



# TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS  
INFORMATION GATEWAY

Access and Functional Needs in Healthcare  
Preparedness Topic Collection  
Updated 10/7/2016

## Topic Area Collection: Access and Functional Needs in Healthcare Preparedness

During a disaster, individuals with disabilities and others with access and functional needs may require special assistance from the emergency management system. Planning before an incident ensures that response and recovery operations are inclusive of the whole community. More detailed and specifically dedicated Topic Collections for several specific populations have been or will be developed in the future. Those Collections include: Pediatrics, Dialysis Centers, Long-term Care Facilities, Home Health, and Pharmacy-Chronic Medications in Disasters. The resources in this Topic Collection highlight recent case studies, lessons learned, tools, and promising practices for working with individuals with disabilities and others with access and functional needs. *ASPR TRACIE comprehensively updated this Topic Collection in February 2016.*

### Please note:

- For the purposes of this Topic Collection, we respectfully use the term “Access and Functional Needs,” however, we acknowledge that there are many other terms that are frequently used such as at-risk, special needs, and vulnerable populations. Using these various terms do not negate the usefulness of these resources, which provide valuable planning concepts and ideas for inclusion of the whole community.
- Due to the changing dynamics of disability and access and functional needs policy, guidance, and regulations, there are some documents that are not yet updated with the most current changes. However, they are included here as foundational documents and users should be aware of how to evaluate and apply them.

Each resource in this Topic Collection is placed into one or more of the following categories (click on the category name to be taken directly to that set of resources). Resources marked with an asterisk (\*) appear in more than one category.

### [Must Reads](#)

### [Education and Training](#)

### [General Guidance](#)

### [Plans, Tools, and Templates](#)

### [Population-Specific Resources: \*Children\*](#)

### [Population-Specific Resources: \*Cultural and Linguistic Diversity\*](#)

### [Population-Specific Resources: \*People Experiencing Homelessness\*](#)

### [Population-Specific Resources: \*Older Adults\*](#)

### [Population-Specific Resources: \*People with Chronic Medical Conditions\*](#)

### [Population-Specific Resources: \*Tribal Communities\*](#)

### [Population-Specific Resources: \*Women and Gender Issues\*](#)

### [Agencies and Organizations](#)

## Must Reads

Arizona Department of Emergency and Military Affairs. (2003). [Access and Functional Needs Planning Tool](#).

This Excel spreadsheet, developed for counties in Arizona, can be manipulated and adapted by other jurisdictions. This tool utilizes 2010 census data. To access, click on “Access and Functional Needs Planning Tool” under Related Links on the right side of the page.

Federal Emergency Management Agency (FEMA). [IS-0368- Including People with Disabilities and Others with Access and Functional Needs in Disaster Operations](#). (Accessed 5/10/15.)

This course for disaster staff provides an overview of disabilities and access and functional needs. It outlines the C-MIST Framework (communication; maintaining health; independence; safety, support services, and self-determination; and transportation) for identification of needs identifies laws and legal foundations, and describes personnel actions to support the integration of people with disabilities and others with access and functional needs.

Federal Emergency Management Agency. (2010). [Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters](#).

This guidance document redefines the requirements for inclusion in general population shelters and provides new direction for the approach formerly known as “special needs shelters.” This document describes the national standard for shelter operations that integrate people with disabilities and others with access and functional needs into general population shelters.

Florida Department of Health. (2014). [Continuum of Care Model: Caring for Elders during Disasters: A Guide for Community-Based Planning](#). U.S. Department of Health and Human Services, Assistant Secretary for Preparedness & Response.

The purpose of this project was to provide information and resources to guide and support local communities in their efforts to develop and sustain a continuum of care for older adults during disasters. This document provides a comprehensive guide to communities for engaging older adult care stakeholders in the preparedness, response, and recovery cycles of all-hazards disaster management.

Kailes, J.I., Enders, A. (2007). [Moving Beyond “Special Needs”- A Function-Based Framework for Emergency Management and Planning](#). Journal of Disability Policy Studies. 17(4): 230-237.

This article introduces the concept of C-MIST (communication; maintaining health; independence; safety, support services, and self-determination; and transportation) as a framework for integrating considerations for individuals with access and functional needs into emergency preparedness, response, and recovery planning at all jurisdictional levels.

National Council on Disability. (2009). [Effective Emergency Management: Making Improvements for Communities and People with Disabilities](#).

This report to the President includes recommendations to all levels of government for developing policies, programs, and practices across the disaster life cycle (preparedness, response, recovery, and mitigation) specific to people with disabilities. It includes examples and evaluation of effective community efforts.

U.S. Department of Health and Human Services, Assistant Secretary for Preparedness and Response. (n.d.). [Disaster Response for Homeless Individuals and Families: A Trauma-Informed Approach](#). (Accessed 6/11/15.)

This information sheet provides considerations for planning for disasters to include individuals and families experiencing homelessness using a trauma-informed approach. A trauma-informed approach acknowledges past trauma and the current impact it may have on the lives of anyone receiving services or support.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2009). [Cultural Card: A Guide to Build Cultural Awareness: American Indian and Alaska Native](#).

The purpose of this guide is to provide basic information for Federal disaster responders and other service providers who may be deployed or otherwise assigned to provide or coordinate services in American Indian/Alaska Native (AI/AN) communities.

U.S. Department of Justice, Civil Rights Division. (2007). [Americans with Disabilities Act: ADA Checklist for Emergency Shelters](#).

The Americans with Disabilities Act requires that people with disabilities have equal access to shelters and the benefits they provide, yet providing this access can be challenging for shelter management. This document discusses a few of the most common challenges encountered by emergency shelters and how they can be addressed.

U.S. Food and Drug Administration. (2013). [Information Regarding Insulin Storage and Switching Between Products in an Emergency](#).

Insulin from various manufacturers is often made available to patients in an emergency and may be different from a patient's usual insulin. After a disaster, patients in the affected area may not have access to refrigeration. This website provides information for patients and providers regarding those issues.

## Education and Training

Federal Emergency Management Agency. (n.d.). [IS-0368- Including People with Disabilities and Others with Access and Functional Needs in Disaster Operations](#). (Accessed 5/10/15.)

This course for disaster staff provides an overview of disabilities and access and functional needs. It outlines the C-MIST Framework (communication; maintaining health; independence; safety, support services, and self-determination; and transportation) for identification of needs identifies laws and legal foundations, and describes personnel actions to support the integration of people with disabilities and others with access and functional needs.

