

From the September 11, 2007 Meeting

## **Resolution to Address the Needs of Special Populations in a Disaster**

*Whereas*, the Public Health Council Committee on Emergency Preparedness has identified as one of its strategic priorities that “the state and its emergency responders have the ability to recognize and address the needs of special needs populations in response to pandemic diseases and other all hazards catastrophic incidents”,

*Whereas*, there is no one agency that has the responsibility to address the needs of special populations in a disaster, but rather this responsibility falls upon all emergency responders and other organizations, both public and private, that have the ability to address the needs of special populations,

*Whereas*, any response to meet the needs of special populations must be a local response,

*Whereas*, among others, significant work and leadership in the area of special populations has been accomplished by the Bureau of Aging and Disability Resources,

*therefore*, the Public Health Council Committee on Emergency Preparedness resolves

- 1) that* the Bureau of Aging and Disability Resources be charged with taking the leadership role in the development of a comprehensive template plan to address the needs of special populations in a disaster,
- 2) that* the Department of Health and Family Services provide direction, staff and resources to the Bureau of Aging and Disability Resources to accomplish this task
- 3) that* the desired result of these efforts by the Bureau of Aging and Disability Resources be a template plan that can be implemented by various public and private agencies and organizations at the county level
- 4) that* the Public Health Council Committee on Emergency Preparedness is willing to assist the Bureau of Aging and Disability Resources in this task by providing strategic and policy oversight to assist in identifying the components of this template plan
- 5) that*, finally, the Bureau of Aging and Disability Resources s accomplish this task by August 31, 2008

**Public Health Preparedness and Special Populations**

8/13/07

**Public Health Preparedness Grant Requirements Related to Special Populations**

The Public Health Preparedness Cooperative Agreement with the Centers for Disease Control (CDC) has specific requirements for special populations. They include having systems in place to carry out public health responsibilities in an emergency and the inclusion of special populations in public health preparedness planning and exercising. The table below quotes the requirements. These requirements need to be integrated into contracted activities and a statewide system of consistent implementation by local and tribal health departments needs to be developed.

CDC defines at risk or special populations as individuals or groups with specific disabilities, conditions or circumstances that create **unique challenges in a public health** emergency response situation. These may include, but are not limited to, mobility impairments, lack of transportation, geographic isolation, inability to read, pregnancy, chronic disease, and social isolation.

<b>Requirement</b>	<b>Responsibility</b>
Coordinate pre-incident activities with partners to <b>assess and map local communities</b> , build social networks, and develop community outreach information networks that define, locate and reach <b>at-risk populations</b> .	Local
Include groups of at-risk individuals in your preparedness plans for emergency public information and warning, all-hazards preparedness planning and exercises.	Local
Ensure that representatives of these groups are actively involved in developing public health emergency plans, exercising the plans, and contributing to after-action reports and subsequent corrective action to address identified gaps in planning.	Local
Develop plans to coordinate, monitor and communicate with those in quarantine. <b>Develop strategies specifically to address the needs of at-risk individuals in quarantine.</b>	Local
Develop plans to coordinate with other partners to support population sheltering-in-place. Design strategies to communicate with the public during periods when sheltering-in-place is necessary.	Local
Develop plans for promoting mental health resiliency for your community following an emergency/disaster	State and Local

From the September 11, 2007 Meeting

Some examples of the activities to meet these requirements are below.

<b>Activity</b>	<b>Lead agency</b>
Map individuals with special needs.	DPH standardize statewide system LHD implement
Engage special needs representatives in planning	State and LHD
Engage special needs representatives in exercising and improving preparedness	LHD
Develop and test plans for medicine distribution to special needs populations	DPH provide templates LHD test
Develop and test PHP messages for individuals who are unable to read	DPH collaborate with LHD to develop and test methods LHD test
Develop and test messages in different languages	DPH collaborate with LHD to develop and test methods LHD test
Develop trust with local groups and organizations to assure support for taking actions related to isolation, quarantine and social distancing among groups that might not trust government.	LHD
Develop MOUs with groups and organizations such as sheltered workshops, home health agencies, Meals on Wheels providers, CBRFs, nursing homes, etc., that have connections with special needs populations, define collaboration during an event.	DPH provide templates LHD implement
Resolve issues with Tribal Leaders related to legal authority and powers in Tribal jurisdictions during an emergency/disaster and address concerns related to isolation and quarantine orders, containment, movement restrictions, emergency care, and mutual aid.	DPH/DHFS
Develop orders for dispensing medications, including contraindications for special populations, e.g., pregnant women.	DPH
Hold listening sessions statewide to receive input from the public, including persons with special needs, about how to improve readiness for public health related events	DPH

Since 2003 Wisconsin has provided funding for Community Readiness through the Bureau of Aging and Disability Resources. The focus of this work has been on assisting local social and human services agencies in understanding their roles with special populations in an emergency, providing statewide and regional training related to psycho- social aspects of emergencies, developing and distributing tools and templates for human services providers. Although these are valuable projects and were consistent with the direction given, a hard look at the requirements shows we are not focused on the Public

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Health Preparedness activities identified by the CDC. It is therefore necessary to re-evaluate and implement strategies to comply with special population requirements.

**Future Direction:**

Identify a lead person for special populations in the Division of Public Health. That person will convene a workgroup, with membership including consumer representatives, Consortia Program Coordinators, Local Health Officers, and representatives from DHFS who provide links to special populations.

Within 6 months, review the best practices already happening in the state and nation and develop a logic model, including strategies to pilot or implement mechanisms to assure preparedness for special populations statewide. Organize a data collection system to demonstrate local and state progress related to the CDC requirements. Evaluate success using the workgroup developed improvements, test and implement. Document continuous quality improvement related to the engagement of members of special populations in public health preparedness.