

AT-RISK POPULATION

Panelists Dr. Margaret Giannini, Office on Disability
Dr. Daniel Dodgen, Office of At-Risk Individuals, Behavioral Health, and Human Services Coordination
Brian Lutz, Administration on Aging
Capt. Roberta Lavin, Administration on Children and Families

Summary

The presentation included the definition of at-risk used in the PAHPA legislation, a review of the provisions for at-risk in the PAHPA legislation and other related HHS responsibilities, and how the function-based HHS working definition of at-risk compares to and differs from the PAHPA definition. The panelists reviewed potential strategies to operationalize the PAHPA provisions.

Session Highlights

- Preparedness is both a prevention issue and a public health issue and must be taught at every level.
- Despite the strong efforts of grassroots/community-based organizations (CBOs), new support, linkages, and parameters must be created and encouraged to better utilize their efforts, perspectives, and positions. A related topic raised was funding for CBOs.
- While clearer messages from the top-down are needed for clarification of roles and responsibilities, the general approach (to programs, etc.) should be from the bottom-up.
- Efforts continue to define at-risk, and what does and does not fall under these definitions.
- Recovery needs to be included as part of the response.
- Increased outreach and communication with at-risk populations are needed. Better messaging, trusted sources, more feedback are all needed.

Key Questions and Comments

- *Are all phases of a disaster considered, including recovery? The process of returning at-risk individuals to their homes and connecting people back to basic care after the California wildfires was given as an example. There are gaps in the strategy of providing transportation.* Panelists responded by saying that disaster response is a continuous cycle and mentioned ESF # 14: Long-Term Community Recovery.
- *How is the grants program managed and what incentives are there for hospitals to work with CBOs, which would be the best conduits to at-risk/special populations?* Panelists affirmed commitment via PAHPA to reach both groups. Panelists mentioned hospital preparedness and health facility grants, and that refugee program grants go mostly to faith-based organizations (FBOs).
- *A stakeholder stated the need to work together in a better way that will get good information to people. She referenced the involvement of the Medical Reserve Corps (MRC). She also noted that there is a problem with disability falling under the definition/category of at-risk or special needs.* Panelists said that many States are going to a 211 system. Panelists also made a distinction between medical needs and special needs, and emphasized the importance of communication and outreach.

- A stakeholder discussed an Internet-based site with information on influenza pandemic. She said it is difficult to get people to prepare; mostly likely to prepare are parents. Need information that is credible, clear, and from the grassroots level.
- A stakeholder reported that Florida has identified 13 vulnerable populations and that using this broad definition, 62% of the Florida population is vulnerable. She also stated that all-hazards preparedness is a discipline that needs to be a prevention measure.
- A stakeholder stated that trusted people are needed to deliver messages, and that we need health promoters who speak different languages.
- A stakeholder stated that big programs should not be at the Federal level; that programs/assistance from the Federal Government should be a last resort, not a first resort.
- A stakeholder stated that as we move forward, Congress will want to know how we measure this progress, creating standards and evaluations.
- A different stakeholder suggested that in measuring we need to make sure it does not prevent or become an obstacle to productive work.