National Center for Disaster Medicine & Public Health. (n.d.). [Caring for Older Adults in Disasters: A Curriculum for Health Professionals](#). (Accessed 11/6/2015.)

The purpose of this training curriculum is to enable educators to teach health professionals about caring for older adults in disasters.

\*New Jersey Office of Emergency Management. (2015). [Disaster Planning Templates for Facilities Housing Individuals with Functional Needs, Elderly or Frail Elderly](#).

This website offers a collection of templates and training courses for facilities responsible for housing those with access or functional needs.

\*U.S. Department of Health and Human Services, Office for Civil Rights. (2011). [Avoiding Disasters for the “Special Needs Population”: Effective Planning, Response, and Recovery for the Special Needs Population, Consistent with Federal Civil Rights Laws](#).

This training focuses on three specific populations: persons with disabilities, persons from diverse ethnic/racial origins, and those with limited English proficiency. It includes guidance on providing disaster services within the scope of federal civil rights laws.

\*U.S. Department of Health and Human Services, Office of Minority Health. (2013). [Cultural Competency Curriculum for Disaster Preparedness and Crisis Response](#).

This set of courses is designed to integrate knowledge, attitudes, and skills related to cultural competency in order to help lessen racial and ethnic healthcare disparities brought on by disaster situations.

## General Guidance

Aldrich, N. and Benson, W.F. (2008). [Disaster Preparedness and the Chronic Disease Needs of Vulnerable Older Adults](#). Preventing Chronic Disease: Public Health Research, Practice and Policy. 5(1): 1-7.

This article discusses the emergency planning considerations of older adult populations with chronic ailments impacted by disasters.

Association of State and Territorial Health Officials. (2008). [At-Risk Populations and Pandemic Influenza: Planning Guidance for State and Territorial, Tribal, and Local Health Departments.](#)

The guidance provides a framework and recommendations to assist healthcare providers with influenza planning for at-risk populations. The full guidance contains a supplement, “Proposed Timeline for Enacting Recommendations,” that adapts the recommended planning activities to the various levels of proximity and severity of a pandemic.

\*Centers for Disease Control and Prevention. (2013). [Caring for Children in a Disaster.](#)

Parents, teachers, doctors and nurses are just some of the people who can help children get ready for and cope with disasters. Parents, schools, and childcare centers can prepare so that children can be as safe as possible during and after a disaster. These comprehensive resources help the whole community address the unique needs of children in disasters.

Commonwealth of Massachusetts, Department of Public Health, Office of Preparedness and Emergency Management. (2015). [Access and Functional Needs Resource Guide.](#)

This guide is a compilation of public health resources designed to assist with preparedness planning for individuals with access and functional needs.

Cooper, A. (2010). [Vulnerable Populations in Disasters: Health Effects and Needs.](#) Washington (DC): National Academies Press (US).

This White Paper was prepared for the June 10-11, 2009 workshop on medical surge capacity hosted by the Institute of Medicine Forum on Medical and Public Health Preparedness for Catastrophic Events. The paper highlights successes, short and long-term goals, and research gaps associated with the health effects on individuals with access and functional needs in disasters.

Davis, J., Wilson, S., Brock-Martin, A., et al. (2010). [The Impact of Disasters on Populations With Health and Health Care Disparities.](#) Disaster Medical Public Health Preparedness. 4(1): 30–38.

The authors performed an extensive literature review to examine the effects of a disaster and living in an area with existing health or healthcare disparities on a community’s overall health and quality of life and access to health resources.

Federal Emergency Management Agency. (2010). [Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters.](#)

This guidance document redefines the requirements for inclusion in general population shelters and provides new direction for the approach formerly known as “special needs shelters.” This document describes the national standard for shelter operations that integrate people with disabilities and others with access and functional needs into general population shelters.

Fritz Institute. (2006). [Hurricane Katrina: Perceptions of the Affected.](#)

This report presents a summary of findings from research conducted among adults affected by Hurricane Katrina who were living in Louisiana, Alabama or Mississippi before the storm hit. The surveyors assessed perceptions of those that received help during the first 48 hours and first 30 days after the storm hit.

International Federation of Red Cross and Red Crescent Societies. (2007). [World Disasters Report: Focus on Discrimination.](#)

This report examines how and why different groups are marginalized during humanitarian emergencies. The authors focus on the following questions: How does discrimination manifest itself? How does it increase vulnerability? In what ways are organizations reinforcing it? What can be done about it?

Kailes, J.I., and Enders, A. (2007). [Moving Beyond “Special Needs”- A Function-Based Framework for Emergency Management and Planning.](#) Journal of Disability Policy Studies. 17(4): 230-237.

This article introduces the concept of C-MIST (communication; maintaining health; independence; safety, support services, and self-determination; and transportation) as a framework for integrating considerations for individuals with access and functional needs into emergency preparedness, response, and recovery planning at all jurisdictional levels.

National Council on Disability. (2009). [Effective Emergency Management: Making Improvements for Communities and People with Disabilities.](#)

This report to the President includes recommendations to all levels of government for developing policies, programs, and practices across the disaster life cycle (preparedness, response, recovery, and mitigation) specific to people with disabilities. It includes examples and evaluation of effective community efforts.

National Organization on Disability. (n.d.). [Functional Needs of People with Disabilities: A Guide for Emergency Managers, Planners and Responders.](#) (Accessed 10/7/2016.)

This guide highlights key disability concerns for officials and experts responsible for emergency planning in their communities, and seeks to assist them in developing plans that will take into account the access and functional needs and insights of people with disabilities before, during, and after emergencies.

U.S. Department of Justice, Civil Rights Division. (2007). [Americans with Disabilities Act: ADA Checklist for Emergency Shelters.](#)

The Americans with Disabilities Act requires that people with disabilities and others with access and functional needs have equal access to shelters and the benefits they provide, yet providing this access can be challenging for shelter management. This document discusses a few of the most common challenges encountered by emergency shelters and how they can be addressed.

U.S. Department of Justice, Civil Rights Division. (2004). [An ADA Guide for Local Governments: Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities.](#)

This guidance document assists local governments in planning emergency services that address the needs of people with disabilities and others with access and functional needs.

World Health Organization. (2013). [Guidance Note on Disability and Emergency Risk Management for Health.](#)

Together with several stakeholders, the World Health Organization produced this guide for emergency healthcare providers who may treat people with access and functional needs.

