Functional and Access Needs (FAN)/At-Risk Populations Annex

**Emergency Medical Services for Children** 

Region 2 October 2018



## Introduction

- **Convened a Steering Committee in November** 2017
- Annex currently in DRAFT form

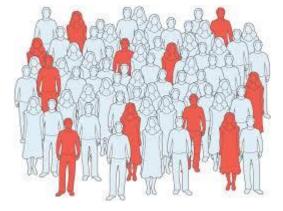
- Center for Rural Health
- Center for Minority Health Services/Refugee Program
- Department of Aging

**U** 

U

- Division of Specialized Care for Children
- ommitte **Division of Rehabilitation Services** 
  - **IDHS Homeless Services**
  - **IDHS Mental Health Services**
  - IEMA Community Resilience Program
- Steering Illinois Primary Health Care Association
  - RHCC, Emergency Management, REMSC, ERC, LHD representatives
  - Age
  - Diverse Cultures/Language and Literacy
- **Norkgroup** Economic Disadvantage
  - Institutionalized Settings/Congregate Care
  - Isolation •
  - Medical Conditions and Disabilities







## Definition

- FAN/At-Risk populations are individuals, groups, and/or populations that may have additional needs before, during, and after a disaster
- Additional needs may be related to issues such as physical and/or cognitive disabilities, age, or language skills
- The needs of these individuals, groups, and/or populations may not be fully addressed by traditional or standard response and recovery resources

	Persons ≤ 17 Years	23.7%	3 million
	Persons ≥ 65 years	13.2%	1.7 million
Illinois	Below poverty level	14.1%	1.8 million
At-Risk Populations	Civilian non-institutionalized population with a disability	10.5%	1.3 million
	Persons (≥ 5 years) who speak English less than well**	4.4%	0.5 million
	Estimated number of homeless in 2016	11,590	
	**23% spoke a language other than	English at h	000

\*23% spoke a language other than English at home

#### B.1.1.1

 Begin to include persons with "functional access needs" which include individuals with electricity-dependent medical and assistive equipment in your Regional Plans. These plans can be based on Grantee-obtained de-identified data from Empower (<u>https://empowermap.hhs.gov</u>) at least once every 6 months-and update your regional plans as this information changes.

### Hospital Preparedness FY19 Deliverables

#### **B.1.1.2**

 These populations in their region with a higher likelihood of having access and functional needs can also be based on annual Grantee-obtained data from the Social Vulnerability Index (<u>http://svi.dcd.gov/map.aspx</u>). Refer to these websites when formulating your Regional Plans.

## Purpose

To support the Illinois Department of Public Health (IDPH) Emergency Support Function (ESF)-8 Plan

To provide a functional annex for all stakeholders involved in an emergency response within the state of Illinois

- Ensure the needs of FAN/At-Risk Populations are addressed to improve equity in access to emergency response services and resources
- Provide key considerations and available resources that may exist on the state, regional, and/or local level to assist responders with ensuring the needs of FAN/At-Risk Populations are addressed





This annex is intended to support, not replace, any agencies' existing policies or plans by providing key considerations and available resources that may exist on the state, regional, and/or local level to assist responders.

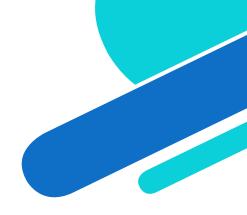
- Annex provides the state, regional, and local response guidance on the care of FAN/At-Risk Populations
- Unique compared to other annexes within the IDPH ESF-8 Plan since the size and/or scope of the incident does not determine whether this annex should be activated
- Defines the 6 categories of FAN/At-Risk Populations within Illinois

- Scalability within this annex is related to the FAN/At-Risk Populations affected by the disaster since not all FAN/At Risk Populations may be involved or affected by all disasters
- Applies to all services, program areas, response partners, and responders involved in response and recovery activities during a disaster in Illinois
- Identifies overlap between categories and the need for responders to cross reference information based on individual, group, or population's needs



## HPP and PHEP Domain Strategies

- 1. Strengthen community resilience
- 2. Strengthen incident management
- 3. Strengthen information management
- 4. Strengthen countermeasures and mitigation
- 5. Strengthen surge management
- 6. Strengthen biosurveillance



 Outlines overall definition of FAN/At-Risk Populations

Situation

- Explains choice of term for the Annex
- Identification of FAN/At-Risk Populations
  - Functional and Access Needs (FAN)/ At-Risk Populations in Illinois: Data Report
  - Other data sources

