Three HHS/ASPR Products for Disaster Planning for the Aging and Disability Networks, Addressing Access and Functional Needs, and emPOWERing Communities

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HHS/ASPR Addressing Access and Functional Needs

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Background on ASPR
HHS Requirements for At-Risk Individuals

Pandemic and All-Hazards Preparedness and Advancing Innovation Act (2019) includes updated language under the Public Health Service Act (PHSA).

- **Section 2802** requires taking into account the public health and medical needs of at-risk individuals. It defines at-risk individuals as children, pregnant women, older adults, individuals with disabilities, and others who may have *access or functional needs* in the event of a public health emergency as determined by the Secretary of Health and Human Services.

- Examples of other populations may include but are not limited to individuals from diverse cultures, individuals who have limited English proficiency or are non-English speaking, individuals who are transportation disadvantaged, individuals experiencing homelessness, individuals who have chronic health conditions, and individuals who have pharmacological dependency.
ASPR Activities to Address At-Risk Individuals

Section 2814 (PHSA) establishes nine requirements for addressing the access and functional needs of at-risk individuals:

1. Monitor emerging issues
2. Oversee implementation of preparedness goals
3. Assist federal agencies in preparedness activities
4. Provide guidance on preparedness and response strategies and capabilities
5. Ensure the strategic national stockpile addresses the needs of at-risk populations
6. Develop curriculum for public health and medical response training
7. Disseminate and update best practices
8. Ensure communication addresses the needs of at-risk populations
9. Ensure coordination to detect emerging public health threats and adverse health outcomes that may affect at-risk individuals, such as pregnant and postpartum women and infants
I. New Training:

HHS/ASPR
Access and
Functional Needs
Web-Based
Training
AFN Web-Based Training: Introduction

This course will define the concept and requirements for addressing the access and functional needs (AFN) of at-risk individuals, and will provide tools and resources to help you address the AFN of at-risk individuals during disaster preparedness, response, and recovery activities.

- Available on the TRAIN Learning Management System
- Free
- Online (own-pace)
- 90 minutes
- CEU (forthcoming)
Why use the term “access and functional needs”?

What are “access and functional needs”?

People with “access and functional needs” (AFN) require assistance due to any condition (temporary or permanent) that limits their ability to take action.

- **Access-based Needs**
  - “Ensures resources are accessible to all individuals, such as social services, accommodations, information, transportation, medications to maintain health,” etc.

- **Function-based Needs**
  - “Restrictions or limitations an individual may have that require assistance before, during, and/or after a disaster or public health emergency”

Access and functional needs may overlap.
Comprehensive: Who has access and functional needs?

At-risk individuals with AFN can include:

- Children
- People Who Live in Institutional Settings
- Older Adults
- Pregnant Women
- People with Disabilities
- People with Chronic Conditions
- People with Pharmacological Dependency
- People with Limited Access to Transportation
- Limited English Proficiency/Non-English Speakers
- People with social and economic limitations
- Individuals Experiencing Homelessness
People with AFN require assistance due to any condition (temporary or permanent) that limits their ability to take action.

- AFN may be temporary or permanent
- Some people with AFN may not self-identify
- Some individuals with AFN may have legal protections

~50%
Disaster Guidance

The **National Response Framework** and the **National Disaster Recovery Framework** guide the nation’s response to and recovery from disasters and emergencies, incorporate nondiscrimination principles, and emphasize the importance of providing equal access to emergency related services for the whole community.
# Federal Laws and Executive Orders

<table>
<thead>
<tr>
<th>People with Disabilities</th>
<th>Older Adults</th>
<th>Limited English Proficiency</th>
<th>Race/ Color/ National Origin</th>
<th>Sex</th>
<th>Socio-economic Status</th>
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<th>Federal Law/Regulation/Authority</th>
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<td>Public Health Service (PHS) Act of 1944</td>
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<td>Age Discrimination Act of 1975</td>
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<tr>
<td>Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988</td>
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<td>Executive Order 13347 - Individuals with Disabilities in Emergency Preparedness</td>
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<tr>
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### Five Categories of the CMIST Framework

