

LESSON 4-2

ACCESS AND FUNCTIONAL NEEDS

Lesson: Access and functional needs

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Intended Audience of Learners

A broad range of health professionals who may work with the older adult population.

Competencies

This lesson supports learning related to the following competencies, with regard to *access and functional need considerations and caring for the older adult population during the disaster cycle*:

Core Competencies and Subcompetencies from [Walsh L, Subbarao I, Gebbie K, et al. Core competencies for disaster medicine and public health. *Disaster Med Public Health Prep.* 2012;6\(1\):44-52. doi: 10.1001/dmp.2012.4.](#)

Core Competency 7.0 “Demonstrate knowledge of principles and practices for the clinical management of all ages and populations affected by disasters and public health emergencies, in accordance with professional scope of practice.”

Subcompetency 7.1 “Discuss common physical and mental health consequences for all ages and populations affected by a disaster or public health emergency.”

Core Competency 8.0 “Demonstrate knowledge of public health principles and practices for the management of all ages and populations affected by disasters and public health emergencies.”

Subcompetency 8.2 “Identify all ages and populations with access and functional needs who may be more vulnerable to adverse health effects in a disaster or public health emergency.”

Subcompetency 8.3 “Identify strategies to address access and functional needs to mitigate adverse health effects of disasters and public health emergencies.”

Subcompetency 8.4 “Describe common public health interventions to protect the health of all ages and populations affected by a disaster or public health emergency.”

Learning Objectives

At the end of this lesson, the learner will be able to:

- 4-2.1 Describe the CMIST Framework of disaster preparedness for the geriatric population as it relates to healthcare professionals.
- 4-2.2 Integrate the CMIST Framework into the local healthcare context; apply to preparedness, response, recovery, and mitigation activities relevant to the geriatric population.

Estimated Time to Complete This Lesson

30 minutes

Content Outline

Module 4: Caring for older adult populations during the disaster cycle: Preparedness, response, recovery, and mitigation

Lesson 4-2: Access and functional needs

- I. Definition of *access and functional needs*: At-risk individuals with access and functional needs are those who have, other needs that may interfere with their ability to access or receive medical care before, during, or after a disaster or emergency.
 - a. Access-based needs refer to ensuring that resources are accessible to all individuals, such as human services, housing, information, transportation, and medications to maintain health.
 - b. Function-based needs refer to restrictions or functional limitations that hinder an individual’s ability to perform fundamental physical and mental tasks or activities of daily living (ADLs), such as eating, toileting, or bathing. This definition reflects the capabilities of the individual, not the condition, label, or medical diagnosis.
 - c. A tool for operationalizing access and functional needs and planning for those individuals who may require additional assistance before, during, or after a disaster or emergency is the CMIST Framework, an acronym with the following

cross-cutting categories necessary for whole community¹ planning and preparedness:

II. CMIST Framework

CMIST Category	Definition	Examples
C = Communication	Individuals with communication needs may have limited or no ability to speak, see, hear, or understand. During an emergency, people with communication needs may not be able to hear announcements, see signs, understand messages, or verbalize their concerns.	<p>Examples of individuals with communication needs include those who have the following limitations:</p> <ul style="list-style-type: none"> • are deaf or hard of hearing, • communicate via American Sign Language (ASL), • have limited English proficiency or do not speak English at all, • are blind or have low vision (including cataracts or macular degeneration), or • have cognitive or physiological limitations (including dementia and Alzheimer’s disease, an intellectual disability or some type of autism).
M = Maintaining health	During an emergency, people may be separated from family or caregivers. These individuals may require personal assistance services (PAS), or personal care assistance, in maintaining their ADLs.	<p>Examples of ADLs for individuals who require PAS² include</p> <ul style="list-style-type: none"> • eating, • bathing, • dressing, • grooming, • transferring, and • toileting. <p>Additional examples of support to geriatric individuals to maintain their health can include</p> <ul style="list-style-type: none"> • giving insulin injections or other support in diabetes management, • provision of foods that meet specific dietary restrictions, and • storage of medications requiring