## **Plans, Tools, and Templates**

\*Ahronheim, J.C., Arquilla, B., and Greene, R.G. (2009). [Elderly Populations in Disasters: Hospital Guidelines for Geriatric Preparedness.](#) New York City Department of Health and Mental Hygiene.

This toolkit was developed by the New York City Department of Health and Mental Hygiene to help hospitals prepare for treating and managing elderly patients during disasters. Some strategies and recommendations have applicability for other populations with access and functional needs support during disaster operations.

\*Alzheimer's Association and RTI International. (n.d.). [Disaster Preparedness: Home and Community-Based Services for People with Dementia and Their Caregivers.](#) (Accessed 6/9/15.)

This guide provides public health officials, the Aging Services Networks, emergency management personnel, and partners at all jurisdictional levels the critical information, strategies, and resources they need to improve the planning for and protection of vulnerable older adults during emergencies. The toolkit includes lessons learned from model programs or unique examples, and key preparedness actions for states and caregivers.



Arizona Department of Emergency and Military Affairs. (2003). [Access and Functional Needs Planning Tool](#).

This Excel spreadsheet, developed for counties in Arizona, can be manipulated and adapted by other jurisdictions. This tool utilizes 2010 census data. To access, click on “Access and Functional Needs Planning Tool” under Related Links on the right side of the page.

\*Centers for Disease Control and Prevention. (2007). [Reproductive Health Assessment Toolkit for Conflict-Affected Women](#).

This toolkit can be used to quantitatively assess reproductive health risks, services, and outcomes in conflict-affected women between 15 and 49 years of age. Survey data can be used to compare a population across points in time or to make comparisons across populations.

Georgia State Government, ADA Coordinator's Office. (2014). [State of Georgia Functional and Access Needs Support Services Toolkit](#).

This toolkit provides local officials with the means to plan and provide reasonable accommodations for all residents during disaster incidents. The toolkit addresses general emergency planning considerations and also shelter considerations. Chapter 4 addresses medical needs, durable medical equipment considerations, chronic medication issues, and other considerations for individuals with access and functional needs. Though developed for the State of Georgia, it can be utilized by other jurisdictions.

Iowa Department of Health. (2011). [Iowa Access and Functional Needs Planning Toolkit Guidance](#).

This toolkit is designed to help county emergency management agencies integrate access and functional needs considerations into an Emergency Support Function-based All Hazards Emergency Operations Plan. It provides numerous templates and is able to be adapted for state and local use.

Meredith, L.S., Shugarman, L.R., Chandra, A. et al. (2008). [Analysis of Risk Communication Strategies and Approaches with At-Risk Populations to Enhance Emergency Preparedness, Response, and Recovery](#). RAND Corporation.

This assessment is intended to inform planning for risk communication regarding public health emergency preparedness, response, and recovery for individuals with access and functional needs.

Minnesota Department of Public Safety. (2013). [Functional Needs Planning Toolkit for Emergency Planners](#).

This toolkit provides state-level guidance to local governments on creating and implementing plans that are inclusive for those with access or functional needs.

- \*National Health Care for the Homeless Council. (2013). [Surviving Severe Weather: Tools to Promote Emergency Preparedness for People Experiencing Homelessness.](#)

To facilitate discussions about emergency preparedness, the National Health Care for the Homeless Council has developed a series of weather-specific informational flyers specifically for individuals experiencing homelessness. These resources were created with input from people who are formerly and currently homeless and may be of interest to public health educators, emergency management officials, homeless service providers, and homeless community leaders.

- \*New Jersey Office of Emergency Management. (2015). [Disaster Planning Templates for Facilities Housing Individuals with Functional Needs, Elderly or Frail Elderly.](#)

This website offers a collection of templates and training courses for facilities responsible for housing those with access or functional needs.

- Ringel, J.S., Chandra, A., Williams, M., et al. (2010). [Enhancing Public Health Emergency Preparedness for Special Needs Populations: A Toolkit for State and Local Planning and Response.](#) RAND Corporation.

This toolkit can help state and local public health agencies improve their current emergency preparedness activities for residents with special needs. It can also be used by other emergency response agencies and community-based organizations and/or non-governmental organizations to enhance their programming for individuals with access and functional needs.

- \*U.S. Department of Health and Human Services, Administration for Children & Families, Office of Human Services Emergency Preparedness and Response. (2013). [Children and Youth Task Force in Disasters: Guidelines for Development.](#)

This document is intended for emergency management, human services, and public health professionals, and provides guidance on how to launch children and youth task forces for states, tribes, territories, and local communities. It includes planning considerations and case studies from Joplin, Hurricane Isaac, and Superstorm Sandy.

- \*U.S. Department of Health and Human Services, Office for Civil Rights. (2011). [Avoiding Disasters for the “Special Needs Population”: Effective Planning, Response, and Recovery for the Special Needs Population, Consistent with Federal Civil rights Laws.](#)

This training focuses on three specific populations: persons with disabilities, persons from diverse ethnic/racial origins, and those with limited English proficiency. It includes guidance on providing disaster services within the scope of federal civil rights laws.

\*UNC Center for Public Health Preparedness. (2011). [Reproductive Health Assessment After Disasters – A Toolkit for US Health Departments](#).

The Reproductive Health Assessment Toolkit can help healthcare providers assess the reproductive health needs of women aged 15-44 after a disaster. It includes links to a variety of resources including checklists, training resources, and instructions for analysis.

### **Population-Specific Resources: *Children***

**Note:** This sub-category is specific to public health and community pediatric disaster resources. Information on pediatric disaster medical care can be found in the [ASPR TRACIE Pediatric Topic Collection](#).

American Academy of Pediatrics. (2013). [Children and Disasters: Children and Youth with Special Needs](#).

This fact sheet discusses how pediatricians can help families with children and youth with special needs prepare for emergencies. It includes information for pediatricians to speak with families about preparedness kits; written disaster plans; transportation needs; medication and equipment; and coping and adjustment.

American Academy of Pediatrics. (2013). [Pediatric Preparedness Resource Kit](#).

This kit allows pediatricians, public health leaders and other pediatric care providers to assess what is happening in their community or state, and help determine what needs to be done before an emergency or disaster. The kit also promotes collaborative discussions and decision making about pediatric preparedness planning.