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>C</strong> Communication:</td>
<td>Individuals who speak sign language, have limited English proficiency (LEP), or have limited ability to speak, see, hear, or understand</td>
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<tr>
<td><strong>M</strong> Maintaining Health:</td>
<td>Individuals who require specific medications, supplies, services, durable medical equipment, electricity for life-maintaining equipment, breastfeeding and infant/childcare, nutrition, etc.</td>
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<tr>
<td><strong>I</strong> Independence:</td>
<td>Individuals who function independently with assistance from mobility devices or assistive technology, vision and communication aids, services animals, etc.</td>
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<tr>
<td><strong>S</strong> Support and Safety:</td>
<td>Some individuals may become separated from their caregivers and need additional personal care assistance; experience higher levels of distress and needs support for anxiety, psychological, or behavioral health needs; or require a trauma-informed approach or support for personal safety</td>
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<tr>
<td><strong>T</strong> Transportation:</td>
<td>Individuals lack access to personal transportation, are unable to drive due to decreased or impaired mobility that may come with age and/or disability, temporary conditions, injury, or legal restriction</td>
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Tool for Addressing AFN: CMIST Framework

• Flexible, cross-cutting approach

• Address a broad set of common AFNs irrespective of diagnoses, statuses, or labels

• Useful to facilitate planning with Public Health and Emergency Management partners

• Not mutually exclusive, an individual many have AFN in multiple categories
For each category of the CMIST Framework, web-based training describes:

- Why it’s important (disaster planning)
- Planning considerations including suggested:
  - Data
  - Partners
HHS/ASPR Access and Functional Need Web-Based Training

Course ID # 1083869

Learning credits coming soon – continuing education units (CEU) certification is underway.

Course time: approximately 1½ hour

www.phe.gov/abc
II. New Toolkit: 
**Capacity-Building Toolkit for Including Aging and Disability Networks in Emergency Planning**
Capacity-Building Toolkit

• HHS: ASPR & ACL
• National Association of County and City Health Officials (NACCHO)
• Association of State and Territorial Health Officials (ASTHO)

www.phe.gov/abc
ACL’s Aging & Disability Networks

Aging Network Partners
- Area Agencies on Aging (AAAs)
- State Units of Aging (SUAs)

Disability Network Partners
- Centers for Independent Living (CILs)
- Statewide Independent Living Councils (SILCs)
- Developmental Disability Councils (DD Councils)
- Protection and Advocacy Systems (P&As)
- University Centers for Excellence in Developmental Disabilities (UCEDDs)
- State Grants for Assistive Technology (AT) Programs
Purpose of the Capacity-Building Toolkit

Ensure equal access to our nation’s emergency preparedness, response and recovery resources

• Provide information and resources for the Aging and Disability Networks to become more engaged in emergency planning (CBO Readiness)
• Advance whole community planning and supporting consumers (Consumer Planning)
• Develop partnerships with emergency management and public health officials (Partnership)
Emergency Planning for Organizations

- Identify hazards
  - Conduct risk assessments
- Create an Emergency Operations Plan
- Understand the Incident Command System (ICS)
- Understanding the Emergency Support Functions (ESF)
- Participate in trainings and exercises
- Engage in consumer advocacy
  - Participation in exercises
  - Inclusion in emergency plans

Figure 1 – The Phases of Emergency Management

- Preparedness: Preparing to handle and emergency
- Mitigation: Minimizing the effects of an emergency
- Response: Responding to an emergency
- Recovery: Recovering from an emergency
Emergency Planning for Consumers

• Establish effective communication with consumers
  ✓ Discuss emergency plans
  ✓ Identify the support that may be needed in the event of an emergency
  ✓ Discuss the emergency services that will likely be provided

• Support consumers with
  ✓ Preparing emergency kits
  ✓ Understanding safety checks
  ✓ Navigating disaster assistance
CBO Partnering with Local Responders

- Share situational awareness
- Role as emergency planning SME on access and functional needs
  - Sheltering in place/evacuations
  - Accessible transportation
  - Access to services and support
- Leverage CBO data in lieu of local registries
Data & Tools

• Consumer data
  ✓ CBO database
  ✓ HHS emPOWER Program

• Demographic data
  ✓ Census/American Community Survey
    • Age
    • Disability
    • Transportation
    • Living arrangements

Figure 9: Percentage of Persons age 65 and Over with a Disability, 2016

*Percentage of persons age 65 and over with a disability, 2016. Census/SCS
Effective Communication

1. CBOs partner with local responders
2. Communication Outreach Information Network (COIN)
   ✓ CBOs as trusted entities to distribute messages
3. Establish effective & accessible communication with consumers
   ✓ Discuss disaster plans
   ✓ Identify the support that may be needed in the event of a disaster
   ✓ Discuss the disaster services that will likely be provided
Evacuation & Transportation

- Promoting comprehensive evacuation planning
- Understanding transportation coordination in evacuation (ESF #1 Transportation)
  - Reviewing MOU/MOAs with transportation providers
- Including CBOs in state and local evacuation plan development, training, and exercises

*Four Elements of Evacuation Information*

1. Notification (What is the emergency?)
2. Way finding (Where is the way out?)
3. Use of the way (Can I get out by myself or do I need help?)
   - Self
   - Self with device or service animal
   - Self with assistance
4. Assistance (What kind of assistance might I need?)

