Alabama Department of Public Health (ADPH)
Functional and Access Needs
Plan

March 2021

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ADPH FUNCTIONAL AND ACCESS NEEDS PLAN

OVERVIEW

At-risk individuals are people with functional and access needs (FAN), whether temporary or permanent, that may interfere with their ability to obtain or receive medical care before, during, or after a disaster or public health emergency. Regardless of specific diagnosis, status, or label, the term "functional and access needs" is a broad set of **common and cross-cutting function and access-based needs**.

- Function-based needs refer to restrictions or limitations an individual may have that requires assistance before, during, and/or after a disaster or public health emergency.
- Access-based needs require that resources are accessible to all individuals, such as social services, accommodations, information, transportation, and medications to maintain health.

The 2019 Pandemic and All-Hazards Preparedness and Advancing Innovation Act, formerly the 2013 Pandemic and All-Hazards Preparedness Reauthorization Act, 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, or others who may have functional or access 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.

Addressing FAN is a crucial part of comprehensive disaster planning for both the Alabama Department of Public Health and the entire community and is mandated for inclusion in federal, state, local, tribal, and territorial public health emergency plans.

VULNERABLE POPULATIONS

The term functional and access needs is used interchangeably with the following descriptions: vulnerable populations, people with disabilities, special needs groups, and unserved/underserved communities.

Any individual, group, or community whose circumstances create barriers to obtaining or understanding information, or the ability to react as the general population. Circumstances that may create barriers include, but are not limited to, age; physical; mental;, emotional;, or cognitive status; culture; ethnicity; religion; language; citizenship; geography; or socioeconomic status.

FAN is used to identify the following groups of individuals using People First Language (an ADPH contracted service):

- Individuals who are deaf or hard of hearing
- People who are blind or have low vision
- Persons who are diagnosed with mental health impairments and emotional or behavioral disabilities
- Pregnant women and children
- Older adults
- Consumers with limited mobility and movement
- Individuals with developmental and cognitive disability
- People with chronic health conditions
- People who are limited English proficient or English is not their primary language
- Persons who have low income
- People who are transportation disadvantaged
- People experiencing homelessness
- Persons with pharmacological dependency

Psychological barriers often prevent individuals with functional and access needs (IFAN) from seeking help during emergencies. This hesitation to seek assistance comes from many factors including:

- Fear of institutionalization
- Loss of routine and familiar environment
- Concerns that others need help more

Sociological barriers also prevent IFANs from seeking help during emergencies. These social barriers need to be addressed when providing services and resources during emergencies. Some of the social barriers include:

- Cultural and language barriers
- Lack of personal resources to self-evacuate
- Few family and friends support networks
- Unreliable communication
- Limited physical and/or cognitive abilities to respond quickly
- Pets, livestock, and service animals

During emergency operations, assistance can be requested from the Center for Emergency Preparedness (CEP) and/or CEP Social Workers to access resource and service assistance for FAN needs groups during and after disasters. The following resources have been identified for accessibility during all hazards disasters:

- Statewide Functional and Access Needs Task Force
- Alabama Department of Senior Services
- Independent Living Centers of Alabama *(Birmingham, Montgomery and Mobile)*
- Governor's Office On Disabilities
- Alabama Department of Human Resources
- Alabama Department of Rehabilitation Services
- Alabama Department of Mental Health

- Alabama Institute for the Deaf and Blind
- 2-1-1 Connects Alabama

THE CMIST FRAMEWORK

Individuals who are at-risk may have a number of additional needs to be considered in planning for, responding to, and recovering from a disaster or public health emergency. The CMIST Framework, as recommended by the U.S. Department of Health and Human Services, is a best practices approach for integrating the functional and access needs of at-risk populations.

CMIST is an acronym for the following five categories: **C**ommunication, **M**aintaining health, **I**ndependence, **S**upport and Safety, and **T**ransportation. The CMIST Framework provides a flexible, cross-cutting approach for planning to address a broad set of common functional and access needs without the need of defining a specific diagnosis, status or label.

Communication

Equitable access to timely and accurate information in a variety of methods, such as press releases, press conferences, radio and social media, should be made available. Include distribution to and by trusted leaders, and faith-based and community organizations that serve those with limited English proficiency.

Materials should be developed at an understandable literacy level for those with cognitive and/or intellectual and developmental disabilities. Simple language should be easy to understand while using a reader-centered approach, and the use of pictures and pictograms is recommended. Include content that is useful and specific to people with limitations in hearing, vision, mobility, speech and cognition (thinking, understanding, learning and remembering).

