2018 HCBS Conference

U.S. Department of Health and Human Services (DHHS) Tools & Resources to Support Disaster Planning

Kathleen Otte, Regional Administrator Regions I & II, Administration for Community Living (ACL)

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Administration for Community Living

U.S. Department of Health & Human Services

People with Access & Functional Needs Disproportionately Affected by Disasters

- 2017 California wildfires: average age of victims was 79 (Deseret News)

- Katrina: more than 70% of people who died were elderly, while people 60 and older only accounted for 15% of the population (CDC report)

Older Adults Disproportionately Affected by Disasters -- Puerto Rico 2017

Causes of death	Sept. 2015	Sept. 2016	Sept. 2017	Pct. change
Sepsis	64	61	92	**+47**
Pneumonia	50	55	76	**+45**
Emphysema and other breathing disorders	104	114	156	**+43**
Diabetes	221	249	309	**+31**
Alzheimer's and Parkinson's	189	183	229	**+23**

The New York Times | Source: Demographic Registry of Puerto Rico, Health Department of Puerto Rico (causes of death as of Dec. 4) | Note: Percentage change is the number of deaths in Sept. 2017 compared with the average of the number of deaths in Sept. 2015 and Sept. 2016.

Disasters: What We Know

- Disasters can happen at anytime, anywhere and vary in magnitude
  - Presidential disaster declarations have happened in nearly every state and many states several times *(e.g. hurricanes, floods, tornadoes, forest fires, etc.)*

- Resilient individuals, facilities and communities result when a "whole community" and "all hazards" preparedness and response approach is adopted

Establish and Foster Partnerships

- *"A disaster isn't the time to be handing out business cards--Take a whole community and all hazards approach to planning"*

- Engage partners and foster development of partnerships and healthcare coalitions to ensure emergency plan and response alignment and integration at all levels *(e.g., facility, community, State/local agency)*

Planning at the Community Level

- Determine Geographic area to be covered

- Identify Network Resources/Partners:

➢   e.g., senior centers, home-delivered meal providers, case management agencies, HCBS providers, transportation providers, community health centers, volunteers, etc.

Get Organized

"Take time to develop your mission and strategies for how your lead team will organize and communicate.

- What is the mission of your emergency network? What roles to do you need to be able to fulfill your mission?
- What is the structure? Who will have what responsibilities?
- When and how frequently will you meet? Who will set up meetings?
- How will you communicate with each other and your larger community?
- How will you keep your network engaged throughout the year?"

Source: NYC Emergency Management. Community Emergency Planning in NYC, A Toolkit for Community Leaders, p. 16, http://www1.nyc.gov/site/em/community_business/plan.page

Additional Steps

- Identify isolated, vulnerable older adults in the community
- Determine how the network partners will work together to reach this population – i.e. develop your plan
- Educate the community about emergency planning and available resources

Source: NYC Emergency Management. Community Emergency Planning in NYC, A Toolkit for Community Leaders, http://www1.nyc.gov/site/em/community_business/plan.page

Recommendations from NYC Emergency Management's Disability, Access & Functional Needs Fifth Symposium Report

- **Promote individual preparedness** and community resilience efforts so people will be reliant on their own planning and less reliant on limited resources that can then be targeted to those with most need.

- **Help manage expectations** by sharing resources on how emergency response and recovery works.

- **Improve screening** for social support. Clients may say that they have family but there is lack of clarity and certainty as to who assists them, if at all, on a daily basis.

- **Adapt communications** to fit the needs and preferences of the audience.

Recommendations from NYC Emergency Management's Disability, Access & Functional Needs Fifth Symposium Report

- **Identify leaders** in the community: The community liaison role will help inform and guide the operation to the specific needs of their neighborhood.

- **Remember** that those who may need help during an emergency are not necessarily clients of a service provider.

- **Build networks and connect programs** and organizations during non-emergency times.

- **Create systems** for ongoing social support and communication. Support before, during, and after an emergency should not be a single intervention.

Kathleen Otte
Regional Administrator
Regions I & II (VT, NH, ME, MA, RI, CT, NJ, NY, PR, USVI)

Administration for Community Living (ACL)
26 Federal Plaza, Rm. 38-102
New York, New York 10278

212-264-5767
Kathleen.otte@acl.hhs.gov
www.acl.gov

Forthcoming Disaster Planning Tools: Web-Based Training on Access and Functional Needs & Capacity Building Toolkit for the Aging and Disability Networks

Cheryl Levine, PhD
Senior Policy Analyst, Special Advisor for At-Risk Individuals
Assistance Secretary for Preparedness and Response
U.S. Department Health of Human Services
Cheryl.Levine@hhs.gov
202-731-2240

I. Background on ASPR

Introducing the Office of the Assistant Secretary for Preparedness and Response (ASPR)

In the wake of Hurricane Katrina in 2006, ASPR was established at the US Department of Health and Human Services (HHS) to lead the nation in preventing, preparing for, and responding to adverse health effects of public health emergencies and disasters whether deliberate, accidental, or natural.

