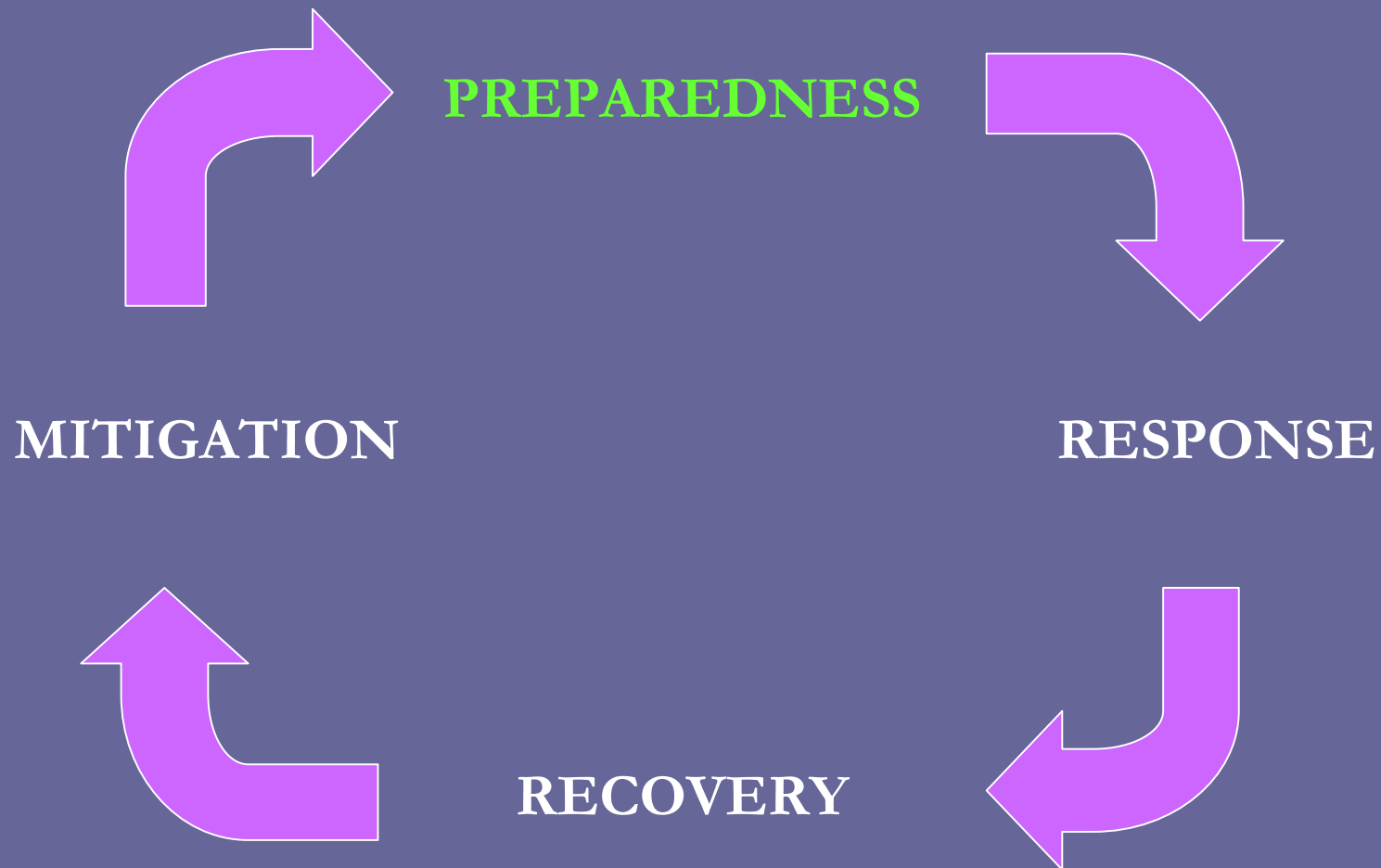


# Phases of Emergency Management



# Incorporating Special Populations/Needs in Emergency Plans

*ICCB Homeland Security Institute*

*February 22, 2007*

*Hero Taming*

*Illinois Department of Human Services*

*John Muller*

*Illinois Public Health Association*

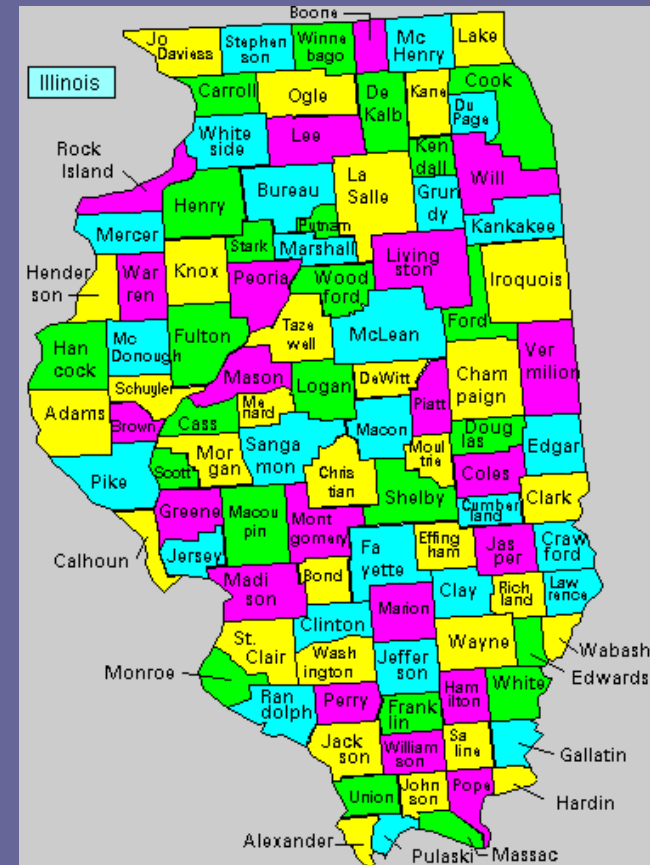
# Getting Started

- Please set phones and pagers to vibrate
- Housekeeping
  - Restrooms
  - Exits



# Today's Agenda

- Part 1: Katrina and Evacuee Care