## **Authorities**

- Overall authority for direction and control of the response to a public health emergency rests with the Governor. The governor is assisted in the exercises of direction and control activities by his/her staff and in the coordination of activities by the IEMA. The state emergency operations center (SEOC) is the strategic direction and control point for all state emergency response operations.
- Annex includes a list of federal laws/regulations/acts that exist to protect FAN/At-Risk Populations
- List is not all inclusive
- Goal of Annex is to assist IDPH and other partners with complying with federal laws/regulations/acts to protect FAN/At-Risk Populations



# Concept of Operations

#### **GENERAL**

- IDPH retains overall primary authority and responsibility to determine level of public health risk for the general population as well as FAN/At-Risk Populations in Illinois
- IDPH has shared responsibility will all responders (health/medical and non-medical) to meet needs of FAN/At-Risk Populations during disasters
- Annex resides within the IDPH ESF-8 Plan but does not relieve local emergency management organizations, local and regional health care facilities, local pubic health departments, other medical and non-medical response agencies, or other state agencies of their responsibility to address the needs of FAN/At-Risk Populations

#### **Activation**

- The activation process of this annex follows the same procedures as outlined in the IDPH ESF-8 Plan and all of its annexes
- Partial or full activation of this annex may occur in a number of different circumstances

### Concept of Operations

#### **Organization**

- Aligns with the established framework outlined in the IDPH ESF-8 Plan for the activation and management of IDPH activities
- Components of this annex should be integrated into all levels of disaster planning and response within IDPH and its response partners' response policies, planning, and program initiatives
- It is expected that response partners train staff within their organizational structure on the components of the annex and to integrate the needs of FAN/At-Risk Populations on all levels (local municipality, county, region, and state levels)

## Concept of Operations

#### Response

- The unique needs of the six FAN categories are outlined based on the following response components:
  - Communication
  - Transportation
  - Supervision
  - Medical Care
  - Sheltering
  - Maintaining independence/selfsustainability
  - Mass fatality

- Strategies and tactics are also included to help responders address these unique needs
- Responders should tailor their response strategies, tactics, and resources based on the specific FAN needs present at the time of the incident
- Maintaining a list of all state programs and advocacy groups within this annex is not feasible
- Responders should collaborate with community, regional, and state agencies to identify other groups that can assist during a disaster



#### Communication

- Communication processes will follow the communication pathway outlined in the IDPH ESF-8 Plan
- Many of the response agencies that IDPH will need to partner with are integrated into the SEOC which can facilitate communication and mobilization of resources

## Concept of Operations

#### Recovery

- Recovery process may require a significant amount of time and considerably more resources than the general population
- Responders should tailor recovery strategies, tactics, and resources based on the specific needs identified by those with FAN after the incident
- Each regional HCC plan and local plans should define in greater detail the FAN/At Risk Populations within their areas to further ensure appropriate incorporation of the needs of FAN/At-Risk populations into recovery planning and program initiatives

## **Annex Attachments**

#### Age

Diverse Cultures/Languages and Literacy Economic Disadvantage Institutionalized Settings/Congregate Care Isolation Medical Conditions and Disabilities





## **Attachments**

FAN/At Risk Population	Definition
Age	Children, Older Adults, Adults
Diverse Cultures/Languages & Literacy	Limited English proficiency, low literacy skills, sensory deficits that impact ability to communicate
Economic Disadvantage	Low, limited, and/or fixed income, live at or below federal poverty level, live in supported housing
Institutionalized Settings/Congregate Care	Institutional and Residential Facilities
Isolation	Social isolation, temporary residents, cultural isolation, geographic isolation
Medical Conditions and Disabilities	Cognitive/mobility impairment, chronic diseases/conditions, acute or temporary diseases/conditions, dependency on technology, medications, durable medical equipment, or electricity

## Attachment Overall Layout

#### Introduction

- Defines the FAN/At-Risk Population
- Provides details about this population in Illinois (as available and as applicable)
- Provides examples of individuals, groups, and/or populations within this FAN category

#### **Table**

- Outlines potential needs/issues and strategies/tactics for each FAN category
  - Communication
  - Transportation
  - Supervision
  - Medical Care
  - Sheltering
  - Maintaining Independence/Self-Sustainability
  - Mass Fatality

#### ATTACHMENT 2: DIVERSE CULTURES/LANGUAGE & LITERACY FAN CATEGORY

The population in Illinois is ethnically and culturally diverse. In addition, a significant percentage of the population in Illinois has limited English proficiency (LEP) which is defined as people who have a limited ability to read, speak, write, or understand English, have low literacy skills, cannot read at all, and/or have hearing/visual difficulties (including deaf and blind), that impairs their ability to communicate. Based on the CDC Social Vulnerability Index in 2014 for Illinois, 22% of the population spoke a language other than English at home and an estimated 9.4% of individuals over the age of 5 years identified that they had LEP (CDC). Approximately 2.8% of the population or 358,000 people in Illinois were estimated to have a hearing difficulty. Of those with a hearing difficulty, 38% were < 65 years of age. In addition to the resident LEP population, it is important to consider foreign visitors, illegal/undocumented immigrants, and immigrants/refugees.