Provide contact information for requesting alternative formats (Braille, large print, etc.)

Televised and other digital information released should be open or closed-captioned.

Websites and other digital and electronic information should be accessible to people with vision, hearing, reading, speaking, and learning and dexterity disabilities. There should be a variety of versions for different people to ensure the broadest accessibility. All communications should use plain language to maximize understanding. This may include, but is not limited to, plain text documents along with PDFs, descriptions of images and easy-to-maneuver, user-friendly websites.

Press conferences should include qualified American Sign Language Interpreters – either licensed or certified – close to the speaker and always in the camera shot so they will be in plain view of the public.

Translated materials based on the current population should be provided in a timely and accurate manner. Recommended languages in Alabama include, Spanish, Arabic, Chinese (simplified), Korean, German, and Vietnamese.

Encourage service provider communication with clients regarding the frequency of services, limited or canceled services and possible alternatives, during a public health emergency (home-based visits, provider check-ins, group meetings, home-delivered meals, etc.).

Plan for accessible communication alternatives in instances of a quarantine.

Maintaining Health

Emphasize current guidelines of basic infection prevention practices, including hand hygiene, respiratory etiquette, staying home when sick, etc.

Medication refills should be done in 90-day supplies, if needed and available.

Identify appropriate resources to replace durable medical equipment (DME) if deemed necessary.

Ensure proper and regular cleaning of DME, assistive technology and adaptive equipment, along with environmental and personal hygiene with EPA-registered disinfectants effective against broad spectrum viruses.

Encourage well-stocked emergency preparedness kits for in-home use to include activities of daily living supplies, food, water and medications for an extended period.

People with disabilities should continue to receive disability support and services without interruption, which includes never separating people with disabilities from their service animals and assistive devices.

Children with disabilities and others with functional and access needs should have minimal separations from their families or caregivers. Contingency plans should be developed/implemented, with regard to supervision and care, should their parent/guardian/caregiver be/or become ill. Separations from caregivers should be avoided, if possible.

Independence

Ensure the following:

Continuity of operations for disability service providers, including in-home, transportation and community-based needs of people with disabilities.

Services are identified that assist in providing home delivered meals/food/medications/supplies, keeping in mind that these services often rely on volunteers, which may be in short supply during a public health emergency.

Support and Safety

Alternate plans should be developed for provider home visits that minimize face-to-face care interactions (utilize phone check-ins, video chat check-ins, use of neighbors for welfare checks).

Coordinated collaboration should be conducted with service providers who serve people in the community with disabilities on a frequent basis: paratransit, meals on wheels, home health and visiting nurses, oxygen delivery and others.

Considerations should be made for alternate options for children receiving free and reduced priced lunches (in the event of school closures), as well as people who utilize community feeding sites and programs.

Children with disabilities should continue to receive the aids and services included on their Individual Education Plan and 504 Plan, including throughout public health emergency related school closures, where virtual classrooms may be in use.

People with disabilities, including individuals who require assistance with managing hygiene, should not encounter discrimination due to stigma or any other reason.

Ensure the identification of capabilities to access, in-person and virtually, mental and behavioral health services.

Transportation

Ensure continuity of the following:

Paratransit and other current transportation options for doctor appointments and other appointments, such as dialysis and infusion therapy, remain viable.

Transportation for maintaining employment.

Transportation options for youth to access school remain viable.

Transportation for those who go to senior and other congregate centers.

ADPH PREPAREDNESS STRATEGIES

PUBLIC INFORMATION

According to information published by Federal Emergency Management Agency (FEMA), disaster response begins with individuals and households executing their disaster plans, which should include having sufficient food and water on hand; a plan for communication; pre-identified shelter locations; pre-identified evacuation routes; and a *Go Kit* that includes important documents, lists of medications, household pet or service animal vaccination records, and photo identification for all members of the household. Individuals with disabilities or other functional and access needs should implement their plan for accessible transportation and/or support resources, including service animals. Households with animals should activate their plan for the evacuation, transportation, sheltering, and care of their animals.

During all emergencies, Alabama Department of Public Health (ADPH) will work to ensure that public information activities are accessible for persons with functional and access needs. This includes ensuring that effective communication be made available by ADPH during an emergency event including the use of picture boards, and alternative formats like Braille and large print materials. Decisions on which type of auxiliary aid and services to use will be made on a case-by-case basis. ADPH has access to certified American Sign Language (ASL) interpreters, and foreign language translators.