- Part 2: Overview of Special Needs
- Part 3: Collaborative Planning for Special Needs



# Workshop Purpose

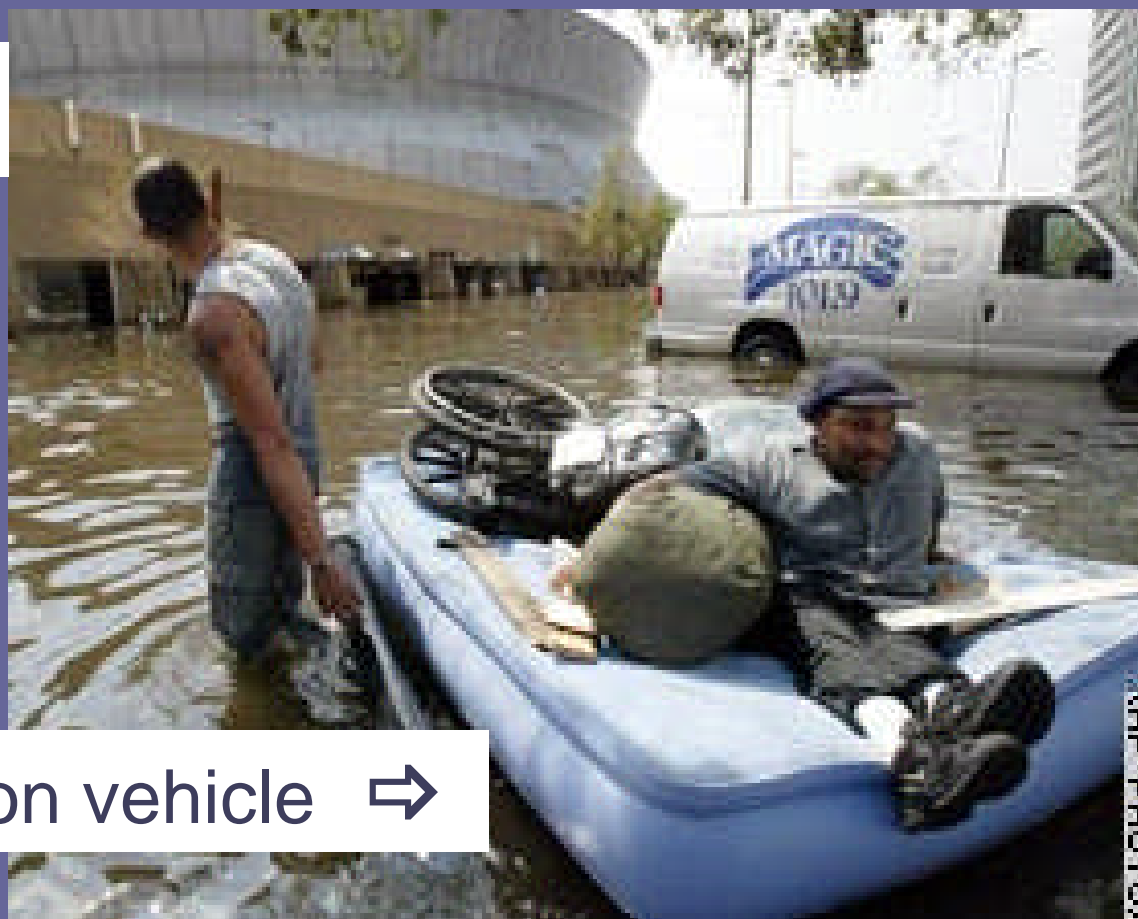
- Raise awareness of special needs issues in emergency planning and response
- Review roles and resources of various entities in relation to special needs planning and response
- Present a collaborative strategy for special needs planning at the local level for public health, emergency management, and the community