Legal Requirements

Disaster and Emergency Specific
- Public Health Services Act of 1944
- Robert T. Stafford Disaster Relief and Emergency Assistance act of 1988
- Post-Katrina Emergency Reform Act of 2006
- Pets Evacuation and Transportation Standards Act of 2006
- Executive Order 13347: Individuals with Disabilities in Emergency Preparedness of 2004

Not Waived in Disasters or Emergencies
- Rehabilitation Act of 1973
- Privacy Act of 1974
- Age Discrimination Act of 1975
- Americans with Disabilities Act of 1990
- Health Insurance Portability and Accountability Act of 1996
- Developmentally Disabled Assistance and Bill or Rights of 2000
- Section 1557, Affordable Care Act of 2016
Role of CBO in Recovery

• CBO
  ✓ Assess operational and financial impacts
  ✓ Assess impacts to staff
  ✓ Eligibility for FEMA Public Assistance or SBA disaster assistance loans
  ✓ Develop lessons learned
  ✓ Supporting Consumers

• CBO & Local Responders
  ✓ Provide lessons learned
  ✓ Contribute to hot wash and after action report
  ✓ Update Emergency Operations Plan to reflect lessons learned
Summary: CBOs New to Emergency Planning or Enhance Capabilities

Capacity Building Toolkit for Including Aging & Disability Networks in Emergency Planning

- Highlights relevant resources and describes activities
  - Explains emergency planning to CBOs
  - Builds capabilities for supporting consumers
  - Introduces emergency managers and public health officials to CBO/Aging and Disability Networks

- Each module
  - Additional Resources and Tools

- Appendices
  - Templates
  - Worksheets
  - Checklists
  - Terms
Available Through NACCHO

Capacity Building Toolkit for Including Aging & Disability Networks in Emergency Planning

www.phe.gov/abc
Next Speaker: Kristen Finne
III. OVERVIEW: HHS emPOWHER PROGRAM

Joint Program of the
Office of the Assistant Secretary for Preparedness and Response (ASPR)
and the Centers for Medicare and Medicaid Services (CMS)
U.S. Department of Health and Human Services

2019
Introduction to the HHS emPOWER Program
Why was the HHS emPOWER Program created?

Millions of Americans rely on electricity-dependent medical equipment and essential health care services to live independently in their homes.

In the event of an incident, emergency, or disaster, at-risk populations often seek immediate care from first responders (e.g., EMS), hospitals, and shelters.

This leads to surges in health care demand and stress on systems and shelters.

Can Centers for Medicare & Medicaid Services (CMS) data help communities protect the health of community-based at-risk populations, ensure continuity of care, and reduce system stress?
Evidence for the HHS emPOWER Program

The Pilot

ASPR partnered with CMS and the City of New Orleans Health Department to assess whether Medicare claims data was timely enough to rapidly identify and locate at-risk individuals who relied on electricity-dependent oxygen equipment.

The Results

- **611 Medicare beneficiaries** had a claim for an oxygen concentrator or ventilator, and 191 were visited.
- Claims data were **93% accurate** in identifying the medical equipment.*

<table>
<thead>
<tr>
<th>Only 15 people</th>
<th>Only 8 people</th>
<th>Almost half</th>
<th>Over half</th>
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<tbody>
<tr>
<td>2.4% were enrolled in the city’s special needs registry</td>
<td>1.3% were enrolled in the electric company’s registry</td>
<td>41% did not have an emergency plan</td>
<td>55% would need assistance in an emergency</td>
</tr>
</tbody>
</table>

*Similar results were observed in an exercise in Broome County, New York

Medicare beneficiaries in the City of New Orleans with a claim for ventilator, oxygen concentrator, and/or oxygen tank.
Characteristics of the HHS emPOWER Population

