

Speaker 1 ([00:09](#)):

Welcome to Hotwash. I'm Trudy.

Christine ([00:11](#)):

And I'm Christine we're emergency management and public health professionals.

New Speaker ([00:16](#)):

Nerds talking about law and policy of emergencies.

Christine ([00:21](#)):

Today on episode nine of Hotwash, Trudy, and I are talking vulnerable population planning, why it's important and best practices for our listeners.

Music ([00:37](#)):

Ketsa. "Mission Ready." Raising Frequency, <https://freemusicarchive.org/static>.

New Speaker ([00:39](#)):

Well, Christine we're on episode nine.

Christine ([00:42](#)):

Welcome to episode nine, Trudy.

New Speaker ([00:45](#)):

And we have been doing this from various rooms in our house for almost the entire season.

Christine ([00:52](#)):

Yes, yes. This is a lot different than how we initially planned.

Trudy ([00:57](#)):

It's not gone according to what we thought it would would do.

Christine ([01:00](#)):

which is just sort of a life lesson for all of the planners out there for everyone really.

Trudy ([01:07](#)):

So it makes kind of a good sense, kind of a good sense if that's the phrase we can use and that we.

Christine ([01:15](#)):

It's a phrase.

Trudy ([01:16](#)):

in our penultimate am I using that correctly penultimate episode for the season?

Christine ([01:23](#)):

You're getting real fancy here today.

Trudy ([01:26](#)):

Sorry. I always want to use that word because it sounds like, I don't know. Anyway, that's an aside that I won't get into. So this is our penultimate episode for the season, but we're going to talk about vulnerable populations and planning for vulnerable populations. And we're currently living through a pandemic, which has led to all of this innovation and podcasting technology, but there's also a lot of conversations happening about planning in general for public health emergencies and then an emergency management generally. So it's been interesting to see these conversations taking place on the large scale, you know, in the news media, we're seeing all these different things. So why do we need to consider vulnerable populations when planning, I asked that knowing that part of the national discussion has been talking about that, but yeah.

Christine ([02:19](#)):

I still think it needs to be talked about, I think vulnerable population planning isn't something that really came along until, I mean the last, what like 10 years or so?

Trudy ([02:28](#)):

Maybe 15. I mean, can we say it, it really started in earnest after Katrina? Is that a fair statement?

Christine ([02:36](#)):

Yes.

Trudy ([02:36](#)):

And I mentioned that vulnerable populations planning came to the forefront of the conversation largely because of Katrina in 2005, but even six years later, in 2011, this was still an issue that was being discussed. There was a lawsuit, there was a lawsuit in LA where disability rights groups sued the city of LA on behalf of about 800,000 disabled residents saying that LA's emergency plans didn't include them for evacuation and notification in the disaster plans. And there were similar suits in DC, as well as New York, again, filed on behalf of, or by disability rights organizations. And that really, again, brought the conversation to the doors of those planners. And there were, I think almost all of the suits were settled by the agreement to include those people in the planning process.

Christine ([03:32](#)):

Vulnerable population planning is important for a number of reasons. First of all, lives are at stake. You mentioned hurricane Katrina, 71% of the people who died during that emergency were older than 60. I mean, a lot of the planning discussion that we've been having this past season has been about literally saving people's lives. So if that, I mean, if that does not move you then also think about you almost certainly know someone who falls within a vulnerable population category. It could be yourself, it can be your child, your parent, your neighbors, your coworkers, your friends.

Trudy ([04:09](#)):

It could be people that, you know, but don't know are vulnerable, Right.

Christine (04:12):

So it's incredibly important to plan for how these vulnerable populations might need additional help or how they may be impacted disproportionately compared to the rest of the population. I think the CDC does a great job of explaining some of this stuff on their website. They say for instance, that where there's an 80% chance that I turned some point in my life will experience a temporary or permanent disability.

Trudy (04:39):

And that could be anything from you have a broken leg and your own crutches, which in ordinary times is not a big deal. But if you're trying to get out of a building quickly, right, and you can't take the elevators, that's a problem.

Christine (04:55):

Yeah. If you have to evacuate because there's a hurricane coming and you have a temporary or permanent disability that affects your mobility, that's, that's absolutely huge. You need additional assistance. And so, I mean, put yourself in that place. Wouldn't you want someone to have a ride and come in and be able to come help you out.