Baker, L.R., and Baker, M.D. (2010). [Disaster Preparedness among Families of Children with Special Health Care Needs](#). *Disaster Medicine and Public Health Preparedness*. 4(3):240-5. (Abstract only).

This study examined the level of personal disaster preparedness among families with children with special healthcare needs in relation to the general population, and explored whether special healthcare needs or perception of disaster risk affects preparedness levels. Results indicated that in spite of significant special healthcare needs and concern about disasters, families remain unprepared for a disaster event.

\*Centers for Disease Control and Prevention. (2013). [Caring for Children in a Disaster](#).

Parents, teachers, doctors and nurses are just some of the people who can help children get ready for and cope with disasters. Parents, schools, and childcare centers can prepare so that children can be as safe as possible during and after a disaster. These comprehensive resources help the whole community address the unique needs of children in disasters.

Disaster Preparedness Advisory Council, Committee on Pediatric Emergency Medicine. (2015). [Ensuring the Health of Children in Disasters](#). American Academy of Pediatrics. 136(5): e1407-e1417.

This policy statement addresses how pediatricians and others involved in the care and well-being of children can prepare for and mitigate the effects of disasters, encourage preparedness and resiliency among children and families and within communities, and ensure that children's needs, including those of children and youth with special healthcare needs, are not neglected in planning, response, and recovery efforts.

Institute of Medicine. (2013). [Medical and Public Health Preparedness, Response, and Recovery Considerations for Children and Families](#).

The workshop reviewed tools, frameworks, and past experiences on topics including: healthcare coalitions and their challenges, benefits, and best practices; integrating children- and family-serving organizations into state and local planning; understanding the barriers to financing healthcare for children in emergencies; examining the needs of children and families related to shelter operations, nutrition, family reunification, mental health, and temporary child care; existing best practices and potential future strategies for emergency response; fostering recovery through community resilience; and approaches and interventions that promote the social and economic well-being of children after disasters.

National Commission on Children and Disasters. (2010). [2010 Report to the President and Congress](#).

The National Commission on Children and Disasters is an independent, bipartisan body established by Congress and the President to identify gaps in the Nation's disaster preparedness, response, and recovery for children and make recommendations to close the gaps. In its October 2009 Interim Report, the Commission found serious deficiencies in the state of emergency preparedness for children. The 2010 Report to the President and Congress builds on the findings and recommendations in that Report. The Commission examined and assessed the needs of children in relation to the preparation for, response to, and recovery from all hazards, including major disasters and emergencies.

Peacock, G., Moore, C., and Uyeki T. (2012). [Children with Special Health Care Needs and Preparedness: Experiences with Seasonal Influenza and the 2009 H1N1 Influenza Pandemic](#). Disaster Medicine and Public Health Preparedness. 6(2). (Abstract only.)

The authors discuss how the experiences from the 2009 H1N1 Influenza pandemic can help plan for the needs of children with special healthcare needs during emergencies.

Tennessee Emergency Medical Services for Children. (2012). [Children with Special Needs: Considerations for Healthcare Professionals](#).

This online course reviews several distinctive characteristics of children with special needs, including children with life support systems, and neurological, mobility, visual, hearing, mental, hyperactivity, and behavioral disorders. The information is pediatric-specific and will help hospitals prepare to care for this population during disasters.

U.S. Department of Education, U.S. Department of Health and Human Services, U.S. Department of Homeland Security, U.S. Department of Justice, Federal Bureau of Investigation, and Federal Emergency Management Agency. (2013). [Guide for Developing High-Quality School Emergency Operations Plans](#).

This guide provides information on school emergency management planning; process for developing, implementing, and refining a school emergency operations plans; discussion of school emergency operations plans; and key topics that support school emergency planning.

U.S. Department of Health and Human Services. (2014). [2012-2013 Report of the Children's HHS Interagency Leadership on Disasters \(CHILD\) Working Group: Update on Departmental Activities and Areas for Future Consideration](#).

The U.S. Department of Health and Human Services' (HHS) CHILD Working Group Update describes the progress HHS has made since 2011 to address the needs of children in disasters and highlights three new focus areas: pregnant and breastfeeding women and newborns, children at heightened risk, and interdepartmental and non-governmental organization collaboration.

\*U.S. Department of Health and Human Services, Administration for Children & Families, Office of Human Services Emergency Preparedness and Response. (2013). [Children and Youth Task Force in Disasters: Guidelines for Development](#).

This document is intended for emergency management, human services, and public health professionals, and provides guidance on how to launch children and youth task forces for states, tribes, territories, and local communities. It includes planning considerations and case studies from Joplin, Hurricane Isaac, and Superstorm Sandy.

U.S. Department of Health and Human Services, Administration for Children & Families, Office of Human Services Emergency Preparedness and Response. (2014). [New York Children's Issues Task Force: Lessons Learned from Response and Recovery in Superstorm Sandy in New York](#).

As a supplement to the U.S. Department of Health and Human Services' "Children and Youth Task Force in Disasters: Guidelines for Development," this document provides a more in-depth look at the New York Children's Issues Task Force formation, meetings logistics, challenges and issues tackled, and outcomes. This lessons learned document can help with jurisdictions seeking to establish a similar task force pre- or post-disaster.

U.S. Department of Health and Human Services, Administration for Children and Families, Youth and Families, Family and Youth Services Bureau. (2009). [Ready for Anything: A Disaster Planning Manual for Runaway and Homeless Youth Programs.](#)

This document is designed to help staff at youth-serving agencies construct a successful emergency preparedness plan. It includes worksheets and checklists to guide staff step-by-step through the process of creating an emergency preparedness plan for their agency.

U.S. Government Accountability Office. (2013). [National Preparedness: Efforts to Address the Medical Needs of Children in a Chemical, Biological, Radiological, or Nuclear Incident.](#)

The U.S. Government Accountability Office was asked about efforts to address the needs of children in the event of a CBRN (chemical, biological, radiological, and nuclear) incident. This report examines (1) the percentage of CBRN medical countermeasures in the Strategic National Stockpile that are approved for pediatric use; (2) the challenges the U.S. Department of Health and Human Services (HHS) faces in developing and acquiring CBRN medical countermeasures for the pediatric population, and the steps it is taking to address them; and (3) the ways that HHS has addressed the dispensing of pediatric medical countermeasures in its emergency response plans and guidance, and ways that state and local governments have addressed this issue.