Medicare Population

>54.6 million

- 50 states, 5 territories, D.C.
- 65+, blind, or long-term disabled adults/children
- ~90% of dialysis-dependent end-stage renal disease (ESRD) population
- ~19% are also eligible for state Medicaid (dual-eligible)

emPOWER At-Risk Population

> 4.1 million

At-Risk Medicare Beneficiaries, by Category (January 2019)

- Power-Dependent Devices and DME
- Oxygen Tank Services
- Outpatient Dialysis
- Home Health Services
- At-Home Hospice Services

1 Population for Medicare (Parts A and B) and Medicare Advantage (Part C) as of January 2019.
2 As of January 2019, 28.6% of the emPOWER population is dual-eligible (beneficiary is enrolled in both a Medicare Program and a State operated Medicaid Program) as compared to 18.6% of the total Medicare population.
3 The total counts Medicare beneficiaries only once, even if they have more than one piece of electricity-dependent DME.
The HHS emPOWER Program
emPOWERing Communities, Saving Lives

The HHS emPOWER Program, a partnership between ASPR and the Centers for Medicare and Medicaid Services, provides dynamic data and mapping tools to help communities protect the health of more than 4.1 million Medicare beneficiaries who live independently and rely on electricity-dependent medical equipment and health care services.
HHS emPOWER Map and REST Service
ASH is helping communities by providing de-identified Medicare at-risk population data on the public, interactive HHS emPOWER Map, and through an emPOWER REST Service via ASPR’s GeoHEALTH Platform.

The **HHS emPOWER Map** displays the total number of at-risk electricity-dependent Medicare beneficiaries in a geographic area, down to the ZIP Code.

The **HHS emPOWER Representational State Transfer (REST) Service** allows users to consume the same map data layer in their own geographic information system (GIS) application.
The emPOWER Map and REST Service provide monthly de-identified totals of Medicare claims submitted for reimbursement for the following electricity-dependent durable medical equipment (DME) and devices:

- Four Cardiac Devices*
- Ventilator
- Bi-level Positive Airway Pressure Device (BiPAP)
- Oxygen Concentrator
- Enteral Feeding Machine
- Intravenous (IV) Infusion Pump
- Suction Pump
- End-Stage Renal Disease (ESRD) At-Home Dialysis
- Motorized Wheelchair or Scooter
- Electric Bed

*Cardiac devices include left, right, and bi-ventricular assistive devices (LVAD, RVAD, BIVAD) and total artificial hearts (TAH)
Sample Uses of the HHS emPOWER Map and REST Service

These publicly available tools allow community stakeholders to better anticipate and plan for the needs of the electricity-dependent population in a geographic area prior to, during, and after an emergency.

- Gain population-based situational awareness
- Identify health care resource needs and potential areas of surge
- Determine potential shelter locations and resource needs
- Inform public communications and foster community engagement
- Plan for evacuations and identify evacuation routes
Integrating HHS emPOWER Map Data

HHS emPOWER Map data can be used to understand the needs of electricity-dependent populations and implement targeted public health activities across the emergency management cycle.

**Use the HHS emPOWER Map data to answer:** How many electricity-dependent Medicare beneficiaries are there in the affected ZIP Codes?

- **488** 60453
- **184** 60803
- **170** 60655

**842 Electricity-Dependent**

**Preparedness**
Assess potential needs for electricity-dependent durable medical equipment (DME) and supplies in shelters and establish supplier contracts to address these needs.

**Response**
Activate supplier emergency contracts for shelters and assess supplier capacity for continuing community-based services during the emergency.

**Recovery**
Coordinate with DME suppliers to ensure there is adequate community-based access prior to individuals returning to their homes and communities.

**Mitigation**
Integrate power needs into shelter planning to better ensure power is available for electricity-dependent DME and devices.

**Partner With State, Regional, and Local Partners (as appropriate)**
HHS emPOWER Emergency Planning De-identified Dataset
The emPOWER Emergency Planning Dataset

The HHS emPOWER Emergency Planning De-identified Dataset provides public health authorities with the monthly total number of Medicare claims by type of electricity-dependent medical equipment and health care service in a geographic area, down to the ZIP Code.
The emPOWER Emergency Planning Dataset provides public health authorities more detailed de-identified data, including Medicare claims data totals for each of the electricity-dependent DME and devices and the following health care services:

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
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<tbody>
<tr>
<td>Outpatient Facility Dialysis</td>
<td>Outpatient dialysis services for patients with End-Stage Renal Disease (ESRD)</td>
</tr>
<tr>
<td>Home Health Care Services</td>
<td>Home health services including skilled nursing care and physical therapy, etc.</td>
</tr>
<tr>
<td>Oxygen Tank Services</td>
<td>Oxygen tank service delivery for patients with qualifying conditions</td>
</tr>
<tr>
<td>Home Hospice Care Services</td>
<td>Hospice services provided in a personal residence to a terminally ill individual</td>
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Sample Uses of the emPOWER Emergency Planning Dataset

The emPOWER Emergency Planning Dataset’s detailed de-identified data can help inform and support decision making by public health authorities and their partners, as they deem appropriate, prior to, during, and after an emergency.