Trudy (05:17):

Right. And I think that's an important way of looking at it because it helps. I think it helps make it more real for a lot of people who don't generally think about these things. And that way, you know, if you've ever sprained your ankle and struggled with getting into the office or any, any minor thing, if you put that in the context of an emergency, it becomes a very different situation.

Christine (05:38):

So the discussion in the media today is sort of, well, I don't have COVID-19, so why do I need to take these extra steps?

Trudy (05:46):

Like wearing a mask or the physical distancing.

Christine (05:50):

I think it's important to point out it's the information we have about COVID-19 and its effects is still developing in the beginning of this pandemic, the sort of common wisdom was that COVID-19 didn't really affect children that much. But now we're finding out that some children are particularly vulnerable to COVID-19 and having very serious health impacts because of it.

Trudy (06:14):

So who is considered a vulnerable population? Part of that can change depending on the incident or the event, or as we get more information. But then we also have sort of groups that we've already identified as vulnerable,

Christine (06:27):

Just sort of general categories of people who we plan for are. Anyone who has difficulty communicating that could be due to a language barrier or a physical illness or whatnot. Anyone who has difficulty

accessing medical care. So that's actually a huge, that's a huge range of people who may not have access to medical care for a variety of reasons due to their geographical location, due to their financial situation, lack of insurance. We're also talking about anyone who needs help maintaining independence. So this could be older adults. This could be folks with any sort of mobility disability. We're talking about populations who require essentially supervision. This could be children or people that have dementia and sort of the last overarching category is anyone who may need help accessing transportation. That's particularly huge. Think about hurricane Katrina, even though folks were asked to evacuate a ton of people couldn't, they didn't have access to cars. They didn't have access to any public transportation.

Trudy (07:37):

Public transportation was closed.

Christine (07:37):

There aren't robust systems for public transportation if you don't have the funds, essentially. So those are the general overarching categories. And then I'm just going to list who, who those people may be. So older, older adults, children, definitely pregnant women, or thinking about a different family situations. Single parents think about if you had to evacuate with several children, think about if you had to provide long-term homeschooling for your two children. Oh, wait, that's happening now. So also people with disabilities, racial and ethnic minorities, there are multiple reasons why those folks fall into vulnerable populations, but pretty much think about the determinants of health. People who speak languages other than English, people who rely on medical interventions, such as dialysis or even medications during the civil unrest in Baltimore, several years ago, there were disruptions to people's ability to pick up medications from pharmacies. And in some cases that can be life threatening. Also thinking about access to medication assisted treatment, which is key for many people to maintain normal lives.

Trudy (08:48):

Which I will say, I think we've seen some good, um, I guess the, you know, we haven't had a long enough window to really evaluate it, but we have seen people that are involved in medication assisted treatment and those organizations making accommodations for the pandemic and people who are under stay at home orders.

Christine (09:09):

We have, we also need to consider people who don't have access to housing for multiple reasons. They may be more at risk for transmission of illnesses, but also think about extreme weather events, think about extreme heat or extreme cold, right? And so when you think about people who don't have access to housing, you also have to think about people who don't have access to heating and cooling,

Trudy (09:31):

which is again what we saw with hurricane Katrina, because we had a vulnerable and medically fragile elderly people in nursing homes and long term care facilities that lost power. And temperatures just went through, right? I mean like a hundred degrees. We say that with hurricane Irma too.

Christine (09:50):

Even during the regular, regular summer and winter without emergency is older adults particularly suffer under these extreme heat and cold conditions. I think we talked about it in a previous episode with Hassan.

Trudy ([10:05](#)):

Yeah. I think it's almost saying that they're thinking about how to have the cooling centers, particularly the summer in a way that's still physically distanced.

Christine ([10:14](#)):

So then sort of the general final category is people with limited resources, limited access to transportation, you know, if I'm barely making ends meet, then I can't do the things that like FEMA recommends to prepare for emergencies. I can't stockpile food. I can't have a lot of emergency cash somewhere. I don't have a generator. I don't have the ability to, in some cases provide, you know, get access to transportation so I can evacuate if necessary. Some of these categories as we sort of discussed overlap.

Trudy ([10:50](#)):

Okay. So when we're thinking about these vulnerable population groups, generally, there's also two different ways of planning, which is the pre-incident and then the planning for a specific incident. So what's the difference and why this here, here we go. Here's one of my questions. So what's the difference between pre-incident planning and planning for a specific incident? Do we do the same things for them? Are they both important? What's the, why do we make that distinction? And what's important about that distinction?