### **Population-Specific Resources: *Cultural and Linguistic Diversity***

Health Outreach Partners and Migrant Health Promotion. (n.d.). [Including Outreach Workers and Community Health Workers in Health Center Emergency Preparedness and Management.](#)

This tip sheet focuses on how outreach workers can support basic emergency management expectations for health centers, including emergency management planning, linkages and collaborations, and communication and information sharing.

Healthy Roads Media. (2012). [Welcome to Healthy Roads Media: A Source of Quality Health Information in Many Languages and Multiple Formats.](#)

Health information access is a basic healthcare need. Literacy, health-literacy, and language limitations; illness; aging and disability, are all issues that can pose barriers to obtaining basic health information. This site contains health education materials in a number of languages and a variety of formats. They are developed to provide health information for diverse populations in a variety of settings.

Lippmann, A. (2009). [Disaster Threats to Vulnerable Populations: Cultural Competency Critical to Disaster Threats.](#)

This study examines the link between culture and emergency preparedness. It focuses on preparing individuals with access and functional needs for emergencies, and identifying the need for developing culturally competent protocols in response to disaster threats.

The National Disaster Interfaiths Network (NDIN) and the USC Center for Religious & Civic Culture. (2014). [Field Guide Primer: Religious Literacy Primer for Crises, Disasters and Public Health Emergencies.](#)

This field guide provides information on basic religious literacy for more than 20 of the largest faith communities in the United States and can help assist healthcare emergency managers understand how faith communities and emergency management intersect.

U.S. Department of Health and Human Services, Office of Minority Health. (2011). [Guidance for Integrating Culturally Diverse Communities into Planning for and Responding to Emergencies: A Toolkit.](#)

This toolkit was developed to provide preparedness planning and response agencies, organizations, and professionals with practical strategies, resources and examples of models for improving existing activities and developing new programs to meet the needs of racially and ethnically diverse populations.

\*U.S. Department of Health and Human Services, Office of Minority Health. (2013). [Cultural Competency Curriculum for Disaster Preparedness and Crisis Response.](#)

This set of courses is designed to integrate knowledge, attitudes, and skills related to cultural competency in order to help lessen racial and ethnic healthcare disparities brought on by disaster situations.

U.S. Government Accountability Office. (2011). [Influenza Pandemic: Lessons from the H1N1 Pandemic Should Be Incorporated into Future Planning.](#)

This report from the U.S. Government Accountability Office discusses lessons learned from the H1N1 pandemic, including the need to better reach non-English speakers. The report highlights promising practices to meet the needs of culturally diverse communities from local jurisdictions across the country, in addition to recommendations for future planning at the federal-level.

### **Population-Specific Resources: *People Experiencing Homelessness***

Edgington, S. (2009). [Disaster Planning for People Experiencing Homelessness.](#) National Health Care for the Homeless Council.

This publication provides an overview of important issues to consider when planning for the needs of individuals experiencing homelessness during disasters. Practical guidance is offered to local officials, emergency planners, homeless service providers and others who are involved in their community's emergency planning process. The final part of this publication encourages Health Care for the Homeless providers and others involved in homeless service provision to participate in disaster planning efforts in their communities.

Edgington, S. (2010). [No One Left Behind: Disaster Planning for People Experiencing Homelessness](#). National Health Care for the Homeless Council.

This presentation addresses ways to minimize the impact of disasters for individuals experiencing homelessness by identifying and addressing access and functional needs that may result from exposure to environmental hazards.

National Health Care for the Homeless Council. (2014). [Integrating Homeless Service Providers and Clients in Disaster Preparedness, Response, and Recovery](#).

This issue brief outlines strategies to integrate the needs of people experiencing homelessness into broader emergency preparedness efforts. It examines homeless individuals' and service providers' awareness and perception of targeted preparedness efforts, and offers recommendations for other communities looking to improve disaster assistance for people experiencing homelessness.

\*National Health Care for the Homeless Council. (2013). [Surviving Severe Weather: Tools to Promote Emergency Preparedness for People Experiencing Homelessness](#).

To facilitate discussions about emergency preparedness, the National Health Care for the Homeless Council has developed a series of weather-specific informational flyers specifically for individuals experiencing homelessness. These resources were created with input from people who are formerly and currently homeless and may be of interest to public health educators, emergency management officials, homeless service providers, and homeless community leaders.

U.S. Department of Health and Human Services, Assistant Secretary for Preparedness and Response. (n.d.). [Disaster Response for Homeless Individuals and Families: A Trauma-Informed Approach](#). (Accessed 6/11/15.)

This information sheet provides considerations for planning for disasters to include individuals and families experiencing homelessness using a trauma-informed approach. A trauma-informed approach acknowledges past trauma and the current impact it may have on the lives of anyone receiving services or support.

### **Population-Specific Resources: *Older Adults***

\*Ahronheim, J.C., Arquilla, B., and Greene, R.G. (2009). [Elderly Populations in Disasters: Hospital Guidelines for Geriatric Preparedness](#). New York City Department of Health and Mental Hygiene.

This toolkit was developed by the New York City Department of Health and Mental Hygiene to help hospitals prepare for treating and managing older adult patients during disasters. Some strategies and recommendations have applicability for other populations with access and functional needs support during disaster operations.



\*Alzheimer's Association and RTI International. (n.d.). [Disaster Preparedness: Home and Community-Based Services for People with Dementia and Their Caregivers](#). (Accessed 6/9/15.)

This guide provides public health officials, the Aging Services Networks, emergency management personnel, and partners at all jurisdictional levels the critical information, strategies, and resources they need to improve the planning for and protection of vulnerable older adults during emergencies. The toolkit includes lessons learned from model programs or unique examples, and key preparedness actions for states and caregivers.

Brown, L.M., Dosa, D.M., Thomas, K., et al. (2012). [The Effects of Evacuation on Nursing Home Residents with Dementia](#). (Abstract Only.) American Journal of Alzheimer's Disease & Other Dementias. 27(6): 406-412.

This study observed 21,255 residents living in 119 at-risk nursing homes over three years, and assessed the effects of their evacuation after Hurricane Gustav. The authors conclude that there was an increase in death rates of residents with severe dementia that evacuated for the hurricane.

Centers for Disease Control and Prevention. (2012). [Emergency Preparedness for Older Adults](#).

This portal provides links to information, tools, and resources to assist in multi-sector planning for older adults in all-hazard emergencies. In addition to planning tools, this site also includes legal information and training resources.

