health emergency, as described in section 319C–1(b)(2)(A)(iii);

‘‘(4) ensure that the contents of the strategic national stockpile take into account at-risk populations as described in section 2811(b)(3)(B);

‘‘(5) oversee the progress of the Advisory Committee on At-Risk Individuals and Public Health Emergencies established under section 319F(b)(2) and make recommendations with a focus on opportunities for action based on the work of the Committee;

‘‘(6) oversee curriculum development for the public health and medical response training program on medical management of casualties, as it concerns at-risk individuals as described in subparagraphs (A) through (C) of section 319F(a)(2);

‘‘(7) disseminate novel and best practices of outreach to and care of at-risk individuals before, during, and following public health emergencies; and

‘‘(8) not later than one year after the date of enactment of the Pandemic and All-Hazards Preparedness Act, prepare and submit to Congress a report describing the progress made on implementing the duties described in this section.’’.

Sec. 319L(c)(6). Biomedical Advanced Research and Development Authority

‘‘(6) AT-RISK INDIVIDUALS – In carrying out the functions under this section, the Secretary may give priority to the advanced research and development of qualified countermeasures and qualified pandemic or epidemic products that are likely to be safe and effective with respect to children, pregnant women, elderly, and other at-risk individuals.’’.

Sec. 319M(b)(3). Other Working Groups

"The Secretary may establish a working group of experts, or may use an existing working group or advisory committee to - … obtain advice regarding supporting and facilitating advanced research and development related to qualified countermeasures and qualified pandemic or epidemic products that are likely to be safe and effective with respect to children, pregnant women, and other vulnerable populations, and other issues regarding activities under this section that affect such populations."

Appendix B: Definition of Special Needs in the National Response Framework

The HHS definition of at-risk individuals is function-based and designed to be harmonious with the DHS definition of special needs. This definition of special needs was developed by the Special Needs Workgroup, initiated by DHS, of which HHS was a member. This definition has been used in the draft version of the National Response Framework (NRF), previously the National Response Plan (NRP).

A population whose members may have additional needs before, during, and after an incident in one or more of the following functional areas: maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities; who live in institutionalized settings; who are elderly; who are children; who are from diverse cultures, who have limited English proficiency, or who are non-English speaking; or who are transportation disadvantaged.

The difference between the illustrative list of at-risk individuals in the HHS working definition and this DHS definition of special needs used in the NRF is that the DHS definition does not include pregnant women, those who have chronic medical disorders, or those who have pharmacological dependency. The HHS working definition includes these three other groups because pregnant women are specifically designated as at-risk in PAHPA and those who have chronic medical disorders or pharmacological dependency are two other populations that HHS has a specific mandate to serve. Otherwise, the two definitions include the same information.

Appendix C: Grant Programs

HPP

The Division of National Healthcare Preparedness Programs includes the Hospital Preparedness Program (HPP), the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), and the Bioterrorism Training and Curriculum Development Program (BTCDP). All these programs were transferred from the Health Resources and Services Administration (HRSA) to the Assistant Secretary for Preparedness and Response through authority in the Pandemic and All-Hazards Preparedness Act (PAHPA). The purpose of these programs is to collectively improve surge capacity and enhance community and hospital preparedness for public health emergencies.

2007

Provisions on at-risk individuals and behavioral health significantly increased. In particular, activities supported through funds under this announcement must help award recipients to meet not only the National Preparedness Goal (The Goal) established by the Department of Homeland Security (DHS) in 2005, but also the following goals as outlined in section 2802(b) of the PHS Act and required by section 319C-2(c) of the PHS Act, as amended by PAHPA:

- Medical – Increasing the preparedness, response capabilities, and surge capacity of hospitals, other healthcare facilities (including mental health facilities), and trauma care and emergency medical service systems, with respect to public health emergencies. This shall include developing plans for the following:
    A. Strengthening public health emergency medical management and treatment capabilities.
    B. Medical evacuation and fatality management.
    C. Rapid distribution and administration of medical countermeasures, specifically to hospital based healthcare workers and their family members or partnership entities.
    D. Effective utilization of any available public and private mobile medical assets and integration of other Federal assets.
    E. Protecting healthcare workers and healthcare first responders from workplace exposures during a public health emergency.
- At-Risk Individuals – Being cognizant of and prepared for the medical needs of at-risk individuals in their community in the event of a public health emergency. Applications must clearly articulate which at-risk individuals with medical needs are served by the partnership and the activities the partnership will undertake with respect to the needs of these individuals. Medical needs include behavioral health consisting of both mental health and substance abuse considerations. The term “at-risk individuals” means children, pregnant women, senior citizens, and other individuals who have special needs in the event of a public health emergency.

HPP has included the following language under overarching requirements for all activities:

- Needs of At-Risk Populations: all goals, objectives, and activities proposed in the application should account for the public health and medical needs of at-risk individuals.

2005 and 2004
Critical Benchmark # 2-8: Surge Capacity: Behavioral (Psychosocial) Health

- Enhance the networking capacity and training of healthcare professionals to be able to recognize, treat, and coordinate care related to the behavioral health consequences of bioterrorism or other public health emergencies.