- Anticipate potential health system surge and leverage resources to mitigate stress
- Identify optimal locations, staffing, resources, and power needs for shelters
- Develop emergency plans, systems, processes, and triggers
- Assess accessible transportation needs and evacuation routes
- Identify and address potential gaps in emergency resources
- Inform power restoration prioritization decisions
Integrating Federal De-identified Medicare Data

De-identified emPOWER data can be used to understand the needs of specific at-risk populations, including oxygen-dependent, and implement targeted public health activities across the emergency management cycle.

**Use the data to answer: How many O2 dependent at-risk individuals are in this state?**

**30,982** O2 Services (tanks)

**63,655** O2 Concentrators

**2,971** BiPAPs

**2,916** Ventilators

**100,524** O2 Dependent*

*HHS emPOWER Program Medicare data on O2 Services (tanks), O2 Concentrators, Ventilators, and BiPaps, Illinois, January 2019

**Partner With State, Regional, and Local Partners (as appropriate)**

**Preparedness**
Assess potential O2 needs in shelters and establish supplier contracts to address the O2 needs of older adults.

**Response**
Activate supplier emergency contracts for shelters and assess supplier capacity for continuing community-based services during the emergency.

**Recovery**
Coordinate with O2 suppliers to ensure there is adequate community-based O2 service access prior to individuals returning to their homes and communities.

**Mitigation**
Ensure shelters can accommodate O2 and additional generator support, as needed.

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**CMS & ASPR**

**State PHA**

**State-Specific Federal Medicare De-identified Data**
HHS emPOWER Emergency Response Outreach Individual Dataset
The emPOWER Emergency Response Outreach Individual Dataset is a tool that can provide public health authorities with limited individual information to inform and support life-saving outreach public health activities in the event of an emergency.

Official disclosures are restricted to only public health authorities that meet certain criteria.
Information in the emPOWER Emergency Response Outreach Dataset

The emPOWER Emergency Response Outreach Dataset provides the same data that is found in the de-identified tools, but at the individual level. The information in this dataset includes:

- **Limited Identifiable Data**
- **Health Care Service Type**
- **Medicare Plan**
- **DME and Cardiac Device Type**
- **Dual Eligibility Status^**
- **DME & Oxygen Supplier, Health Care Provider Contact Information**

^Whether the Medicare beneficiary is also eligible and enrolled in a State Medicaid or CHIP Program
Sample Uses of the emPOWER Emergency Response Outreach Dataset

Upon approval from HHS, an authorized public health authority and PHA-approved partners may use the emPOWER Emergency Response Outreach Dataset to support efforts to identify and provide life-saving and maintaining response outreach to individuals in the event of an incident, emergency, or disaster:

- Activate emergency plans, map the data, and assess resources
- Identify and provide critical resources and power in shelters
- Assess accessible transportation needs and develop evacuation plans
- Activate communications networks to alert and inform individuals of resources
- Identify and deploy emergency response assets
- Inform power restoration prioritization decisions
The HHS emPOWER Program in Practice
emPOWER Informs Community Partnerships

The HHS emPOWER Program helps public health authorities engage a variety of national, state, local, and community partners throughout the emergency management cycle.

- **Public Health Authorities [ESF-8]**
  - State, Local, Tribal, and Territorial (SLTT) Public Health Authorities

- **Health Care Services**
  - Health Care Coalitions (HCC), Providers, Suppliers

- **Human Services**
  - Home & Community-Based Human Services

- **Volunteer & Community Organizations**
  - Volunteer (e.g. American Red Cross); Medical Reserve Corps (MRC); Other Non-Traditional Partners

- **Emergency Management**
  - SLTT Emergency Managers

- **First Responders**
  - Emergency Medical Services (EMS); Fire Department; Law Enforcement; Urban Search and Rescue (USAR)

- **Department of Defense (DoD)**
  - State National Guard or Reservists

- **Public Utilities**
  - Electric, Water, Sewer Companies
How emPOWER Advances Community Resilience

Outcomes
Identify best practices and opportunities for improvement, and integrate lessons learned across all emergency management cycle activities.