People First Language

ADPH utilizes effective and appropriate communication strategies to ensure inclusion of persons with disabilities. People First Language is a widely accepted way to refer to people with disabilities. People First Language puts the person in front of the disability and speaks appropriately and respectfully about an individual with a disability. Listed below are some suggestions on how to communicate effectively with and about people with disabilities.

People First Language	Language to Avoid
Person with a disability	*The disabled, handicapped*
Person without a disability	*Normal person, healthy person*
Person who is deaf	*Deaf and dumb, mute*
Person who is hard of hearing	*Hearing impaired, suffers a hearing loss*
Person who is blind/visually impaired	*The blind*
Person who uses a wheelchair	*Confined or restricted to a wheelchair, wheelchair bound*
Person with an intellectual, cognitive, developmental disability	*Retarded, slow, simple, moronic, defective or retarded, afflicted, special person*
Person with emotional or behavioral disability, person with a mental health or a psychiatric disability	*Insane, crazy, psycho, maniac, nuts*

COMMUNICATION

In accordance with the Centers for Disease Control and Prevention (CDC), Crisis and Emergency Risk Communication (CERC) is the application of evidence-based principles to effectively communicate during public health emergencies. These principles are used by public health professionals and public information officers to provide information that helps people, stakeholders, and entire communities make the best possible decisions for themselves and their loved ones. CERC recognizes that during emergencies, public health staff work under the most challenging time constraints and inadvertent oversights may occur. However, to mitigate such instances, the CERC principles employ the following:

Be First → Be Right → Be Credible → Express Empathy → Show Respect

It is the goal to ensure continuous messaging before, during, and after a public health emergency to help communities understand the importance of remaining safe and healthy. It is imperative to communicate what is currently known, regularly updating the information, and continuing dialogue with media outlets and other partners/stakeholders to establish and maintain trust and credibility.

ADPH has put the following measures in place to ensure it can communicate effectively during emergencies with people with functional and access needs within the state.

Telephone Interpretation Services

Each county health department has access to over-the-phone interpretation services. Staff can call and request interpretation for various languages to assist them in communicating with persons who do not speak English. Once a staff person places a call to the service, he or she can request the desired language, and communicate with the non-English speaking patient through an interactive voice response system.

UbiDuo

ADPH now utilizes UbiDuo to help with communication. This device helps people who are unable to write. In addition to people who are deaf or hard of hearing or have a speech impediment, the UbiDuo can help people within this population who have difficulty with handwriting.

The device is a portable, wireless, battery-powered, stand-alone communication device that facilitates simultaneous face-to-face communication by means of two displays and two keyboards.

Benefits of the UbiDuo include the following:
- Two to four people may simultaneously engage in a face-to-face chat.
- Rechargeable battery packs let persons chat for up to ten hours.
- "Instant-on" technology makes it ready for use within three seconds of power-on.
- The ground-breaking Ubi4Tel feature provides two-way, simultaneous communication over the telephone line when calling another UbiDuo. Up to two more people (one on each end) can be added to the telephone conversation using the UbiDuo's wireless capability, thus enabling a three-or four-way conference call.
- At six pounds, the UbiDuo is lightweight enough to carry anywhere.

ADPH currently has four UbiDuo devices in the central office and has purchased eight more devices for the Alabama Department of Rehabilitation Services (ADRS), a partner state agency, which has placed them in its area offices for use during emergency situations.

P3 Optimized Purple Netbooks

To further assist with communicating with persons who are deaf or hard of hearing, ADPH purchased several P3 Optimized Purple Netbooks for the ADRS, which they placed in their central and district offices for use during emergency situations. The netbooks are communication devices specifically designed for persons who are deaf or hard of hearing and allows face-to-face interaction with an interpreter. Purple's P3 software is a free software application that enables the Optimized Purple Netbook to blend quick and easy video relay service (VRS) and text relay service (TRS) access, with the power of an Internet-enabled, Windows® laptop. The P3 Optimized Purple Netbook also includes a built-in webcam, WiFi, and productivity software, all in a space the size of a hardback book.

Picture/Language Boards

ADPH uses picture/language boards as a tool for communicating with people during emergencies. Whether the person has limited English proficiency, are non-English speaking, is too ill or traumatized to speak clearly, or has a chronic speech disability, language boards can enable people to communicate through words and pictures. These boards include pictures to express nausea, dizziness, other common symptoms, as well as other types of important information. Although language boards are simple devices, they are very helpful to the department and can assist in communicating and receiving necessary information to both assess and treat a person's condition.

Emergency Preparedness Documents and Videos

ADPH has created documents and videos for special population groups, particularly those who are deaf and hard of hearing, have limited English proficiency, or are non-English speaking. Emergency preparedness documents are available in Braille, various languages, and on video. These materials have been distributed statewide both by ADPH and in partnership with other state agencies.