The Public Health Service Act (PHSA) forms the foundation of HHS' legal authority for responding to public health emergencies as amended by the 2006 Pandemic and All Hazards Preparedness Act (PAHPA) and 2013 Pandemic and All-Hazards Preparedness Reauthorization Act (PAHRA):

- ✓ **Authorize ASPR**
- ✓ **Authorize public health and medical preparedness programs**
  - Biomedical Advanced Research and Development Authority (BARDA) and Medical Countermeasures
  - Emergency Support Function (ESF) #8: Public Health and Medical Response: Domestic and International Programs
  - Situational Awareness: Surveillance and Credentialing
  - Grants
  - National Health Security Strategy (NHSS)
  - **Address the Needs of At-Risk Individuals**
  - Education and Training

Mission: ASPR Saves Lives and Protects Americans from 21st Century Health Security Threats

ASPR's Key Priorities:

- **Strong Leadership:** Provide clear policy direction, improved threat and situational awareness, and secure adequate resources

- **Regional Disaster Health Response System:** Leveraging and augmenting existing programs to create a more coherent, comprehensive, and capable system integrated into daily care delivery

- **Public Health Security Capacity**: Improve the ability to detect and diagnose infectious diseases and other threats and increase the capability to rapidly dispense medical countermeasures in an emergency

- **Medical Countermeasure Enterprise**: Develop and maintain a robust stockpile of safe and efficacious vaccines, medicines, and supplies to respond to emerging disease outbreaks, pandemics, and chemical, biological, nuclear, and radiological incidents and attacks

HHS Requirements for At-Risk Individuals

As mandated under Section 2802, the Public Health Service Act (PHSA) requires taking into account the access and functional needs of at-risk individuals, including public health and medical needs, in the event of a public health emergency. The PHSA includes children, pregnant women, older adults, people with disabilities, and other at-risk individuals with access and functional needs, as determined by the Secretary.

Eight required activities for addressing the needs of at-risk individuals include:
1. Monitor emerging issues
2. Oversee implementation of preparedness goals
3. Assist federal agencies in preparedness activities
4. Provide guidance on preparedness and response strategies and capabilities
5. Ensure the strategic national stockpile addresses the needs of at-risk populations
6. Develop curriculum for public health and medical response training
7. Disseminate and update best practices
8. Ensure communication addresses the needs of at-risk populations

II. Web-Based Training: Requirements for Addressing Access and Functional Needs (forthcoming on TRAIN Learning Network)

Web-Based Training: Requirements for Addressing Access and Functional Needs

1. Access and Functional Needs Definition and Why it's Important
2. Access and Functional Needs Legal Guidance and Requirements
3. CMIST Framework Overview
4. Operationalize the CMIST Framework through Case Studies
5. Resources

Access and Functional Needs (AFN)

Access: Resources are accessible to all individuals (i.e., social services, housing, information, transportation, medications to maintain health)

Function: Restrictions or limitations an individual may have that requires assistance before, during, and/or after a disaster or emergency

Official Definition:
Access and Functional Needs

- Circumstances that are met for providing physical, programmatic, and effective communication access to the whole community by accommodating individual requirements through **universal accessibility and/or specific actions or modifications**

- Includes assistance, accommodation or modification for mobility, communication, transportation, safety, health maintenance, etc.; need for assistance, accommodation or modification due to any situation (temporary or permanent) that **limits an individual's ability to take action in an emergency**

DHS Lexicon Terms and Definitions 2017 Edition – Revision 2 Issue Date – October 16, 2017, Access and Functional Needs Accommodation

Disaster Guidance

The **National Response Framework** and the **National Disaster Recovery Framework** guide the nation's response to and recovery from disasters and emergencies, incorporate nondiscrimination principles, and emphasize the importance of providing equal access to emergency related services for the whole community
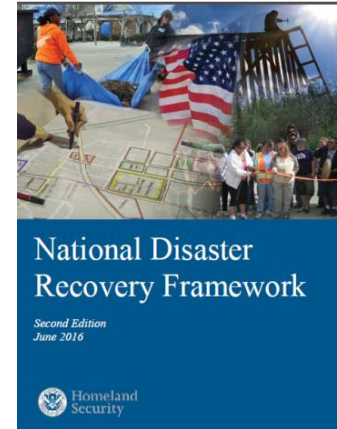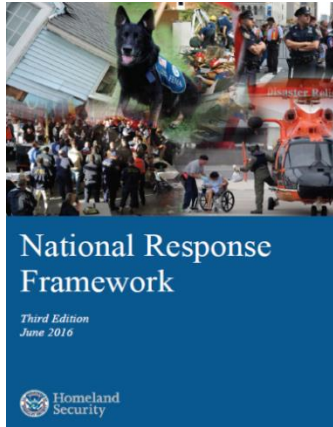
Federal Laws/Executive Orders	People with Disabilities	Older Adults	LEP	Race/Color/ National Origin	Sex	Socio- economic Status
Title VI of the Civil Rights Act of 1964				X	X	
Title IX of the Education Amendment Act of 1972					X	
Rehabilitation Act of 1973	X					
Age Discrimination Act of 1975		X				
*Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988	X	X	X	X	X	X
*Post-Katrina Emergency Management Reform Act (PKEMRA) of 2006	X	X	X	X	X	X
Title II of the Americans with Disabilities Act of 1990	X					
Executive Order 13166 - Improving Access to Services for Persons with Limited English Proficiency			X			
*Executive Order 13347 - Individuals with Disabilities in Emergency Preparedness	X					
Section 1557 of the Affordable Care Act	X	X	X	X	X	X
*Public Health Service Act of 1944	X	X	X	X	X	X

