CDC PERLC and ASPPH Webinar:
Improving Systems that Serve Vulnerable Populations Before, During and After Disasters
July 23, 2014

Questions from Attendees and Responses from Presenters

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Q:	Can you provide a little bit more information about what refugees' vulnerabilities are and how these can be addressed?
A:	Refugees vulnerabilities can be many, and while some of the vulnerabilities may be similar to those vulnerable populations in your community, some may be unique to this population. Refugees may lack context to the current situation they find themselves in, as their previous experiences may not have involved the hazards or situations they currently face. Funding for agencies and organizations may specifically include or exclude these populations. Also, specific laws and regulations apply to refugees. Potential challenges to providing services to refugee populations can be addressed in pre event or incident planning to determine potential issues, work arounds and what agencies and organizations need to be involved in the planning process.

Q:	Were survey results analyzed by vulnerability group (i.e., health vulnerability group)? If so, what differences (if any) did you observe?
A:	No. The survey results have not been analyzed by vulnerability group. This would be difficult as several of the organizations serve multiple groups and populations may have concurrent vulnerabilities that would place the same populations in multiple vulnerability groups.

Q:	What experience do you have re: the handling of emergencies involving child care centers? Any suggestions?
A:	I have had some experience related to child care center emergencies, specifically related to emergency response and hazardous materials. Planning for children in disasters is critical and can vary from facility to facility based on the local hazards and the age of the children. Plans should be based on what parents or guardians will do, not what they should do. An example would be when the parents or guardians learn of the incident, many times they will rush to the school to get the child. Plans should consider both the behaviors and steps to take for the adults as well as the children. The children and center workers should be trained on the plan. The parents should be advised of the plan and what they can do before, during and after the event or incident to best protect the children and keep them safe.

Q:	What approach should we take to determine where vulnerable populations are in our community?
A:	This can be done directly or by proxy. The direct approach can be to engage members of the specific vulnerable population in pre-planning activities. The proxy approach may be to work with agencies and organizations that serve vulnerable populations. Both the direct and proxy approach will help to identify locations in your community where vulnerable populations are located.

Q:	Do you know whether any FEMA evacuation plans currently exist to remove our youth from areas where social unrest has or is expected to erupt? For example, to reunite college students with their families.
A:	I am not aware of any FEMA evacuation plans to relocate youth from potential areas of social unrest. In communities, those plans and that role is usually placed with local first responders, such as law enforcement.

Q:	You spoke a bit about special needs shelters in your presentation. Do you think they need to be separated from the general populations during shelter operations?
A:	General and Special Needs Shelters can be collocated in the same building, but if space does allow, it may be best to separate these populations for safety and care related issues. That said, efforts should be made to keep families together where able.

Q:	Is it possible to get a copy of the survey that referred to in the presentation?
A:	Please contact Robert (Bob) Tabler at rtabler@health.usf.edu or 813-988-1384 for inquiries related to the survey tool.

Q:	Can you share best practices on systems regarding how to keep vulnerable population organizations' contact details consistently up-to-date?
A:	The task should be assigned to a specific individual, or preferably, a group such as a strike team or task force involved in disaster preparedness, response or recovery. This update should be on a regular schedule, such as before the start of tornado or hurricane season. The numbers should be checked at intervals. One idea may be to have the numbers programmed into the mass phone call notification systems that many Emergency Management offices have, so the testing to be sure the number is still good can be done quickly and efficiently.

Q:	Can you talk a bit about how to effectively make plans scalable? Are there some tips or best practices for this? Scalability is often mentioned, but seldom discussed in any detail.
A:	Great question. One important thing to consider is the measures, metrics and timeliness of being able to use the scale that is chosen. What essential elements of information or EEI's do you need to know so that you can tell where on the continuum of the event or incident you currently are or anticipate that you will be? Will the scale used be able to be available during the actual response or does it require data and information that will be delayed or available after the event or incident? Plans can use existing classification systems, such as the Saffer- Simpson Hurricane scale for plans related to hurricane response. Other times, plans can include trigger language, such as 'if ___ (fill in the blank) happens, then ____ (fill in the blank) actions start or ____ (fill in the blank) actions stop'. Plans can also contain or reference what plans will be implemented when specific thresholds are crossed or specific things are initiated, which is sometimes referred to as branch planning. Leadership and Command staff can also be provided with a decision briefing that provides several options of action, based on the current or future anticipated situations. It also depends on if the situation is escalating, stabilizing or if demobilization is an appropriate action or activity and what the indicators are to be able to determine that.

Q:	In the survey were real world responses allowed to be considered as an exercise of the COOP/EOPs?
A:	Yes.

Q:	Do you have any suggestions for health department staff engaging with grassroots community organizations who may have distrust with governments or previous negative experiences?
A:	Health department staff should examine their motivations, expectations and possible stereotypes that will interfere with building rapport. The primary efforts should be in maintaining a humility and fostering cultural relativism. We should not be surprised if there is little trust in the community. Distrust builds over time. It takes time to rebuild trust. Openness is critical. Community must feel an integral part of the process and insure that they are at the table from the beginning of the process to the end. The attitude adjustment needed may be on the part of the health department not the community. Never presume that you know what the communities issues. You must engage community in discovering their issues. Look inwards first.

Q:	Approximately how many Native American Tribal PHEP programs do you work with in regards to public health emergency preparedness? How effective are these available trainings in the tribal PHEPs, overall?
A:	We have two recognized tribes in our service area, and the trainings are available for these tribes to download or use if they choose. Also, our trainings are available to any individual or group both within or outside of our service area.

Q:	Are you familiar with any studies, organizations, or other research that has positioned emergency preparedness as a social justice issue or has tied emergency preparedness into discussions about health equity?
A:	I believe Policylink has done some work in this area.