Centers for Disease Control and Prevention. (2012). [Identifying Vulnerable Older Adults and Legal Options for Increasing Their Protection During All-Hazards Emergencies: A Cross-Sector Guide for States and Communities](#).

This planning guide for community-dwelling older adults during public health emergencies provides recommendations for developing plans, partnering with key stakeholders, building registries and using data, and integrating shelter and caregiver preparedness. The guide is written for public health officials, aging services network, emergency managements, and other partners at all jurisdictional levels.

Florida Department of Health, Bureau of Preparedness & Response. (2014). [Continuum of Care Model: Caring for Elders during Disasters: A Guide for Community-Based Planning](#). U.S. Department of Health and Human Services, Assistant Secretary for Preparedness & Response.

The purpose of this project was to provide information and resources to guide and support local communities in their efforts to develop and sustain a continuum of care for older adults during disasters. This document provides a comprehensive guide to communities for engaging older adult care stakeholders in the preparedness, response, and recovery cycles of all-hazards disaster management.

Gotanda, H., Fogel, J., Levine, J.M., et al. (2015). [Hurricane Sandy: Impact on Emergency Department and Hospital Utilization by Older Adults in Lower Manhattan, New York \(USA\)](#). *Prehospital and Disaster Medicine*. 30(5): 496-502.

The authors examined emergency department (ED) visits by geriatric patients in Manhattan after Hurricane Sandy. Older patients were more likely to report to the ED than younger patients because of secondary effects of power outages (e.g., on dialysis and respiratory treatment).

Jenkins, J., Levy, M., Rutkow, L., and Spira, A. (2014). [Variables Associated with Effects on Morbidity in Older Adults Following Disasters](#). *PLOS Currents Disasters*.

The authors examined nine studies for comprehensive review on variable that are associated with older adults and poor health outcomes during disasters. They found several factors related to an increased risk of morbidity (e.g., the need for prescription medications, low social support, visual and hearing impairment, impaired mobility, and poor economic status).

U.S. Department of Health and Human Services, Office of the Inspector General. (2006). [Nursing Home Emergency Preparedness and Response During Recent Hurricanes](#).

This report is the result of a study conducted by the Inspector General of the U.S. Department of Health and Human Services following the 2005 Hurricane Season. The purpose of the study was to determine the national and Gulf State incidence of nursing home deficiencies for lack of emergency preparedness, to examine the experiences of Gulf State nursing homes during recent hurricanes, and to review the emergency preparedness plans of selected nursing homes.

### **Population-Specific Resources: *People with Chronic Medical Conditions***

Miller, A.C., Arquilla, B. (2008). [Chronic Diseases and Natural Hazards: Impact of Disasters on Diabetic, Renal, and Cardiac Patients](#). (Abstract only.)

The following study assessed the burden of chronic renal failure, diabetes, and cardiovascular disease during disasters due to natural hazards, identified impediments to care, and proposes solutions to improve disaster preparation and management of those with chronic disease.

National Association of County and City Health Officials. (2009). [Special Needs Population: Emergency Management of Bariatric Patients.](#)

Morbidly obese patients present challenges in emergency management, from adequate rescue transportation modes, to beds and chairs that will be needed to support them in shelter settings. In addition, this population may require a high degree of assistance, and are probably more likely to require hospitalization during and after a disaster event because of their co-morbidities such as hypertension and sleep apnea. This document addresses planning considerations for emergency managers and healthcare systems in communities affected by disasters.

Sharma, A.J., Weiss, E.C., Young, S.L. et al. (2008). [Chronic Disease and Related Conditions at Emergency Treatment Facilities in the New Orleans Area after Hurricane Katrina.](#) (Abstract only.)

This abstract of research conducted after Hurricane Katrina describes the results of a study related to chronic disease and related conditions (CDRCs) patient populations.

U.S. Department of Health and Human Services. (2011). [Guidance for Non-HIV-Specialized Providers Caring for HIV-Infected Residents Displaced from Disaster Areas: Essential Information for Managing HIV-Infected Patients Receiving Antiretroviral Therapy.](#)

The following information provides guidance to healthcare providers attending to the medical needs of HIV-infected adults (including pregnant women) or children displaced from disaster areas who have not yet secured HIV care in the areas where they have relocated.

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (2012). [Planning Considerations for the Extremely Obese in Disasters and Public Health Emergencies.](#)

Results from the latest National Health and Nutrition Examination Survey (NHANES), indicate that an estimated 5.7% of U.S. adults aged 20 years and over are extremely obese. Considerations for extremely obese individuals are critical when planning for emergency preparedness, response, and recovery, as they will require more resources and may present significant logistical challenges in patient transport and patient care. This resource guide addresses planning considerations for caring for the extremely obese during disasters.

U.S. Food and Drug Administration. (n.d.). [FDA Offers Tips about Medical Devices and Hurricane Disasters](#). (Accessed 6/11/15.)

This website offers guidance on the general safety and operation of medical devices following hurricanes.

U.S. Food and Drug Administration. (2013). [Information Regarding Insulin Storage and Switching Between Products in an Emergency](#).

Insulin from various manufacturers is often made available to patients in an emergency and may be different from a patient's usual insulin. After a disaster, patients in the affected area may not have access to refrigeration. This website provides information for patients and providers regarding those issues.

U. S. Food and Drug Administration. (n.d.). [Safe Drug Use after a Natural Disaster](#). (Accessed 6/11/15.)

The Center for Drug Evaluation and Research (CDER) at the U.S. Food and Drug Administration offers information on the use of drugs that have been potentially affected by fire, flooding or unsafe water, and the use of temperature-sensitive drug products when refrigeration is temporarily unavailable.

### **Population-Specific Resources: *Tribal Communities***

Bryan, R., McLaughlin Schaefer, R., DeBruyn, L., and Stier, D. (2009). [Public Health Legal Preparedness in Indian Country](#).

This article describes the how tribal laws impact public health preparedness. The study of 70 tribal codes found 14 (20%) had no clearly identifiable public health provisions and the remaining codes were rarely well-integrated or comprehensive.

Federal Emergency Management Agency (FEMA). (n.d.) [Ready Indian Country](#). (Accessed 6/10/15.)

The goal of *Ready Indian Country* is to collaborate with tribal governments to build emergency management capability and partnerships to ensure continued survival of tribal nations and communities. The website provides brochures, public service announcements, and poster resources.