CMIST Framework

The CMIST Framework provides a flexible, cross-cutting approach for addressing a broad set of common access and functional needs irrespective of specific diagnoses, status, or labels (e.g., pregnant women, people with disabilities, etc.).

Ultimately, individuals with access and functional needs must be addressed in all federal, territorial, tribal, state, and local emergency and disaster plans.

- ➢ **C**ommunication
- ➢ **M**aintaining Health
- ➢ **I**ndependence
- ➢ **S**upport and **S**afety
- ➢ **T**ransportation

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Category	Description
C	**Communication:** Individuals who speak sign language, have limited English proficiency (LEP), have limited ability to speak, see, hear, or understand. People with communication needs may have limited ability to hear announcements, see signs, understand messages, or verbalize their concerns.
M	**Maintaining Health:** Individuals who require specific medications, supplies, services, durable medical equipment, electricity for life-maintaining equipment, breastfeeding and infant/childcare, nutrition, etc. Early identification and planning can help to reduce the negative impacts of a disaster on individuals' health. This includes maintaining chronic health conditions, minimizing preventable medical conditions, and avoiding decompensation or worsening of an individual's health status.
I	**Independence:** Individuals who function independently with assistance from mobility devices or assistive technology, vision and communication aids, services animals, etc. Many people are able to function independently as long as they are not separated from their devices, assistive technology, or services animals.
S	**Support and Safety:** Individuals may become separated from family, friends, or caregivers and need additional personal care assistance; individuals may experience higher levels of distress or find it difficult to cope in new environments and need support for anxiety, psychological, or behavioral health needs; individuals may have difficulty understanding or remembering; individuals may be have experienced trauma or be victims of abuse and require a trauma-informed approach or support for personal safety.
T	**Transportation:** Individuals who lack access to personal transportation, are unable to drive due to decreased or impaired mobility that may come with age and/or disability, temporary conditions or injury, legal restriction. Disasters can significantly reduce transportation options, inhibiting individuals from accessing services, staying connected, etc. Disaster planning requires coordination with mass transit and accessible transportation services providers.

III. Capacity Building Toolkit to Include the Aging and Disability Networks in Disaster Planning (forthcoming through NACCHO & ASTHO)

Capacity Building Toolkit Including the Aging and Disability Networks in Disaster Planning

- 3 Goals of the Toolkit:
  - CBO Preparedness
  - Individual Preparedness
  - Develop Partnerships

- Style:
  - Clear, simple information
  - Checklists/job aids
  - Recommended resources

Capacity Building Toolkit Modules

- Assessment and Planning
  - Risk Assessment
  - Finding Partners
  - Creating an Emergency Plan
  - Understanding Emergency Management/Incident Command

- Working with Consumers
  - Situational Awareness
  - Evacuation & Sheltering
  - Sheltering in Place
  - Legal Considerations

Organizational Planning

- Continuity of Operation Planning (COOP)

  - Plans that enable CBOs to sustain their mission, core essential functions and services, as well as respond to potential surges with space, staffing, and equipment/supplies after a public health emergencies or disaster

    - ✓ Continuity of Communications
    - ✓ Human Capital
    - ✓ Records Management
    - ✓ Devolution/Reconstitution of Control

Continuity of Operations Plan Template and Instructions for Federal Departments and Agencies

Individual Preparedness

MAKE A PLAN
Include your specific health and safety needs when creating your emergency plan.

READY.GOV/MYPLAN
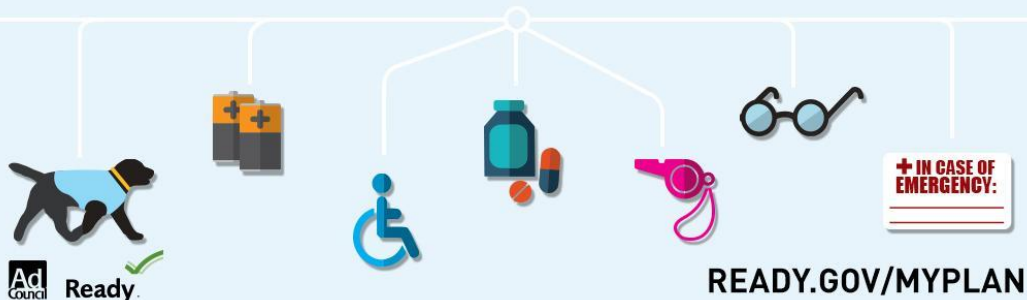
- Work with consumers to ensure personal preparedness
  - ✓ Assess your needs (medications, transportation)
  - ✓ Create an individual emergency plan (reunification, emergency contacts)
  - ✓ Assemble an emergency kit
  - ✓ Stay informed

Identifying & Developing Partners

GET INVOLVED

Advocate including people with disabilities and others with access and functional needs into emergency planning in your community.