		refrigeration.
I = Independence	<p>Preparedness planning requires ensuring that people who are able to function independently if they have their assistive devices or equipment are not separated from their durable medical equipment or service animals and have access to a power source for battery-powered assistive devices.</p> <p>During planning it is important to be cognizant of the wide range of older adults with access and functional needs. For example, two individuals with the same diagnosis or with what appears to be the same condition may have different access and functional needs.</p>	<p>Example of devices/equipment/technology for maintaining independence include the following:</p> <ul style="list-style-type: none"> • mobility aids (wheelchairs, walkers, canes, crutches), • communication aids (hearing aids, communication boards, computerized communication device), • medical equipment (catheters, oxygen, syringes, medications, consumable medical supplies), and • service animals (animals specifically trained to perform tasks to assist people with disabilities such as guide dogs³).
S = Services and Support	<p>During a disaster or emergency, some people with psychiatric conditions (such as dementia, Alzheimer's disease, schizophrenia, or severe mental illness), addiction problems, or traumatic brain injury may become anxious due to transfer trauma. While some individuals are able to function well, others require services and support. People with disabilities are the most knowledgeable about their own needs and health care, and emergency responders should ask people with disabilities what they need.</p>	<p>Consideration should therefore be given to the following:</p> <ul style="list-style-type: none"> • People with dementia, an intellectual disability, or autism are especially susceptible to chaos (i.e., loud noises, flashing lights, crowds) and emotional trauma. • They have a limited ability to understand, depending on the stage of their illness. • Inform others of the person with dementia's condition as appropriate. • Do not leave this individual alone, it only takes a moment for someone to wander away and get lost. • Do your best to stay calm. Persons

		with dementia, an intellectual disability, or autism will respond to your emotional tone.
T = Transportation	People who may require transportation support due to access and functional needs includes some individuals with <ul style="list-style-type: none"> • disabilities, • age restrictions, • temporary injury, • poverty, • legal restriction, or • no access to a vehicle. 	Examples of preparedness planning for individuals with transportation needs include coordination with mass transit authority, coordination for the provision of accessible vehicles (such as paratransit and accessible buses or other types of accessible mass transit vehicles), coordination for the availability of drivers (especially in a no-notice event or for a long-duration event), and ensuring the availability of fuel. Planning consideration must also be given to vehicles that can safely transport medical devices or equipment such as oxygen.

III. Preparedness, response, recovery, and mitigation activities using the CMIST Framework

a. Preparedness considerations

- i. Building consideration of the CMIST Framework into response planning, recovery planning, and mitigation efforts.
 1. Example: Transportation Needs. Preparedness planning requires coordination with mass transit authority and coordination for the provision of accessible vehicles (such as paratransit).
 2. Example: Use the cross-cutting nature of the CMIST Framework to address multiple access and functional needs. For example, a geriatric individual with communication needs (related to advanced dementia) who also needs assistance with maintaining health (receives personal assistant services).

b. Response Considerations

- i. The CMIST Framework provides a tool for addressing access and functional needs during a response.
 1. Example: The City of Oakland, California, created a training module to facilitate Americans with Disabilities Act

compliant⁴ mass care and shelter services for people with disabilities and older adults in the general shelter environment.

- a. Functional Needs Focused Care & Shelter: Serving People with Disabilities and Older Adults in the Mass Care and Shelter Environment. City of Oakland, Mass Care and Shelter Annex Functional Needs Component.
<http://www2.oaklandnet.com/oakca1/groups/pwa/documents/webcontent/oak044842.pdf>. Published August 15, 2013. Accessed July 10, 2015.
- c. The CMIST Framework directly feeds into the areas of response, recovery, and mitigation for greater population benefit and impact.