# Handouts

- Presentation
- EPI Guide
- CD of SNAP Primer
- Lists of Selected Resources
- Conference announcement

# Katrina's Lessons on Special Needs

Super Dome ⇒



Evacuation vehicle ⇒

# One (of many) Lessons: “Special Populations” at Greater Risk

- 39% of 824 people identified at the morgue died in nursing homes or hospitals
- 75% of deceased were age 75 or older
- Of the 1.2 million pre-storm residents > 5 years:
  - 255,000 (21%) reported some disability in 2000
  - 55,000 (5%) reported difficulty meeting personal needs
- A survey of sheltered people in Houston revealed:
  - 22% were physically unable to evacuate
  - 23% didn't evacuate because they were caring for someone unable to leave

# Caring for Evacuees in Illinois

- Who came to Illinois?
- Where were they cared for?
- Who provided care?
- Observations about responding to “special needs”

# Who is Here? And Why?

- Emergency planners? First responders/security?  
Special populations/disability personnel? Other?
- Your interests?
- Does college's EOP address special needs?
- What is college's role in local emergency operations planning council?

# People with Disabilities

- Spectrum of Disability:
  - temporary, chronic, episodic, visible, invisible, etc.
- Sociology of Disability
  - Some people will identify with disability community, others will not
- “Disability should not be thought of as a condition that only affects the unfortunate *SPECIAL* few ... it is a common characteristic & occurrence within the human experience.”  
-- June Isaacson Kailes

# Defining Special Needs Populations

- “People with disabilities, people with serious mental illness, minority groups, non-English speakers, children, and the elderly.” (CDC, 2004)
- The CDC groups plus “single working parents, people without vehicles, people with special dietary needs,” (FEMA, 2004)
- At-risk individuals: “children, pregnant women, senior citizens and other individuals who have special needs.” (Pandemic and All-Hazards Preparedness Act, 2007)

# Value of Categorical Definitions

- Consistent with service system structure—  
legislation, government agencies, funding  
streams, care-giving agencies, associations,  
networks, etc.
- Availability of data on numbers, disabilities,  
locations, etc.
- Advocacy organized around categorical groups

# Limits of Categorical Definitions

- Too broad—may include up to 50% of census
- Viewed as homogenous group—leads to vague planning and response failures
- Many individuals within SP groups function independently
- Excluded individuals may become disabled during a disaster
- Categories don't define needs

# A Non-Categorical Definition

Individuals in the community with physical, cognitive, sensory disabilities, and/or medical care needs who may require special considerations before, during and/or after a disaster or emergency--*after* exhausting their usual resources and support network.

# Function-Based Needs Definition

Address five essential functional needs:

- Medical needs
- Communication needs
- Supervision needs
- Functional independence needs
- Transportation needs

Kailes & Anders, 2006, [www.jik.com/disaster-hhs.html](http://www.jik.com/disaster-hhs.html)

# Emergency Management Structure



- Local: OEM/EMA
  - In every county, city, town, hamlet, etc.



- State: SEMO (IEMA)
  - Oversees all counties within boundaries



- Federal: FEMA
  - Reports directly to the President via DHS Secretary
  - Set up regionally

# All Hazards Planning

NRP “establishes a comprehensive all-hazards approach to enhance the ability of the United States to manage domestic incidents.”