READY.GOV/MYPLAN

- Partners
  - Public Health/Emergency Management/Healthcare Coalitions
  - MOU/MOA
  - Training/Drills/Exercises
- Providing Support
  - Advocacy & Self-Determination
  - Assessing needs
  - Coordinating services

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Resources

- **DHS Lexicon Terms and Definitions 2017 Edition – Revision 2 Issue Date – October 16, 2017, Access and Functional Needs Accommodation**

- **Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters**

- **PUBLIC HEALTH WORKBOOK: To Define, Locate and Reach Special, Vulnerable, and At-risk Populations in an Emergency**

- **Guidance to State and Local Governments and Other Federally Assisted Recipients Engaged in Emergency Preparedness, Response, Mitigation, and Recovery Activities on Compliance with Title VI of the Civil Rights Act of 1964**

- **National Disaster Recovery Framework**

- **National Response Framework**

- **Personal Preparedness for Individuals with Disabilities: Sheltering in Place and Evacuation**

- **The Development of Emergency Planning for People with Disabilities Though ADA Litigation**

ASPR

HHS emPOWER PROGRAM OVERVIEW

Kristen P. Finne

Program Manager, HHS emPOWER Program

Senior Program Analyst, Office of Emergency Management and Medical Operations

Office of the Assistant Secretary for Preparedness and Response

2018

Why HHS Created the emPOWER Program
Identifying and Addressing At-Risk Population Needs

How can we help communities **reduce system stress, ensure continuity of care,** and better **protect** their at-risk populations from adverse health outcomes?

In the event of an **incident**, **public health emergency** or **disaster**, at-risk populations often seek immediate care from first responders (e.g., EMS), hospitals, and shelters

This leads to **surges in health care demand** and **stress** on the health care system and shelters

Millions of Americans, including over **3.9 million** Medicare beneficiaries, rely on electricity-dependent medical equipment and health care services to live independently in their homes

Can Centers for Medicare and Medicaid Services (CMS) data help communities **anticipate, plan for,** and **address** the unique needs of the electricity and health care dependent population?

Evidence for the HHS emPOWER Program

Medicare claims data is a reliable resource for locating at-risk individuals, enabling emergency responders to reach the **right people** at the **right time** during an emergency

The Pilot

ASPR and CMS partnered with the City of New Orleans (NOLA) Health Department to **test if Medicare claims data were current enough to locate NOLA residents** that use oxygen electricity-dependent medical equipment during emergencies
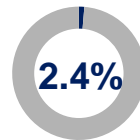

Figure 1. Medicare beneficiaries in the City of New Orleans with a claim for ventilator, oxygen concentrator, and/or oxygen tank.
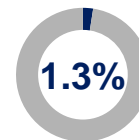
The Results

- **611 individuals** had a claim for oxygen concentrator or ventilator
- Data were **93% accurate** in identifying the medical equipment used by the **191 individuals visited***
- Drill also revealed gaps in emergency preparedness:
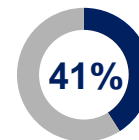
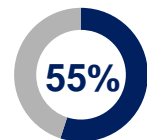| Only 15 people	Only 8 people	Almost half	Over half
2.4%	**1.3%**	**41%**	**55%**
were enrolled in the city's special needs registry	were enrolled in the electric company's registry	did not have an emergency plan	would need assistance in an emergency