Heritage Preservation. (2010). [Getting Ready in Indian Country: Emergency Preparedness and Response for Native American Cultural Resources](#).

This document provides emergency preparedness considerations specifically for Native American interests. It has three parts: (1) a brief report exploring the issues and making recommendations to address those issues; (2) an “Inventory of Disaster Resources for Cultural Heritage;” and (3) Preparedness Discussion Questions designed to be shared

within and among tribal nations. Taken as a whole, the report and accompanying tools are intended to advance emergency preparedness, stimulate discussion, and inspire new initiatives in American Indian/Alaska Native (AI/AN) communities.

National Library of Medicine. (n.d.) [People & Traditions – Tribal Preparedness for Emergencies and Disasters](#). (Accessed 6/10/15.)

This site provides a compilation of resources by the National Library of Medicine related to tribal preparedness for emergencies.

U.S. Department of Health and Human Services, Indian Health Service. (2000). [Indian Health Manual, Chapter 17. Emergency Medical Services](#).

This chapter provides historical background, reference information, guidelines, and suggested resources for the provision of high quality emergency medical care to American Indian/Alaska Native (AI/AN) people. This chapter revises Indian Health Service (IHS) policy regarding Emergency Medical Services (EMS). The chapter can serve as an administrative handbook for individuals and organizations seeking to provide EMS services. The actual provision of clinical care is not discussed in this chapter.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2009). [Cultural Card: A Guide to Build Cultural Awareness: American Indian and Alaska Native](#).

The purpose of this guide is to provide basic information for Federal disaster responders and other service providers who may be deployed or otherwise assigned to provide or coordinate services in American Indian/Alaska Native (AI/AN) communities.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2014). [Tips for Disaster Responders: Cultural Awareness When Working in Indian Country Post Disaster](#).

This tip sheet for behavioral health responders outlines the types of traumatic events that can occur in Indian Country and examples of effective response techniques such as use of traditional teachings and talking circles.

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2014). [Tips for Disaster Responders: Understanding Historical Trauma When Responding to an Event in Indian Country](#).

This tip sheet for responders provides a description of the effects of historical trauma on Native Americans, and tips for how responders can respond effectively to a disaster or other traumatic event in Indian Country.

## Population-Specific Resources: *Women and Gender Issues*

Bucio, G.O. (2011). [Helping Latin-American Immigrant Pregnant Women Exposed to Trauma: Reflections on Mirroring.](#)

The author explains mirroring (how babies "see" themselves in their mothers' faces) and how it is impacted by trauma. She also shares lessons learned from personal experience that can be applied to women seeking help after a disaster.

\*Centers for Disease Control and Prevention. (2007). [Reproductive Health Assessment Toolkit for Conflict-Affected Women.](#)

This toolkit can be used to quantitatively assess reproductive health risks, services, and outcomes in conflict-affected women between 15 and 49 years of age. Survey data can be used to compare a population across points in time or to make comparisons across populations.

Centers for Disease Control and Prevention. (2011). [Pregnancy Risk Assessment Monitoring System.](#)

The Pregnancy Risk Assessment Monitoring System (PRAMS), is a surveillance project of the Centers for Disease Control and Prevention (CDC) and state health departments. PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. PRAMS was recently used to survey women regarding flu vaccination during their most recent pregnancies (including before pregnancy, during pregnancy, and postpartum) and could be used to assess other emergency health behaviors.

Centers for Disease Control and Prevention. (2014). [Critical Needs in Caring for Pregnant Women During Times of Disaster for Non-Obstetric Health Care Providers.](#)

This tip sheet addresses the critical obstetric considerations for non-obstetric providers for patients relocated due to disasters.

Centers for Disease Control and Prevention. (2014). [Health Indicators for Disaster-Affected Pregnant Women, Postpartum Women, and Infants.](#)

This guide provides health assessment and surveillance techniques for disaster-affected pregnant and postpartum women and infants by using common epidemiologic indicators to affect public health interventions.

Centers for Disease Control and Prevention, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. (n.d.). [Estimating the Number of Pregnant Women in a Geographic Area.](#) (Accessed 2/9/2016.)

This factsheet describes the process used to estimate the number of pregnant women in a United States jurisdiction at any given time. It can be used by emergency planners to ensure adequate resource allocation and tailored planning.

Haeri, S. and Marcozzi, D. (2015). [Emergency Preparedness in Obstetrics](#). *Obstetrics and Gynecology*. 125(4):959-70. (Abstract only.)

The authors emphasize the need for emergency preparedness discussions and actions among obstetric providers, tailored plans for pregnant women and their families, and all-hazards hospital planning.

Harville, E.W., Xiong, X., and Buekens, P. (2010). [Disasters and Perinatal Health: A Systematic Review](#). *Obstetrics and Gynecological Survey*. 65(11): 713–728.

The authors examine the existing evidence on the effect of disasters on perinatal health. While there is evidence that disaster impacts maternal mental health outcomes and some perinatal health outcomes, the authors suggest that future research focus on under-studied outcomes such as spontaneous abortion.

Johnson, A. and Boyle, C. (2010). [Newborn Screening Contingency Plan \(CONPLAN\): Update](#).

In this plan, the authors emphasize the need to develop plans for newborn screening before an emergency or disaster. Doing so can ensure that newborn screening can continue and newborns can be protected in any type of environment.

National Working Group for Women and Infant Needs in Emergencies in the United States. (2007). [Women and Infants Service Package \(WISP\)](#).

This report was part of an extensive review of existing state and federal emergency plans in 2006 which found that little to no specific attention was given to this population. The goal of WISP is to ensure that the health care needs of pregnant women, new mothers, fragile newborns, and infants are adequately met during and after a disaster.

New York State Department of Health, Health Emergency Preparedness Program, and Division of Family Health Office of the Medical Director. (2010). [Pediatric and Obstetric Emergency Preparedness Toolkit](#).

This toolkit is especially designed for those hospitals that do not have pediatric intensive care services or obstetric or newborn services, and must prepare for such patients during a disaster. Hospitals should use this document to inform their facility-specific plans.

Nour, N.N. (2011). [Maternal Health Considerations During Disaster Relief](#). *Reviews in Obstetrics & Gynecology*. 4(1): 22-27.

This article describes the vulnerabilities women can face before, during, and after disasters and how health practitioners can be engaged to improve women's health outcomes.