Suggested Learner Activities for Use in and Beyond the Classroom

1. Learner Activity Idea 1:

Divide the entire class into 5 groups. Assign each group one CMIST Framework category (i.e., Group #1 is C= Communication, Group #2 is M = Maintaining health, etc.). Ask each group to create a profile for a geriatric individual that highlights the CMIST Framework category they were assigned (i.e., if assigned Group #1C= Communication, create a profile for a geriatric individual who is hard of hearing, has limited English proficiency, or has a cognitive limitation). Profiles should include the name, age, location, and the access and functional needs of the geriatric individual. Selection of disaster or emergency scenarios can be based on local hazards (e.g., earthquakes in California, hurricanes in Alabama, flooding in Minnesota, power outage, heat advisory).

Each group should then identify the access and functional needs of their geriatric individual before, during, and after the disaster or emergency scenario selected. In addition to identifying the access and functional needs, the group should also identify creative solutions and accommodations for their geriatric individual. For example, Group #2, Maintaining health, may develop a scenario for a frail older adult who has mobility limitations with transferring in or out of bed; perhaps her home is damaged in a tornado and she becomes a temporary resident of a general population shelter. A potential solution for this individual may be to push a shelter bed against a wall, which enables her to transfer in and out of bed independently, thus requiring less PAS.

Once each group has created this profile and discussed the implications of their individual's access and functional needs within the context of the disaster or emergency scenario, representatives of each group will share their individual profiles with the class. During the report, the student should describe the access

and functional needs of his or her geriatric individual before, during, and after a disaster or emergency and the role of the health care professional in addressing the individual's access and functional needs.

Following all the presentations, a large class discussion on the attributes of each geriatric individual should be facilitated by the instructor. The facilitated discussion topics should include the cross-cutting nature of the CMIST Framework, the challenges of supporting individuals with multiple access and functional needs, and levels of preparedness, response, recovery, and mitigation that would be required to meet the access and functional needs of each sample individual.

2. Learner Activity Idea 2 (for clinical health care professionals):

Allow free-form class discussion of the class' personal experience as health care professionals with individuals with access and functional needs. The discussion should specifically include challenges and successes encountered while providing care to individuals with access and functional needs. Emphasize the abilities and strengths people with access and functional needs have by including a discussion on the health resilience of geriatric individuals. For example, a woman in her 80s may require a walker for mobility, but is otherwise independent ("I" in CMIST Framework).

Next, direct the discussion to using the CMIST Framework to illustrate a whole community, cross-cutting approach for emergency preparedness planning, response, recovery, and mitigation that supports individuals with access and functional needs. Finally, discuss any apparent gaps in the CMIST Framework as a tool to integrate the access and functional needs of older adults into emergency and disaster preparedness, response, recovery, and mitigation activities.

Readings and Resources for the Learner

- Required Resources
 - Kailes JI, Enders A. Moving beyond "special needs." A function-based framework for emergency management and planning. *J Disabil Policy Stud.* 2007;17(4):230-237. <http://www.jik.com/KailesEndersbeyond.pdf>. Accessed February 4, 2015.
- Supplemental Resources
 - Disaster preparedness planning for older adults. US Department of Health and Human Services, Public Health Emergency website.

- <http://www.phe.gov/Preparedness/planning/abc/Pages/older-adults.aspx>. Updated October 30, 2013. Accessed January 15, 2015.
- Disaster resources for people with disabilities and others with access and functional needs, emergency managers & planners & disability-focused organizations. June Isaacson Kailes, Disability Policy Consultant website. <http://www.jik.com/disaster.html>. Updated July 10, 2014. Accessed January 15, 2015.
- FEMA's functional needs support services guidance. US Department of Health and Human Services, Public Health Emergency website. <http://www.phe.gov/Preparedness/planning/abc/Pages/functional-needs.aspx>. Updated December 18, 2012. Accessed January 15, 2015.
- Personal preparedness for individuals with disabilities: sheltering in place and evacuation. US Department of Health and Human Services, Public Health Emergency website. <http://www.phe.gov/Preparedness/planning/abc/Pages/shelterinplace.aspx>. Updated November 30, 2012. Accessed January 15, 2015.
- Understanding how to accommodate service animals in healthcare facilities. US Department of Health and Human Services, Public Health Emergency website. <http://www.phe.gov/Preparedness/planning/abc/Pages/service-animals.aspx>. Updated January 2, 2013. Accessed January 15, 2015.
- Public health emergency discussion series. US Department of Health and Human Services, Public Health Emergency website. <http://www.phe.gov/Preparedness/planning/abc/Pages/phediscussion.aspx>. Updated February 17, 2012. Accessed January 15, 2015.
- Communicating with persons with access and functional needs. US Department of Homeland Security website. <https://share.dhs.gov/p7d56x492el/?launcher=false&fcsContent=true&pbMode=normal>. Recorded June 4, 2014. Accessed January 15, 2015.