SHELTERING

It is important to note all shelters/alternate care sites must be in compliance with the Americans with Disabilities Act (ADA), which requires all care environments to be able to accommodate persons with disabilities.

Medical Needs Shelter (MNS)

The mission of a MNS is to provide a shelter of last resort during emergency conditions for persons with conditions requiring medical/nursing oversight and who cannot be accommodated in a general population shelter. The MNS is housed in a secure facility with sustainable power, water, sanitation, and limited food service. Should a Mass Care Shelter (MCS) and a MNS be located in the same facility, they will be operated as separate shelters.

Admission to a MNS is based on the person's medical needs and on the shelter's capacity to meet those needs. Individuals who have no acute medical conditions, but require medical monitoring, treatment, or personal care beyond what is available in a general population would need to be housed in a MNS with a caregiver.

This includes persons who may have physical, sensory, mental health, developmental, intellectual or cognitive disabilities affecting their ability to function independently without assistance. Others who may need to be in a MNS include women in the late stages of pregnancy, older adults, and people whose body mass index (BMI) requires special equipment.

Someone planning to go to a MNS after evacuating will need to have the following things with them: one adult family member or caregiver; seven days of their prescription medications, medical supplies and medical equipment used at home; breathing devices, special foods and personal items.

Mass Care Shelter

During an emergency event, most individuals with functional and access needs will be able to maintain their independence and be housed in a general population or MCS. However, conversation with the person(s) will help determine considerations needed on an individual basis. Some of these considerations include the availability of durable medical equipment (DME), consumable medical supplies (CMS), and personal assistance services (PAS). ADPH nurses and social workers may be requested to make rounds in a MCS to assess appropriate levels of care for functional and access needs patients.
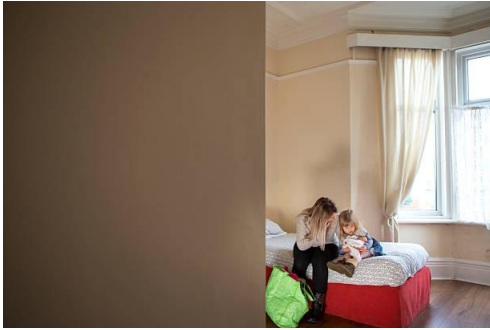
MCS in Alabama is operated by the Alabama Department of Human Resources under Emergency Support Function (ESF) 6: *Mass Care, Emergency Assistance, Housing, and Human Services*, in cooperation with American Red Cross and other partners. Emergency Support Functions is a grouping of governmental and nongovernmental agency capabilities into an organizational structure to provide support, resources, program implementation, and services that are most likely needed to save lives, protect property and the environment, restore essential services and critical infrastructure, and help persons/communities impacted by public health emergencies return to normal.

Medical Needs/Mass Care/Emergency Assistance Planning

Many considerations are taken into account when planning for medical needs/mass care and emergency assistance. These considerations include geographic scope and severity of the pandemic event, as pandemic events have different and more complex planning elements that must be reviewed to ensure a safe and successful delivery of mass care resources and services. The following is a list of assumptions and conditions, as espoused by FEMA's National Response Framework (NRF) that have a significant impact on the success of the planning and response activities:
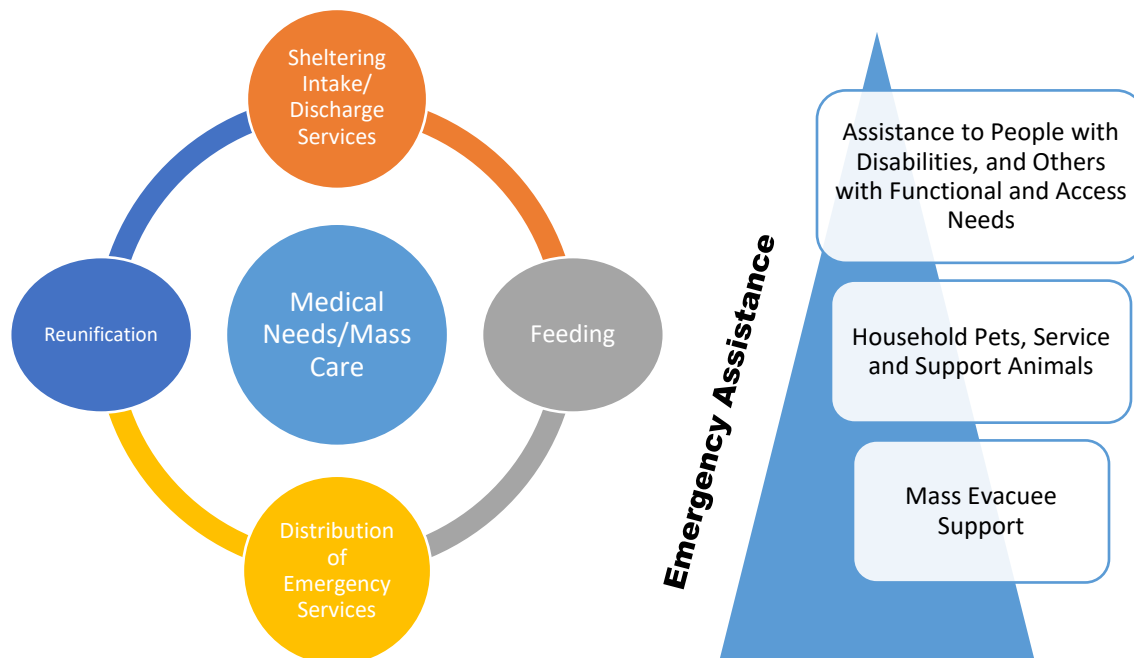
The responsibility for coordinating the delivery of these medical needs/mass care and emergency assistance activities may be assigned to multiple agencies within the State Plan.