Evaluation Efforts:

- Number of health professionals trained via competency based education, statewide, in the recognition, treatment, and referral of patients exhibiting behavioral health consequences related to bioterrorism and other public health emergencies.
- Number of competency based trainings conducted, within the 2 most populated awardee-defined regions that focus on the behavioral health consequences related to bioterrorism and other public health emergencies.
- Number of competency based trainings conducted in other regions of the State for which predictable high-risk scenarios have been identified through the Hazard Vulnerability Analysis that focus on the behavioral health consequences related to bioterrorism and other public health emergencies.

2003
HHS Cross Cutting Benchmark – Populations with Special Needs

- Describe activities that will be implemented to meet the specific needs of special populations that include but are not limited to people with disabilities, people with serious mental illnesses, minority groups, the non-English speaking, children, and the elderly. Consider all operational and infrastructure issues as well as public information/risk communication strategies. Such activities must be integrated between the public health and the hospital communities.

Critical Benchmark # 2-8:

- Establish a system that provides for a graded range of acute psychosocial interventions and longer-term mental health services to 5,000 adult and pediatric clients and healthcare workers per 1,000,000 population exposed to a biological, chemical, radiological or explosive terrorist incident.

CDC

The CDC's 2007 Program Announcement for Budget Period 8 provides guidance on funding for continuation of the Public Health Emergency Preparedness (PHEP) Cooperative Agreement. Funds are intended to upgrade State and local public health jurisdictions' preparedness and response to bioterrorism, outbreaks of infectious disease, and other public health threats and emergencies. The following sections capture the language of the program announcement that pertains to at-risk individuals.

- Integration with Other CDC Programs and National and State Partners
    - Increased attention to the public health and medical needs of at-risk individuals during public health emergencies is reflected in the language in the reauthorization of this program through the PAHPA. Awardees are encouraged to work with partners who bring insight about the needs of particular communities

and connections to those communities to ensure the broadest impact of preparedness planning. These partners include other CDC- and HHS-funded programs, such as chronic disease prevention and control programs, maternal and child health programs, and programs designed to enhance access to services for those with various disabilities. In addition, other governmental units, specifically the State Office for Aging or its equivalent, should be engaged in planning, exercising, and evaluation to improve preparedness among the elderly and those who serve them. Non-profit agencies, such as ARC and Salvation Army, may also be strong preparedness partners.

- Included among the examples of activities that could be addressed through collaboration at the State and local level among public safety, emergency management, health and medical communities, and non-governmental entities is:
    - Engaging at-risk populations and/or those who represent them in preparedness planning and exercise activities.

- Addressing the needs of the physically disabled and at-risk populations is cited as a minimum requirement in a mass vaccination plan.

- Documenting ethnic/language-specific media, mainstream media, and at-risk populations are included in the minimum requirements of agencies' communications plans.

- Target Capability: Emergency Public Information and Warning
    - Listed as one of the required tasks is: decrease time needed to provide specific incident information to the affected public, including populations with special needs such as non-English speaking persons, migrant workers, as well as those with disabilities, medical conditions, or other special healthcare needs, requiring attention.

- Target Capability: Epidemiological Surveillance and Investigation
    - Develop the capability to undertake joint epidemiological investigations of infectious disease outbreaks along the international borders. Such capability should include the ability to: contribute information directly to the public, including special populations, that explains and informs about risk and appropriate courses of action.

- Included in the list of Critical Tasks to identify vaccine allocation, distribution, and administration issues related to limited vaccine availability during an influenza pandemic is: address the needs of the physically disabled and special needs populations.

- Overarching Community Mitigation Exercise Objectives include:
    - Validate the ability of State/local agencies to ensure provisions of essential services and supplies to persons in isolation and quarantine, keeping in mind the special needs of children.

- Validate the ability of existing protocols and processes to reach special needs populations with culturally appropriate and language specific protective actions against pandemic influenza.

Appendix D: Acronym List

ABC	Office for At-Risk Individuals, Behavioral Health, and Human Services Coordination
AHRQ	Agency for Healthcare Research and Quality
ARC	American Red Cross
ASPE	Assistant Secretary for Planning and Evaluation
ASPR	Assistant Secretary for Preparedness and Response
ASTHO	Association of State and Territorial Health Officials
BARDA	Biomedical Advanced Research and Development Authority
BTCDP	Bioterrorism Training and Curriculum Development Program
CDC	Centers for Disease Control and Prevention
DME	Durable Medical Equipment
DHS	Department of Homeland Security
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals
ESF	Emergency Support Function
FDA	Food and Drug Administration
FEMA	Federal Emergency Management Agency
FMS	Federal Medical Station
FY	Fiscal Year

HHS	Department of Health and Human Services
HPP	Hospital Preparedness Program
HRSA	Health Resources and Services Administration
HSPD	Homeland Security Presidential Directive
ICC	Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities
NBSB	National Biodefense Science Board
NCBDDD	National Center on Birth Defects and Developmental Disabilities
NHPP	Division of National Healthcare Preparedness Programs
NRF	National Response Framework
NRP	National Response Plan
OCR	Office for Civil Rights
OD	Office on Disability
OMH	Office of Minority Health
OPDIV	Operating Division
PAHPA	Pandemic and All-Hazards Preparedness Act
PHEMCE	Public Health Emergency Medical Countermeasures Enterprise
PHEP	Public Health Emergency Preparedness
PHS	Public Health Service

RD	Regional Director
SNS	Strategic National Stockpile
STAFFDIV	Staff Division