Learner Assessment Strategies

1. Direct students to work in groups to create a presentation outlining the CMIST Framework and its application for addressing the access and functional needs in a specific health care setting where they are likely to encounter a geriatric population (e.g., hospital, skilled nursing facility, Program of All-Inclusive Care for the Elderly [PACE]). Ensure that they address the role of public health partners who might be involved during a disaster or emergency.
2. Ask each learner to draft a response to how their workplace engages in emergency planning and response activities and how the CMIST Framework would fit into that

planning. Have the learner focus on facilitators and barriers to implementation of the CMIST Framework. Divide students into groups to discuss their responses and end with a larger class discussion on the best practices and challenges of integrating the CMIST Framework.

Readings and Resources for the Educators

- Required Resources
 - Kailes J, Enders A. Moving beyond “special needs.” A function-based framework for emergency management and planning. *J Disabil Policy Stud.* 2007;17(4):230-237. <http://www.jik.com/KailesEndersbeyond.pdf>. Accessed February 4, 2015.

- Supplemental Resources
 - Disaster resources for people with disabilities and others with access and functional needs, emergency managers & planners & disability-focused organizations. June Isaacson Kailes, Disability Policy Consultant website. <http://www.jik.com/disaster.html>. Updated July 10, 2014. Accessed January 15, 2015.
 - FEMA’s functional needs support services guidance. US Department of Health and Human Services, Public Health Emergency website. <http://www.phe.gov/Preparedness/planning/abc/Pages/funcitonal-needs.aspx>. Updated December 18, 2012. Accessed January 15, 2015.
 - Personal preparedness for individuals with disabilities: sheltering in place and evacuation. US Department of Health and Human Services, Public Health Emergency website. <http://www.phe.gov/Preparedness/planning/abc/Pages/shelterinplace.aspx>. Updated November 30, 2012. Accessed January 15, 2015.
 - Understanding how to accommodate service animals in healthcare facilities. US Department of Health and Human Services, Public Health Emergency website. <http://www.phe.gov/Preparedness/planning/abc/Pages/service-animals.aspx>. Updated January 2, 2013. Accessed January 15, 2015.
 - Public health emergency discussion series. US Department of Health and Human Services, Public Health Emergency website. <http://www.phe.gov/Preparedness/planning/abc/Pages/phediscussion.aspx>. Updated February 17, 2012. Accessed January 15, 2015.
 - Communicating with persons with access and functional needs. US Department of Homeland Security website. <https://share.dhs.gov/p7d56x492el/?launcher=false&fcsContent=true&pbMode=normal>. Recorded June 4, 2014. Accessed January 15, 2015.

Sources Cited in Preparing Outline and Activities Above

1. *A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action*. FDOC 104-008-1. FEMA. http://www.fema.gov/media-library-data/20130726-1813-25045-3330/whole_community_dec2011__2_.pdf. Published December 2011. Accessed January 15, 2015.
2. Office of disability employment policy: personal assistance services. US Department of Labor website. <http://www.dol.gov/odep/topics/PersonalAssistanceServices.htm>. Accessed January 15, 2015.
3. The Americans with Disabilities Act of 1990 and Revised ADA Regulations Implementing Title II and Title III. US Department of Justice website. http://www.ada.gov/2010_regs.htm. Accessed May 8, 2015.
4. *Americans with Disabilities Act: ADA Checklist for Emergency Shelters*. US Department of Justice. <http://www.ada.gov/pca toolkit/chap7shelterchk.htm>. Published July 26, 2007. Accessed July 10, 2015.