Christine ([11:20](#)):

So this is a little bit planning 101. Maybe we should have talked about that. The very beginning of our podcast series.

Trudy ([11:27](#)):

We need to get Megan Timmins back on.

Christine ([11:31](#)):

So both pre-incident planning and planning for a specific incident are incredibly important and they are different things. You're not doing the same thing for each pre-incident planning really allows us to create a general framework about how we would address an emergency. This is broad strokes kind of things. This, this really talks about process, I think, and coordination. How are we going to, how are we going to communicate with our partners? How are we going to communicate internally? Who are the people generally who will fill these emergency roles, who are the people who are making decisions? And in terms of vulnerable population planning, pre-incident planning should be a really close look at our jurisdiction. So we know the people and the facilities and the resources within our jurisdiction, pre-incident planning should also have meaningful. And I'm emphasizing the word, meaningful engagement with those populations we're attempting to plan for. I think it's incredibly important that we borrow from harm reduction, and we always center the voices of the people we're attempting to serve because in many cases, I mean, in all cases, they are the experts in their own circumstances. People who fit it fall into these categories, know their needs and sort of their workarounds better than I could. So it's important to talk to them as it turns out, right?

Trudy ([12:53](#)):

So getting them to the table for that pre-incident planning.

Christine ([12:56](#)):

We all know that sometimes planning does not occur in the most formal way possible, but if you're following, if you're following any sort of official planning process, then make sure to have folks at the table.

Trudy ([13:08](#)):

And I think also part of it is, is asking the right questions, right? Because getting people to the table is very important, but then also you have to allow from the, from the planner side, I think an opportunity to say there could be whole swaths of information or knowledge that we're, we don't even know, you know, the unknown unknowns that we need you as, as the people who know the most about this, to tell us, like, what are we not thinking about? I think can help rule in or rule out so much, you know, just those kinds of questions you may be thinking about a particular facility when you're thinking about heating or cooling centers and some very basic questions, important questions can automatically make those centers or potential facilities a possibility or not a possibility.

Christine ([14:01](#)):

I think it's also important to engage with these populations and these facilities that we're attempting to plan for because in many cases the planning has already been done. I think we talked to Nicole a while back and she said she started this, started to look at the behavioral health, mental health work group. And once she started engaging with the partners, she learned that they had already done the work. So she, she didn't do the heavy lifting.

Trudy ([14:30](#)):

Right. It's uh, yeah, exactly. And, and that is another part of, you know, Christine, you like to say that a plan is nothing planning is everything. I mean, that's part of it, right. Is having those conversations to know like, Oh, this is out there and we didn't know this and how do we make all of those? You know, if you have 20 people who have done pre-planning, that's awesome. And then making sure that those pre planning discussions all kind of line up. Yeah. That becomes the lift.

Christine ([15:05](#)):

Yeah. So the pre-incident plan, oftentimes, as we've discussed, before it gets thrown out the window, when the emergency occurs and that's fine and that's expected because as it turns out, none of us are fortune tellers. That's not in my, that's not on my resume. I can't plan for every contingency. Right. I can't predict the future, but the pre-incident planning process engages stakeholders, builds connections with partners, be it federal state, regional local, it's nonprofit, it's governmental partners. Also in many ways it creates an investment in the collaboration and the coordination that will need to occur in the emergency. I guess, in some ways it empowers your partners to be part of the process and sort of own their responsibilities and their roles.

Trudy ([15:55](#)):

And it allows those people that, that do have that knowledge to be a part of it. So that, you know, you have this plan things aren't going, according to plan, you can say, well, we don't have a specific answer for this, but we know the organization or the person who to call who will help us get to the answer and emergencies that are quickly evolving. That is almost more important than any other part of yes. Yes. It's that relationship in that? It's not an institutional knowledge because it's a group of people, but it's that knowledge base.

Christine ([16:25](#)):

If I don't know the answer, but I know who to call bingo. I just want you to know that you're always my phone my friends. you're up. So I think we we've heard still away a little bit from the vulnerable population planning, but.

Trudy ([16:43](#)):

We have on a concept that's important to emergency management generally. So for specific incident planning with vulnerable populations.