Data
Familiarize yourself with the de-identified emPOWER tools or data that may be available based on your roles and responsibilities in targeted public health activities.

Actions
Assess the emergency and activate plans, systems, processes, and resources to address at-risk needs in a disaster.

Information
Integrate and compare emPOWER data with other available federal, state, local, and community-based information and data.

Decision-Making
Use the knowledge gained in the previous steps to inform emergency plans and exercises, and establish emergency response systems, processes, and triggers.

Knowledge
Perform a risk assessment to develop a more holistic understanding of community level needs and gaps; and identify preparedness and mitigation activities to address them in advance of an emergency.

Outcomes
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Knowledge
Perform a risk assessment to develop a more holistic understanding of community level needs and gaps; and identify preparedness and mitigation activities to address them in advance of an emergency.
Since 2013, communities in all 50 states and 5 territories have used the HHS emPOWER Program prior to, during, and after the following emergencies, and will continue to request and use emPOWER data in the coming years:

- Chemical Spill
- Earthquake
- Flood
- Hurricane/Tropical Storm
- Infrastructure Failure
- Severe Power Outage
- Tornado
- Water Emergency
- Wildfire
- Winter storm

**NEVADA**
Informing life-saving outreach during severe flooding

**NEW YORK**
Informing power restoration decisions during a severe wind storm

**CALIFORNIA**
Addressing gaps and providing life-saving resources for 600 wildfire evacuees

**ARIZONA**
Planning and preparedness for severe weather, poor air-quality and power outages

**IL, IN, MI, MN, OH, WI**
Coordinating within the region for local-level power outage planning

**VIRGINIA**
Emergency planning for a severe winter storm

**SOUTH CAROLINA**
Developing county-level at-risk profiles for emergency preparedness

**TENNESSEE**
Conducting life-saving outreach during wildfires to 70 oxygen dependent individuals

**NEW ORLEANS**
Informing shelter locations and supporting life-saving outreach

**FLORIDA**
Conducting outreach to almost 45,000 at-risk residents during a hurricane
Use Case: Hurricane Matthew in Florida

The HHS emPOWER Program helped Florida quickly identify and provide outreach to tens of thousands of at-risk individuals, setting the stage for life-saving emergency response.

Preparedness

In anticipation of Hurricane Matthew, the Florida Department of Health used the emPOWER Emergency Response Outreach Dataset to identify at-risk individuals in seven counties and performed a reverse lookup of phone numbers.

Response

A life safety call was made to almost 45,000 residents by the Florida Division of Emergency Management using the Statewide Alerting and Notification System.

Impact

Staff contacted the 169 individuals who indicated they might have a health need during and shortly after the hurricane.

Supporting partners:

- Florida Division of Emergency Management and Emergency Operations Centers
- Local PHA and Emergency Managers

44,500 at-risk residents identified and called
17,000 residents responded to calls
169 individuals requested assistance
Use Case: Severe Flooding in Nevada

In HHS emPOWER Program tools helped Carson City Health and Human Services (CCHHS) and Washoe County Health District (WCHD) assess its capacity to assist at-risk populations and engage partners to ensure coordinated outreach.

**Preparedness**

In 2017, CCHHS used both emPOWER datasets to **identify and address gaps in resources** (e.g., oxygen tanks) for the at-risk population in the event of required evacuations.

**Outreach**

CCHHS and WCHD used the emPOWER Emergency Response Outreach Dataset to **identify at-risk individuals living in flood-prone, avalanche-prone, and remote areas**, and coordinated with partners to conduct outreach.

**Impact**

CCHHS is expanding use of the emergency planning dataset to help **set up mass care operations and inform umbrella contracts** with DME companies. WCHD and Washoe County GIS developed an effective way to operationalize emPOWER data within 30 minutes.

**Supporting partners:**

- NV Division of Public and Behavioral Health
- NV Aging and Disability Services
- NV Division of Emergency Management
- NV National Guard
- Tribe Emergency Manager

**4 counties in Nevada benefitted from emPOWER Program data**

**300 homes in flood-prone areas contacted by CCHHS**
Use Case: Hurricane Irma in US Virgin Islands

HHS emPOWER Program tools helped the US Virgin Islands identify and locate individuals dependent on dialysis for life-saving outreach and evacuation.