## Examples of Hazards in Illinois:

- Tornadoes
- Nuclear Incidents
- Transportation Accidents
- Extreme Heat
- Extreme Cold
- Ice Storm
- CBRNE incident
- Fire
- Pandemic
- Earthquake
- Flood
- Power Outage
- Volcano

# NRP Emergency Support Functions

- ESF 1: Transportation
- ESF 2: Communication
- ESF 3: Public Works and Engineering
- ESF 4: Firefighting
- ESF 5: Emergency Management
- **ESF 6: Mass Care, Housing & Human Services**
- ESF 7: Resource Support
- ESF 8: Public Health and Medical Services
- ESF 9: Urban Search and Rescue
- ESF 10: Oil & Hazardous Materials Response
- ESF 11: Agriculture & Natural Resources
- ESF 12: Energy
- ESF 13: Public Safety & Security
- ESF 14: Long-Term Community Recovery & Mitigation
- ESF 15: External Affairs

# ESF 6: Illinois Mass Care Annex

- **Primary Agency:** American Red Cross
- 20 support agencies, including IEMA, IDHS, IDPH, ICCB
- 16 Assumptions:
  1. Worst case scenario—no warning, produces maximum casualties (e.g., earthquake)
  2. Requires preplanned, immediate, automatic response from all cooperating agencies

# ESF 6: Illinois Mass Care Annex

## Department of Human Services (paraphrased excerpts)

- Coordinates placement of victims with AODA problems who may not be appropriate for general population shelters
- Coordinates provision of mental health services to victims and disaster workers
- Assists in placement of disabled individuals for whom congregate care living may not fully meet their special needs
- Provides assistance in assigning social work staff in resolving difficulties in shelters

# ESF 6: Illinois Mass Care Annex

## Department of Public Health (paraphrased excerpts)

- Assists in locating health care workers to augment personnel assigned to shelters and first aid stations
- Provides technical assistance for shelter operations related to food, water, waste disposal, vectors and vermin
- Assists in provision of medical supplies for use in shelters
- Coordinates the operation of special needs shelters for people not medically appropriate for general population shelters (invalids, frail elderly, those requiring life support equipment, dialysis patients, Alzheimer patients, etc.)

# ESF 6: Illinois Mass Care Annex

## Illinois Community College Board

- a. Coordinates the use of community colleges as mass care facilities, staging areas, mobilization centers, and headquarters facilities,
- b. Assists in coordinating the assignment of personnel with specialized skills (i.e., food service staff, health care personnel, logistics staff) to assist in mass care relief operations.

# Collaboration Succeeds

- Macon County—the ice storm of '07
- Special needs shelter at Richland Community College
- Prior relationships the primary foundation
- Partners: hospitals, ESDA, health department, IMERT
- Mitigation ⇔ Preparedness:
  - Mutual Aid Agreements
  - Special Needs Advisory Panel (SNAP)

# What's a SNAP?

- Special Needs Advisory Panel
- Inclusive, multi-disciplined planning group
- Purpose: assure that jurisdiction's EM plan addresses special/functional needs
- A collaborative process that includes government agencies, non-profit organizations, advocacy groups, private entities, healthcare industry, individuals from the community, etc.

# SNAPs in Illinois

- Began in 2005--16 counties
- Participate on LEOC
- Integrate special needs in local plans—e.g., special needs annex
- Prioritize efforts: e.g., self-preparedness
- Expand and tighten emergency management networks
- Advise and support other counties

# Vital Roles for Community Colleges

- Planning and preparedness
- Response and recovery
- Education and training
- Community leadership

“Knowing is not enough; we must apply.

Willing is not enough; we must do.”

--Goethe

“Talk does not cook rice.”

--Chinese proverb

# Summary:

- Include “special populations” and care-givers as part of the planning process: don’t plan *for* but plan *with*...
  - Creative solutions
  - New visions
  - Subject matter experts
  - Knowledge & experience
  - Non-traditional resources
- *Integrate* special/functional needs in existing plans.
- *Communicate/coordinate* share plans with all partners.

# Thank You!

Hero Taming  
[Hero.Taming@illinois.gov](mailto:Hero.Taming@illinois.gov)

John Muller  
[jmuller@ipha.com](mailto:jmuller@ipha.com)

# Upcoming IDPH Conferences

Information at [www.ipha.com](http://www.ipha.com)

- June 12-14: Immunization and Communicable Disease/2007 Downstate Emergency Preparedness and Response Summit, Crowne Plaza, Springfield
- July 17-19: Illinois Bioterrorism Summit, Oak Brook Hills Marriott Resort, Oakbrook