Christine ([16:51](#)):

So the specific incident planning happens essentially once we foresee that an incident an emergency will occur or you know, it's happening right now, but that really happens in usually a fairly formalized process in the emergency operations center, through the incident command system, using like the planning P. We need Megan to explain what the planning plan.

Trudy ([17:18](#)):

Next season on hotwash, the planning, we explain basic principles of emergency management. We should have explained in season one,

Christine ([17:27](#)):

We can just get more nerdy next season and talk about things. I know that you folks at home listening are on the edge of your seats.

Trudy ([17:36](#)):

What is the planning p?

Christine ([17:37](#)):

But it's just a formalized process to sort of take what we know about the incident, take what we know about our resources and what we need to do and create strategies and tactics, those for those things to happen. So specific incident planning, let's talk through a scenario actually. Okay. So there's a severe weather event. That's occurring. That's causing a lot of flooding and we know it will continue to cause a lot of flooding in a particular area. We know from our pre-incident planning that there is an assisted living facility or a senior living facility in that area. And we know that they've been having trouble with their power. They may be in danger of losing their power. So because we've done this pre-incident planning, we know that a loss of power at that facility is a big deal. We know that 50% of the folks who are in this facility used electric dependent medical devices. So they need those devices in order to live. So if their power goes out, we could have 50% of that facility who are in a life threatening situation. We also know because we had an in depth discussion with that facility that they can't evacuate on their own. They will need significant outside resources assisting with the evacuation of the facility, and they'll need about 48 hours to evacuate. From previous emergencies, we know that emergency evacuations, particularly for fragile older adults are difficult. It puts, it puts these folks in a lot of stress which may aggravate or worsen health conditions. So we know that in many cases, we don't want to evacuate.

Trudy ([19:16](#)):

Yes, it's the last resort measure.

Christine ([19:18](#)):

Yes. But if they lose power, then 50% of the folks are in this very life threatening situation. And we need to make a decision sooner rather than later on evacuation. Right? So the, the specific incident planning would be, we have the incident commander. We have the folks at the EOC discussing with the folks at the facility to make a decision. Do we evacuate? If so, what are the resources that the County can bring to help in the evacuation process? There it's ambulance crews, fire crews, local law enforcement officers, whether it's volunteers from like CERT or Maryland Responds or whatever the equivalent is in your jurisdiction, what vehicles are available. And also, where are we going to be evacuating these folks too. And in many cases, these facilities are private. And so they would go to possibly like a sister facility. Maybe some families can take their loved one home. Maybe those folks are going into a temporary shelter, which is not ideal for this population. But because we've done, pre-incident planning, we can tackle this specific incident planning, knowing a lot of the factors, knowing sort of what the decisions are that we have to make, knowing what resources are available. And hopefully quickly come up with a plan of action for that.

Trudy ([20:38](#)):

Thinking about the specific incident planning, we now find ourselves in the COVID-19 pandemic and Christine, you, and I know, and people who work in public health or emergency management know that the model for planning for a public health emergency for a long time has been a pandemic influenza. And so there has been some of that pre-planning for pandemic influenza, and maybe even some specific incident planning for pandemic influenza at different levels of governments and agencies and organizations. But with COVID-19, we have a lot more specific information because we're living through it currently. So when we're talking about vulnerable populations with COVID-19, we know a little bit more about the groups we have those general categories, but we have some more specifics as the information about COVID-19 is developing.

Christine ([21:29](#)):

Some of this guidance has changed, but we know that it's people who are vulnerable are people who are immune compromised or otherwise at risk for severe illness, older adults, particularly those with preexisting conditions or living in a facility for seniors. The fatality numbers are actually older adults make up eight out of ten of the fatalities.

Trudy ([21:52](#)):

When I think older now that I'm in my forties, I think 80, but when we're talking, you know, the older, it keeps the bar further away from me when we're talking, uh, older adults that are at risk for COVID, we're talking 60 to 65 is sort of where that bar starts.

Christine ([22:10](#)):

Other vulnerable populations under the CDC guidance are people with asthma, HIV, liver disease, and dementia. People with disabilities, women who are pregnant or breastfeeding people experiencing homelessness, racial, and ethnic minority groups, and.

Trudy ([22:26](#)):

And so as we've been getting more data on racial and ethnic minority groups, the CDC has been reporting some of that on his website and the numbers and how those groups are being affected by COVID-19 are pretty stark. And I think you have those.