*Similar results were observed in an exercise in Broome County, New York

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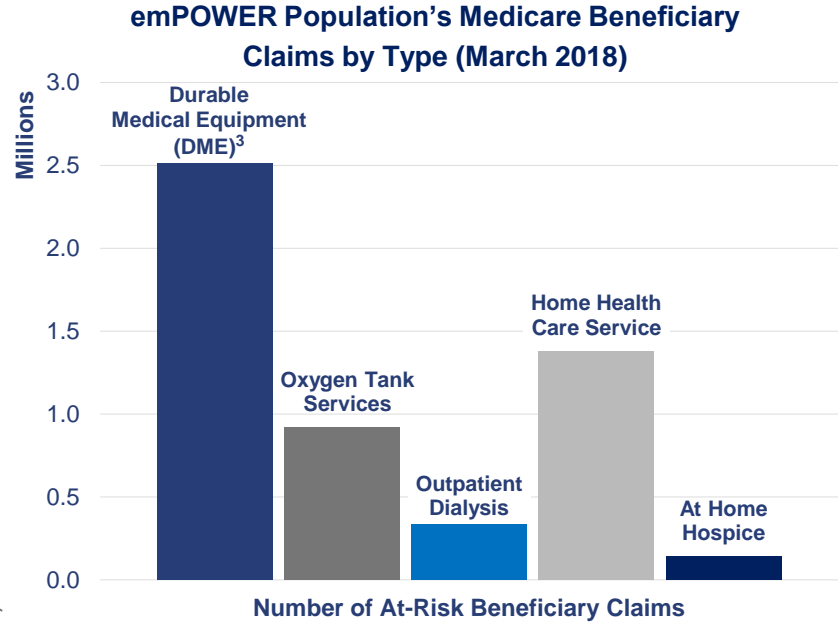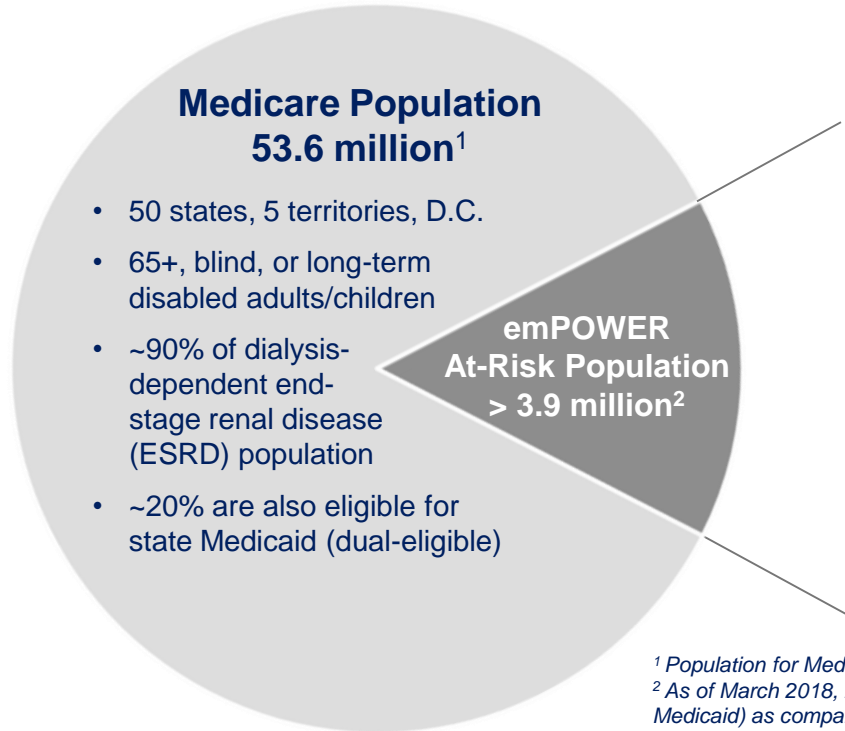| Only 15 people	Only 8 people	Almost half	Over half
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Characteristics of the HHS emPOWER Population

Medicare Population 53.6 million[1]

- 50 states, 5 territories, D.C.

- 65+, blind, or long-term disabled adults/children

- ~90% of dialysis-dependent end-stage renal disease (ESRD) population

- ~20% are also eligible for state Medicaid (dual-eligible)

emPOWER At-Risk Population > 3.9 million[2]

emPOWER Population's Medicare Beneficiary Claims by Type (March 2018)

Millions

Durable Medical Equipment (DME)[3]

Oxygen Tank Services

Outpatient Dialysis

Home Health Care Service

At Home Hospice

Number of At-Risk Beneficiary Claims

[1] Population for Medicare (Parts A/B) and Medicare Advantage (Part C) as of March 2018.
[2] As of March 2018, 27% of the emPOWER population is dual-eligible (beneficiary is enrolled in Medicare and state Medicaid) as compared to the national average of 17.1%.
[3] Total counts Medicare beneficiaries only once, even if they have more than one piece of electricity-dependent DME.

Elements of the HHS emPOWER Program
Innovative Use of CMS Data

ASPR and CMS partnered to create the HHS emPOWER Program, which leverages CMS Medicare beneficiary data to populate innovative program tools, including datasets, Geographic Information Systems (GIS) maps, and GIS Representational State Transfer (REST) Services, to provide communities with the **right data** in the **right tool** to the **right person** at the **right time**

Data

Dataset Tools

Mapping Tools

Saving Lives. Protecting Americans.