The table below outlines potential needs/issues for individuals, groups and/or populations from diverse cultures and/or with LEP as well as strategies/tactics that may assist in addressing the needs/issues. This list is not inclusive, and planners/responders should not assume that all the needs/issues are applicable to all individuals, groups and/or populations within ethnic or cultural groups. Strategies/tactics should be tailored after assessing the specific needs of individuals or groups during the disaster/incident. In addition, there may be additional strategies/tactics that can be found in other sections of this plan that apply based on overlapping of the FAN/At Risk Populations categories (e.g. Diverse Cultures/Language & Literacy and Age FAN category).

RESPONSE CAPABILITY	POTENTIAL NEEDS/ISSUES	STRATEGIES/TACTICS
COMMUNICATION	<ul> <li>Limited English speaking or do not speak English</li> <li>Cultural context of language used in messaging</li> <li>Lack of trust in government and/or the source of information if family/friends unavailable to translate</li> <li>Inaccurate, inconsistent, and unreliable information or messaging</li> <li>Lack of familiarity with where to obtain accurate information</li> </ul>	<ul> <li>Language access procedures should be integrated directly into policies/plans.</li> <li>All information/messages should be distributed in languages known to be spoken in the area of the disaster. The messages should be reviewed for any word choices that may create a cultural/dialect context conflict. Utilize translation services to convert written information/ messages into other languages.</li> <li>All written information/messages should be distributed in multiple formats at an appropriate reading comprehension level and include the use of symbols/pictures and large font.</li> </ul>



#### FAN/At-Risk Populations in Illinois: Data Report

#### **Overview**

- Data available including but not limited to the following at-risk populations:
  - Low socioeconomic status, single-parent households, persons with disabilities, and persons with limited English proficiency (CDC: Social Vulnerability Index)
  - Medicare beneficiaries and beneficiaries with electricity-depending equipment (Department of Health & Human Services: emPOWER)
  - Hospital capacity including ED capability (Illinois Health Facilities Planning Board: Annual Hospital Questionnaire)

- Mental Illness (Illinois Department of Public Health: IQuery)
- Homelessness (Illinois Department of Human Services Homeless Prevention Annual Report)
- Children and newborns (Illinois Emergency Medical Services for Children)

Resources for data regarding migrant and seasonal workers are available.

## FAN/At Risk Populations

**Region 2** 

Total Population in 2014: 1,103,569 Rural Population: 312,900

Emergency Medical Services for Children. (2018). At-risk populations in Illinois: Data Report.

	EMS Region 2	Statewide		
Socioe	conomic Status	5		
Below Poverty Level	13.3%	14.1%		
Housing Composition				
Persons ≥ 65 years	15.7%	13.2%		
Persons ≤ 17 years	13.3%	23.7%		
Civilian Noninstitutionalized population with a disability	11.4%	10.5%		
Minority Status and Language				
Minority (all persons, except white, non- Hispanic)	16.1%	37.1%		
Persons (age 5+) who speak English "less than well"	1.0%	4.4%		
Housing and Transportation (as % of households)				
Persons in Institutionalized Group Quarters	3.9%	2.3%		

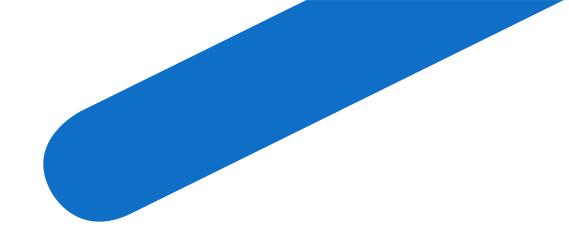
20

## **Next Steps**

- End of 2018: Identify feedback from each healthcare coalition
- Early 2019: Present to FAN/At-Risk Project Steering Committee
  - Edits and changes will be made based on committee consensus
  - Present finalized annex to IDPH OPR/All Hazards Planning Section Chief
- **2019:** Develop a resource document
- **2019:** Encourage regional/local development of FAN annexes, and incorporate into exercises/training







Evelyn Lyons, MPH, RN Evelyn.lyons@Illinois.gov

Anna Camia, MSN, RN, CNL, CPEN acamia@luriechildrens.org

Data Report: Dan Leonard drl2468@yahoo.com