Christine ([22:40](#)):

The data that the CDC has shows that people of color are disproportionately burdened by COVID-19.

Trudy ([22:48](#)):

So without getting too deep into the numbers, cause it can be difficult when you're listening to process a lot of statistics. What, what is the, what are a couple of key numbers or the, what we're finding and how COVID-19 is affecting racial and ethnic minority groups?

Christine ([23:03](#)):

So the death rates among black or African American persons are 92.3 deaths per 100,000 people. So that's adjusted by population. So Hispanic and Latino persons, 74.3, and that's substantially higher than the numbers for white people, which is it's 45.2 per 100,000. So that's very disproportionate. And then among Asian people, the death rate is 34.5 per 100,000.

Trudy ([23:36](#)):

So we do see that this is impacting. And I think that, um, this is on the CDCs website, but I think they also talk about the data that they're getting shows. Hospitalizations tend to be much higher for those minority and ethnic groups.

Christine ([23:50](#)):

Which is not unsurprising considering the disproportionate access to medical care. These are sort of the general categories of vulnerable populations or people who are vulnerable more vulnerable with COVID-19. So the planning around COVID-19 is incredibly interesting because as we see people in these categories have, or may have a higher likelihood of having the worst outcomes if they get COVID-19. So the response is actually built around centering, protecting these vulnerable populations, to reduce the fatality rates and reduce the impact on our healthcare system, by making sure these populations are protected. So we're all wearing masks, we're all doing social distancing or all taking more care about hand-washing and disinfection and sanitization to protect our loved ones or ourselves who fall in these categories.

Trudy ([24:56](#)):

So for the people who are listening, who are starting to plan for vulnerable populations, or who have been planning, but want to strengthen that population, that vulnerable population planning, we like to do takeaways. So what are the takeaways if you're coming at this from the perspective of a planner, no matter what level of planner you are.

Christine ([25:18](#)):

I think one of the key things and into is to engage with these populations in a meaningful way through stakeholder groups or having representatives come staff, your planning committee. I think another thing that we've seen across the country being developed over the past 10 or 15 years are essentially registries for people to self report that they may need additional assistance in an emergency. And there are of course, you know, gaps with this kind of self reporting technique, especially depending on whether you're doing it electronically or via paper, right. It's difficult to always reach the populations that we're talking about. So you just have to know that you will have gaps in any self-reporting registry. And I think you mentioned something about electric companies.

Trudy ([26:09](#)):

In my work on backup power and electricity. One of the things I learned is that a lot of power companies and electricity companies have registry either a separate registry that you can put in your information or with your account information. There's a way to notate whether you have equipment that relies on electricity for medical purposes. And although that can't, you know, because of the way the grid is set up, electric companies have to fix the grid in a certain way, but it does allow them to alert other, you know, partners, possibly emergency management that, Hey, this neighborhood is out of power. And we have five people there that are dependent on medical equipment that is now not working. And so that can help the community know again, sort of that pre-incident planning, you know, we have these pockets where if power goes out, we need to respond there. Same, same reporting issues as, um, other registries, right? You have to know about it. You have to be able to report it, to get a true picture of that, but they, those are out there.

Christine ([27:16](#)):

So I guess sort of the final takeaway for the planning side of anyone who may be listening, it's just that the pre-incident planning is 100% worth it. Even if the emergency situation that occurs is different than what you planned for, you will still have a framework. You will still have relationships with those necessary partners. You'll still have a good idea about what the issues are going to be that will pop up. So in for anyone listening as just an interested member of the public.

Trudy ([27:46](#)):

So, so many of you,

Christine ([27:48](#)):

Yes. You know, like our parents.

Trudy ([27:50](#)):

And Lucy,

Christine ([27:52](#)):

Hey Lucy. You are your own first responder. If you know that you have limitations on mobility or you know, that you need to take this medication every day or you get into serious medical issues, prepare yourself, prepare your home, prepare your family for possible.

Trudy ([28:13](#)):

Right. my mother is visually impaired and she lives a pretty normal life except that she can't drive and, you know, 364 days out of the year, that has been fine. We've been very fortunate about that, but we, my sister and I are also aware that in certain emergencies, that is something we have to take into account. And we plan for that. And that's a conversation we had to initiate and was not entirely comfortable. But it's very important and those kinds of things can make a big impact.

Christine ([28:59](#)):

Yeah. So thanks everyone for listening.