The HHS emPOWER Program
emPOWERing Communities, Saving Lives

The HHS emPOWER Program provides dynamic data and mapping tools to help communities protect more than **3.9 million** Medicare beneficiaries who rely on electricity-dependent medical equipment and health care services

emPOWER Map and REST Service

Publicly available at
https://empowermap.hhs.gov

emPOWER Emergency Planning De-identified Dataset

Services	All Power Dependent	
# At-Home Hospice (3 months)	# Electricity-Dependent Devices and DME	# Cardiac Devices (5 years)
11	44	50
50	13	11
50	13	11
11	44	50

Restricted to public health authorities and relevant partners

emPOWER Emergency Response Outreach Individual Dataset

INDIVIDUAL LEVEL DATASET - All At-Risk Individuals
POPULATION - Medicare population is restricted to alive beneficiaries as of November 2014
NA indicates that that the at-risk population is not included in this request.

NOTE: All data are fictitious and used for illustrative purposes only

Name		Other Information			Address
Initial Sorting Order	First Name	Last Name	Date of Birth	Enrollment/ Plan Type	PO Box or Unknown Address
1	Anne	Smith	November 4, 1944	FFS	0
2	Amy	Brown	February 19, 1955	MA	0
3	John	Taylor	December 20, 2028	MA	0
4	Jane	Doe	March 4, 1966	FFS	0

Secure, restricted to authorized public health authorities

Mitigation Preparedness Response Recovery

What are the emPOWER Map and REST Service?

ASPR is helping communities by providing de-identified at-risk Medicare beneficiary data on the interactive HHS emPOWER Map, and through an emPOWER REST service via ASPR's GeoHEALTH Platform

Publicly accessible at https://empowermap.hhs.gov

Publicly accessible at https://geohealth.hhs.gov

Medical Equipment and Device Information

The emPOWER Map and REST Service provide monthly de-identified totals of Medicare claims submitted for reimbursement for the following electricity-dependent durable medical equipment and devices (DME)

Four Cardiac Devices*

Ventilator

Bi-level Positive Airway Pressure Device (BiPAP)

Oxygen Concentrator

Enteral Feeding Tube

IV Infusion Pump

Suction Pump

End-Stage Renal Disease (ESRD) At-Home Dialysis

Motorized Wheelchair or Scooter

Electric Bed

*Cardiac devices include left, right, and bi-ventricular assistive devices (LVAD, RVAD, BIVAD) and total artificial hearts (TAH).

HHS emPOWER Map and REST Service
How can I use the emPOWER Map and REST Service?

The map and REST Service provide a starting point for estimating the electricity-dependent population in a geographic area prior to, during, or after an emergency