**Preparedness**
In 2017, ASPR, CMS, and territorial public health officials used both datasets to identify health care and resource gaps for dialysis patients and develop a plan with End-Stage Renal Networks and dialysis providers to ensure continuity of their life-maintaining health care services.

**Response**
Following Hurricanes Irma and Maria, ASPR used the emPOWER Emergency Response Outreach Dataset and CMS-3178-F reporting requirements to rapidly identify, locate, and conduct life-saving evacuations of dialysis patients via ASPR NDMS, USPHS, USAR, FEMA and DOD.

**Impact**
ASPR is developing best practices to assist others in understanding how emPOWER data and the CMS 3178-F reporting requirements¹ can help to inform and protect the lives of at-risk individuals in disasters.

Supporting partners:
- ASPR
- CMS
- Dialysis providers
- End-Stage Renal Networks
- FEMA
- DOD
- US Public Health Service (USPHS)
- Urban Search and Rescue (USAR)

235 life-saving evacuations from St. Thomas and St. Croix

¹A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii).
Use Case: Severe Wildfires in Los Angeles, California

HHS emPOWER Program tools helped Los Angeles (LA) identify the needs of its at-risk populations and connect with health care partners to improve continuity of care.

**Preparedness**
In December 2017, LA County Department of Public Health (DPH) requested emPOWER data on behalf of the City of LA to support first responder efforts to identify and locate at-risk individuals in areas that had been evacuated due to the historic wildfires.

**Response & Recovery**
LA County DPH also identified and engaged durable medical equipment (DME) and oxygen suppliers in the area that serve approximately 600 at-risk individuals. This effort helped inform and ensure continuity of care for many wildfire evacuees.

**Impact**
The City of LA is incorporating emPOWER data into emergency response protocols and plans. LA County and City are developing mapping applications for the data to provide first responders with current, actionable information to support the at-risk population in their community.

Supporting partners:
- LA Emergency Management Department
- LA Fire Department
- LA Police Department
- DME and Oxygen Suppliers

~600 at-risk individuals impacted by wildfires
38 DME providers contacted, and 22 surveyed
Use Case: Severe Power Outage in Broome County, NY

The HHS emPOWER Program informed Broome County’s power restoration decisions and provided vital information to coordinate public health emergency response activities.

**Preparedness**

The Broome County Health Department regularly leverages the HHS emPOWER Map and Emergency Planning Dataset for emergency planning and preparedness.

**Response**

In 2017, Broome County used the emPOWER Emergency Response Outreach Dataset to identify at-risk residents in areas with prolonged power outages following a severe weather and wind storm.

**Impact**

The emPOWER dataset enabled quick identification of at-risk residents so local sheriff patrols could conduct timely individual outreach to electricity-dependent at-risk individuals that may have been adversely impacted by prolonged power outages.

58 at-risk residents were quickly identified out of ~9,000 total residents who may have lost power.

Supporting partners:

- Broome County Office of Emergency Services
- Broome County Sheriff’s Office

ASPR

Uses Throughout the Emergency Management Cycle

The suite of emPOWER Program tools may be used throughout the emergency management cycle, helping communities protect the health of community-based at-risk populations.

**Mitigation**
- Identify and Address Hazards and Vulnerabilities
- Identify and Address Critical Infrastructure, Resource, and Asset Needs

**Recovery**
- Inform Reconstitution of Critical Health Care and Home & Community-Based Services
- Inform Reunification and Support Safe Return to Home

**Preparedness**
- Enhance Population-Based Situational Awareness
- Conduct Risk Assessments & Scenario Analyses
- Conduct Emergency Planning
- Develop Response Systems, Processes & Triggers
- Set the Stage for Life-Saving Outreach

**Response**
- Activate Emergency Plans
- Deploy Emergency Response Assets
- Activate Communications Networks
Advancing the Program through Innovative Technology
emPOWER Strategy: Translation, Innovation & Expansion

emPOWER Map and REST Service

emPOWER Medicare Datasets

Federal Data and Tools

HHS emPOWER Program

Informational Resources

Data Innovation & Technology

Training

Fact Sheets, Job Aids, Stories from the Field

emPOWER Portal

emPOWERing AI

Say “OK, Google” or Tap Mic to Start

emPOWERing State Medicaid/CHIP Data Pilot

HHS emPOWER Framework, Algorithm Specifications and Technical (FAST) Capabilities

emPOWERing VA Data

HHS emPOWER Program Web-Based Training

2019 HHS emPOWER Program Web-Based Training

This free, publicly accessible course on www.train.org is designed to help HHS emPOWER Program partners better understand the HHS emPOWER Program and integrate its tools into their emergency preparedness, response, recovery, and mitigation activities.