Pinkert, M., Dar, S., Goldberg, D., et al. (2013). [Lessons Learned from an Obstetrics and Gynecology Field Hospital Response to Natural Disasters](#). *Obstetrics and Gynecology*. 122(3): 532-536. (Abstract only.)

Field hospital teams from the Israel Defense Forces were deployed to Haiti and Japan in response to natural disasters. The authors stress the importance of sending obstetrician-gynecologists on disaster response missions and share ten lessons learned from both deployments.

Stanford Medicine Obstetrics and Gynecology. (2015). [Stanford Disaster Planning Toolkit](#).

This webpage contains components of a disaster planning toolkit for hospital Obstetrics and Gynecology departments, and addresses the issues of evacuation of labor and delivery and antepartum units as well as shelter-in-place for actively laboring patients. It includes generic forms hospitals may use for their plans.

The American College of Obstetricians and Gynecologists. (2010). [Preparing for Disasters: Perspectives on Women](#).

This Committee Opinion from the Committee on Healthcare for Underserved Woman addresses the unique healthcare needs of women, infants, and children during disasters. It specifically addresses the increased number of infants with intrauterine growth restriction and other adverse perinatal conditions, risks of preterm delivery, continuation of healthcare and post-partum nutrition, and risks of sexual assault and access to contraception.

U.S. Army Medical Department. (n.d.). [DoD/VA Pregnancy Passport](#).

Pregnant women can download and complete this form to keep track of key pregnancy information. The form can also be useful in the event of an emergency should care be needed away from a pregnant women's regular hospital or clinic.

U.S. Department of Health and Human Services, Office of the Administration for Children & Families, Office of Human Services Emergency Preparedness & Response. (2013). [Infant Feeding During Disasters](#).

This infographic summarizes key points including the importance of continued breastfeeding, common nursing challenges, and how first responders and other providers can assist and support women to continue breastfeeding.

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (2006). [Delivering Gender-Informed Health Services in Emergencies](#).



In emergencies, the physical and mental health of girls, women, boys, and men can be affected in a variety of ways. Differences are correlated to gender in terms of exposure to and perceptions of risk, preparedness, response, and physical and psychological impact, as well as capacity to recover. Gender groups may also experience trauma in different ways. This tip sheet describes considerations for gender-informed planning for disasters.

U.S. Department of Health and Human Services, Office of Women's Health. (2011). [Emergency Preparedness](#).

This website, created by the Office of Women's Health, provides information on emergency planning for pregnant women and new mothers (e.g., hygiene, disaster supply kit materials, and information on how to carry a baby in a sling for safe transport).

\* UNC Center for Public Health Preparedness. (2011). [Reproductive Health Assessment After Disasters – A Toolkit for US Health Departments](#).

The Reproductive Health Assessment Toolkit can help healthcare providers assess the reproductive health needs of women aged 15-44 after a disaster. It includes links to a variety of resources including checklists, training resources, and instructions for analysis.

Voxiva Inc. and ZERO TO THREE. (2015). [Text4baby](#).

Text4baby is the nation's first free mobile phone messaging health service. It aims to reduce barriers to accessing information and resources, increase knowledge around key health topics, and improve positive health behaviors. In the event of an emergency, it could be used to communicate with expectant and new mothers regarding health-specific topics (e.g., vaccination, treatment).

Zotti, M.E., Williams, A.M., Robertson, M., et al. (2013). [Post-Disaster Reproductive Health Outcomes](#). *Maternal Child Health Journal*. 17(5): 783–796. (Abstract only.)

The authors examine disaster-related effects on reproductive health outcomes and fertility among women of reproductive age and infants in the U.S.

Zotti, M.E., Williams, A.M., and Wako, E. (2015). [Post-Disaster Health Indicators for Pregnant and Postpartum Women and Infants](#). *Maternal Child Health Journal*. 19(6):1179-88. (Abstract only.)

The authors identify post-disaster epidemiologic indicators for pregnant and postpartum women and their infants.

## Agencies and Organizations

**Note:** The agencies and organizations listed in this section have a page, program, or specific research dedicated to this topic area.

Act on Alzheimer's. [Local Government: Planning and Emergency Response.](#)

Centers for Disease Control and Prevention. [Information on Pregnant Women.](#)

[EPI Global \(formerly known as the National Organization on Disability's Emergency Preparedness Initiative\).](#)

Federal Emergency Management Agency. [Resources for Other Languages.](#)

National Institutes of Health, National Library of Medicine. [Health Reach.](#)

[National Language Service Corps.](#)

[National Organization on Disability.](#)

U.S. Department of Health and Human Services, Administration for Children and Families, [Office of Human Services Emergency Preparedness and Response.](#)

U.S. Department of Health and Human Services, Assistant Secretary for Preparedness and Response. [Access and Functional Needs.](#)

U.S. Department of Health and Human Services, Health Resources and Services Administration. [Emergency Medical Services for Children Program.](#)

U.S. Department of Health and Human Services. [Office for Civil Rights.](#)

U.S. Department of Health and Human Services. [Office on Disability, Aging, and Long Term Care Policy.](#)

U.S. Department of Health and Human Services. [Office of Minority Health.](#)

U.S. Department of Labor. [Office of Disability.](#)

U.S. General Services Administration. [Language Services - Schedule 738 II.](#)

*This ASPR TRACIE Topic Collection was comprehensively reviewed in June 2015 by the following subject matter experts (listed in alphabetical order): **Elizabeth Davis**, JD, EdM, EAD & Associates, LLC; **Daniel Dodgen**, PhD, Division for At-Risk Individuals, Behavioral Health, and Community Resilience, HHS ASPR; **LT Tala Hooban**, MPH, CHES, CPH, HHS Administration for Children and Families, Office of Human Services Emergency Preparedness and Response; **June Isaacson Kailes**, Disability Policy Consultant, Associate Director at Harris Family Center for Disability and Health Policy, Western University of Health Sciences; **Cheryl Levine**, PhD, Division for At-Risk Individuals, Behavioral Health, and Community Resilience, HHS ASPR; **Jed Levine**, Alzheimer’s Association, New York City Chapter; **Mary Casey Lockyer**, American Red Cross; **LT Darielis Williams**, HHS Administration for Children and Families, Office of Human Services Emergency Preparedness and Response.*

*Additional assistance provided by **Kristine Finne**, HHS/ASPR/OPP/Division of Health System Policy (DHSP); and **John Hick**, MD, HHS ASPR and Hennepin County Medical Center.*