State: Texas

County: Taylor

ZIP Code: 79606
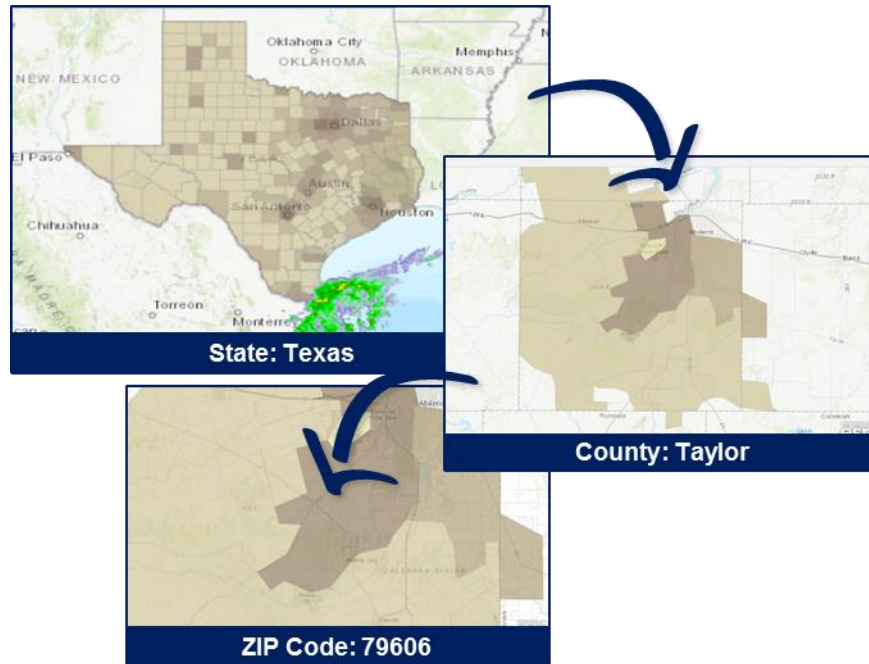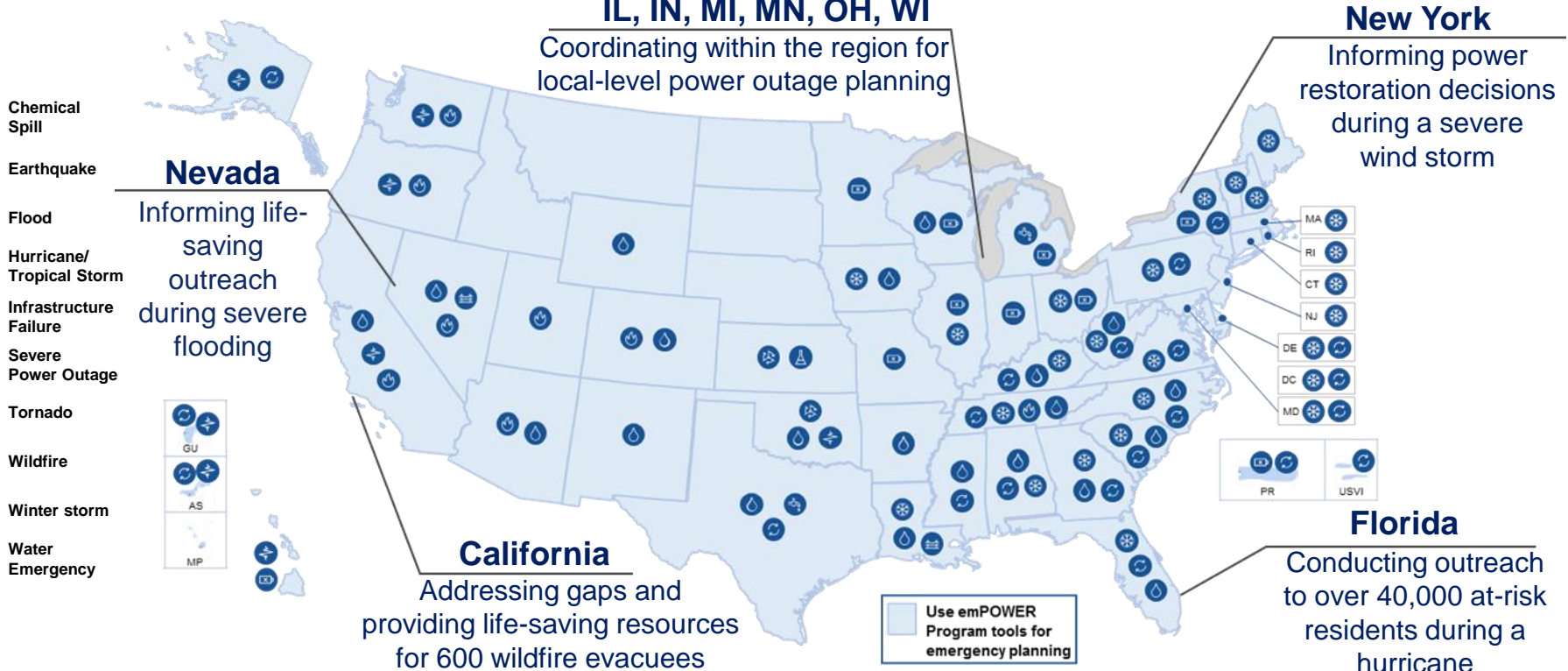
Gain population-based situational awareness

Identify health care resource needs and potential areas of hospital/EMS surge

Determine potential shelter locations and shelter resource needs

Plan for evacuations and identify evacuation routes

Inform public communications and foster community engagement and assistance

ASPR

Bringing It All Together:
The HHS emPOWER Program in Practice

HHS emPOWER Program in Action

Examples of Where the Program has been Used

IL, IN, MI, MN, OH, WI
Coordinating within the region for local-level power outage planning

New York
Informing power restoration decisions during a severe wind storm

Nevada
Informing life-saving outreach during severe flooding

California
Addressing gaps and providing life-saving resources for 600 wildfire evacuees

Florida
Conducting outreach to over 40,000 at-risk residents during a hurricane

Chemical Spill

Earthquake

Flood

Hurricane/Tropical Storm

Infrastructure Failure

Severe Power Outage

Tornado

Wildfire

Winter storm

Water Emergency

Use emPOWER Program tools for emergency planning

HHS emPOWER Program Use Case
Hurricane Irma in US Virgin Islands

HHS emPOWER Program tools helped the US Virgin Islands, specifically St. Thomas, identify and locate individuals dependent on dialysis for life-saving outreach and evacuation

Preparedness	Response	Impact
In 2017, ASPR used both emPOWER datasets to **identify and address gaps in resources** for dialysis patients and develop plans with renal networks, providers, and territorial partners to ensure continuity of life-maintaining health care services	Following Hurricanes Irma and Maria, **ASPR used the emPOWER individual dataset and CMS-3178-F reporting requirements** to **rapidly identify, locate, and conduct life-saving evacuations** of dialysis patients using ASPR NDMS, USAR, and DOD teams	ASPR is developing best practices to teach others how to leverage emPOWER data and the CMS 3178-F reporting requirements to protect the lives of at-risk populations in disasters

Supporting partners:
- ASPR
- CMS
- FEMA
- DOD
- Urban Search and Rescue (USAR)

~211 life-saving evacuations

ASPR

HHS emPOWER Program Use Case
Severe Flooding in Nevada

HHS emPOWER Program tools helped Carson City Health and Human Services (CCHHS) and Washoe County Health District (WCHD) assess its capacity to assist the at-risk population and engage partners to ensure coordinated outreach