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With respect to social distancing measures that have been put in place, it is not advisable to set up congregate shelters in an environment heavily impacted by a pandemic. However, under any circumstance it is critical that all departments work very closely with and follow the guidance issued by local, state, and federal entities.

SERVICE ANIMALS

Under Alabama's laws on the rights of people with disabilities and the federal Americans with Disabilities Act (ADA), people with disabilities may bring their service animals to all public accommodations, into public buildings and spaces (such as parks and sidewalks), and onto public transportation and common carriers (buses, ferries, etc.).

Alabama law is not as detailed as the ADA. However, public accommodations in Alabama must comply with both sets of law and protect your right to bring a service animal with you.

Under Alabama law, a service animal is any dog that is individually trained to perform tasks or do work for the benefit of a person with a disability. The tasks or work the dog does must be directly related to the person's disability. The ADA uses the same definition of service animals.

Under these definitions, service animals include:

- a guide dog (or "seeing eye" dog) who helps someone who is visually impaired navigate public transportation and city streets.
- a hearing dog who alerts someone who is hearing impaired to important sounds, like doorbells and alarms, or
- a seizure alert dog who warns someone with epilepsy of the onset of a seizure

Under the ADA, the owner of a public accommodation may not ask an individual questions about their disability or demand to see certification or other proof of their animal's training or status. If it is not apparent what the service animal does, the establishment may ask the person only whether it is a service animal, and what tasks it performs for them.

Alabama law and the ADA both prohibit public accommodations from charging a special admission fee or requiring an individual to pay any other extra cost to have their service animal with them. However, the individual may have to pay for any damage the animal causes.

Under the ADA, a service animal can be excluded from a public accommodation if it poses a direct threat to the health and safety of others. For example, if the dog is aggressively barking and snapping at other individuals, the facility can ask that the dog be removed. The animal may also be excluded if it is not housebroken, out of control, and the person cannot or will not take measures to control them.

Therefore, psychiatric service dogs are also included (Alabama expanded its service dog law beyond physical disabilities in 2011). These animals may assist people with mental disabilities by interrupting self-harming behavior, scanning spaces for intruders, responding to anxiety attacks with calming pressure, or providing medication reminders. Service dogs can perform a variety of other tasks too, from alerting someone of potentially deadly allergens, to tracking a child with autism who has wandered away.

Neither the ADA nor Alabama's service animal law includes what some people call "emotional support" animals that provide a sense of safety, companionship, and comfort to people with psychiatric or emotional disabilities or conditions. Although these animals often have therapeutic benefits, they are not individually trained to perform specific tasks for their handlers. These laws also do not apply to pets.

FAMILY EMERGENCY PLANS

If you or someone close to you has a disability or other functional or access need, it is important to take additional steps to prepare during emergencies. Additional steps may include creating a *Family Emergency Plan and Kit* that addresses specific health and safety needs. The *Family Emergency Plan* should address any specific medical support, transportation, and/or communication needs to maintain health, safety, and independence during a public health emergency.

For additional information and resources from the Alabama Department of Public Health, please visit our website at www.alabamapublichealth.gov

Record of Changes

Date	Description of Changes	Page #	Revision made by (Signature)	Rationale