The course is divided into five modules:
1. Introduction to the HHS emPOWER Program
2. HHS emPOWER Map and REST Service
3. HHS emPOWER Emergency Planning De-identified Dataset
4. HHS emPOWER Emergency Response Outreach Individual Dataset
5. Bringing It All Together: The HHS emPOWER Program in Practice

This training is now available at https://www.train.org/main/course/1083714 or search course ID #1083714
ASPR, in partnership with CMS, provides states with guidance, technical assistance, and tools to generate \textit{emPOWER} datasets from their state-operated Medicaid and CHIP data, giving states a more complete picture of their at-risk populations.

Using the \textit{emPOWER} guidance, states can generate data and capture insights on a significant share of their at-risk populations:

- >37.7M adults enrolled in Medicaid*
- >35.2M children enrolled in either Medicaid or CHIP**
- >120M Medicare, Medicaid, and CHIP beneficiaries
- >54.6M Medicare beneficiaries^*
- >4.1M at-risk Medicare beneficiaries

\textbf{emPOWERing State Medicaid/CHIP Data Pilot}

will capture at-risk children and adults out of the >72M enrolled in a State Medicaid or CHIP Program.

\textbf{Pilot Partners and Phases}

\textbf{Key State Partners}

- State Medicaid IT/Enterprise Coordinator
- State Public Health Preparedness Director

\textbf{Pilot Phases}

1. State Develops Partnership
2. Federal Partners Provide Technical Assistance
3. State Implements Framework and Generates Dataset(s)
4. State Operationalizes Dataset(s)

\textbf{Pilot Supporting Activities}

- Intra-State Partnership Development
- Stakeholder Training
- Technical Assistance and Innovation Support
- Communications Materials Development
- Data Sharing

\textbf{In Process} \hspace{1cm} \textbf{Complete}

^- As of October 2018. Medicare beneficiaries: age 65+, regardless of income, medical history, or health status, and people <65 years old with permanent disabilities
* As of October 2018. Medicaid: some low-income people (e.g., families and children, pregnant women, elderly) and people with disabilities. In some states, ** As of October 2018. CHIP provides health coverage to eligible children, through Medicaid and separate CHIP programs.
In FY2019 the HHS emPOWER Program will launch HHS emPOWER AI through Amazon Alexa, Microsoft Cortana, and Google Assistant to put emPOWER de-identified data more quickly into the hands of responders.

- Provides users with a public, voice-controlled application that audibly answers a user’s questions about the HHS emPOWER Program or its underlying data, such as the total number of at-risk electricity-dependent Medicare beneficiaries in an area.
- Allows community partners across public health authorities, emergency management, first responders, aging and disability networks, and utilities to have greater situational awareness.

“Ok Google” “How many electricity-dependent Medicare beneficiaries are in my current ZIP Code?”

“There are 255 electricity-dependent Medicare beneficiaries in 79606”

“Ok Google” “What is the emPOWER Program?”

“The HHS emPOWER Program provides dynamic data and mapping tools to help communities protect the health of more than 4.1 million Medicare beneficiaries who live independently and rely on electricity-dependent medical equipment and health care services.”
Additional Resources and Information
HHS emPOWER Program

Resources

Training

• **HHS emPOWER Program Web-based Training Program (ID #1083714)** is a free, publicly accessible course designed to help partners better understand the HHS emPOWER Program* and integrate its tools into their emergency preparedness, response, recovery, and mitigation activities. The course is divided into five modules, which provide: an introduction to the HHS emPOWER Program, a detailed overview of each of the mapping and dataset tools, practical application examples and case studies of how public health authorities and their partners have used the program tools in real world emergencies.

Informational Resources

• **HHS emPOWER Program Executive Summary**
• **HHS emPOWER Program Fact Sheet**
• **HHS emPOWER Map Job Aid**
• **HHS emPOWER REST Service Public Job Aid**
• **HHS emPOWER REST Service Public Link**
  • The REST Service allows users to consume the HHS emPOWER Map data layer in their own geographic information system (GIS) applications to help them better integrate and use this with other community data to inform and support public health activities across the emergency management cycle.
HHS emPOWER Program
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Questions