Planning and Preparedness

In 2017, CCHHS used both emPOWER datasets to **identify and address gaps in resources** (e.g. oxygen tanks) for the at-risk population and **map evacuation routes** for beneficiaries in flood-prone areas

Outreach

CCHHS and WCHD used the emPOWER Emergency Response Outreach Individual Dataset to **identify at-risk individuals living in flood-prone, avalanche-prone, and remote areas**, and coordinated with Medical Reserve Corps volunteers to provide outreach

Impact

CCHHS is expanding use of the emPOWER Individual dataset to help **set up mass care operations and inform umbrella contracts** with DME companies. WCHD and Washoe County GIS developed an effective way to process emPOWER data within 30 minutes

Supporting partners:
- NV Division of Public and Behavioral Health
- NV Aging and Disability Services
- NV Division of Emergency Management
- NV National Guard
- Tribe Emergency Manager

4 counties in Nevada benefitted from emPOWER Program data

300 homes in flood-prone areas contacted by CCHHS

# emPOWERing Partners- New Tech, Training and Tools in 2018

HHS emPOWER Program Communications
Training and New Resources on the emPOWER Portal

In **Winter 2018**, new trainings and communications materials will be available for stakeholders interested in **strengthening emergency preparedness and response** in their state, territory, county, or major metropolitan area

An emPOWER training will be available on TRAIN, and an emPOWER 101 presentation will be accessible on the forthcoming emPOWER Portal

New grab-and-go materials, including fact sheets, job aids, journey maps, and guides for the emPOWER Program tools will be available on the emPOWER Portal
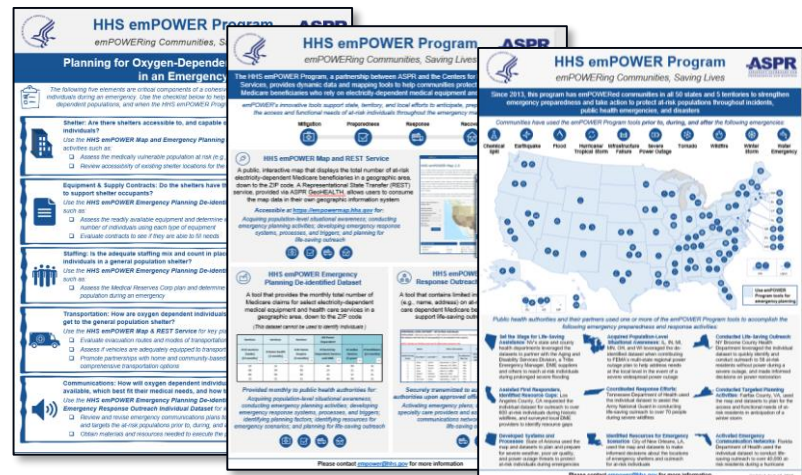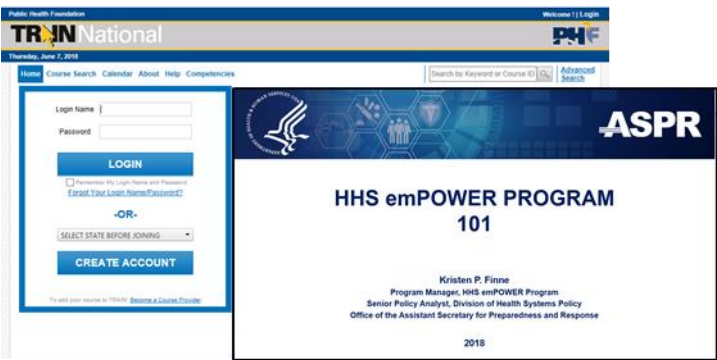
HHS emPOWER Program Innovation and Expansion
Using Technology to Improve and Advance the Program

In Fall 2018 the HHS emPOWER Program will launch the emPOWER Map Virtual Assistant through **Google Assistant and Amazon Alexa** to put emPOWER data in the hands of first responders in the field

"Ok Google" **"How many Medicare beneficiaries are electricity dependent in my current zip code?"**

"There are 255 electricity-dependent Medicare beneficiaries in 79606"

Coming Soon!

Say "Ok Google" or tap mic

The HHS emPOWER Program is regularly looking for ways to **incorporate additional health and human service data** to better protect at-risk populations across the country by:

- Enabling stakeholders to **replicate emPOWER**
- Facilitating the **adoption of emPOWER** at the state level through pilots:
  - "emPOWERing State Medicaid and CHIP Data for Response Pilot"

HHS emPOWER Framework, Algorithm Specifications and Technical (FAST) Capabilities

Draft Version 1.0, August 20, 2017

ASPR

HHS emPOWER Program
Contact Information

Kristen Finne

Program Manager, HHS emPOWER Program

Office of the Assistant Secretary for Preparedness and Response

Email: empower@hhs.gov

Web: https://empowermap.hhs.gov