

**BUILDING RESILIENT COMMUNITIES:  
SUPPORTING POPULATIONS  
WITH ACCESS AND  
FUNCTIONAL NEEDS  
IN MONTANA PHEP**



**MONTANA**  
PUBLIC HEALTH INSTITUTE

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# HOW TO USE THIS GUIDE

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Public health professionals in Montana have been working to expand equity and inclusion within Public Health Emergency Preparedness (PHEP). These efforts support federal priorities and align with the Federal Emergency Management Agency's (FEMA) Whole Community Approach. The purpose of this guide is to share ideas for addressing Access and Functional Needs (AFN) throughout PHEP, with the goal of building more prepared and resilient communities. The strategies presented build off of ongoing work in Montana and should be adapted to the specific needs of each community. While this guide presents many potential actions to take, not all strategies need to be implemented. Recommendations for how to use this guide are:

- Scan the whole guide for an overview of categories in which AFN work can be furthered and types of ideas for implementation.
- Pick a category that you are working on or are interested in, review the ideas, and identify a few actions to implement.
- Review the Dig Deeper Resources located throughout this guide for implementation support and context.
- Identify necessary community partners to discuss and prioritize ideas and get buy-in for selected strategies.
- Start implementing!

# INTRODUCTION TO ACCESS AND FUNCTIONAL NEEDS (AFN)

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AFN are defined as anything that may limit an individual to act or access help before, during, or after an emergency or disaster. Populations with AFN may need specific assistance to maintain their health and independence. Consequently, they are excessively affected by public health emergencies and disasters and should be prioritized in emergency planning.<sup>1,2,3</sup>

This guide broadens the traditional definition of AFN to include historically underserved or excluded communities, as they often experience unfair distribution of resources, power, and opportunities that can lead to poorer outcomes in disasters and emergencies. For example, due to housing and economic policies, communities of color are more likely to live near environmental hazards like toxic waste sites and heavy pollution areas. This chronic exposure leads to worse health issues compared to other groups, and in the event of an emergency or disaster, the potential for increased exposure to those hazards.<sup>4,5</sup>

Access and functional needs can be temporary (i.e. pregnancy, surgery), caused by an event (i.e. broken glasses), or long-term (i.e. asthma, social discrimination). However, note that people may also experience multiple needs at one time or associate with multiple identities or groups with AFN (i.e. a Two-Spirit Indigenous person who has cancer). Each population with AFN experiences different barriers to health and has unique strengths and assets that should be considered. A one-size-fits-all approach is not effective for emergency preparedness and disaster resilience.

Population groups with AFN include (but aren't limited to):



### Individuals with disabilities

- This is a diverse group with varied experiences. Our physical and social environments create barriers that limit people's participation in activities.<sup>6</sup> 1 in 4 adults in Montana have a disability.<sup>7</sup> Disabilities can be physical or psychological and affect vision, hearing, movement, independent living, thinking, remembering, learning, communicating, mental health, social relationships, and more. (Although strategies to address AFN are needed to support people with disabilities, they do not replace the civil rights and legal protections of the Americans with Disabilities Act (ADA). The ADA prohibits discrimination and requires accessible services and reasonable accommodations for people with disabilities.)<sup>8,9</sup>



### Chronic health conditions

- Conditions like diabetes, kidney disease, heart disease, allergies, etc. may require ongoing healthcare services, medication, and/or specific diet needs. Many people have more than one chronic condition.



### Older adults

- 27% of Montanans are over the age of 60. This percentage is significantly higher than other states.<sup>10</sup> With a 40+ year age range (60-100+), there is considerable diversity within this group. Older adults are more likely to have chronic health conditions or disabilities. The majority of older adults live at home, with a small percentage living in nursing homes or assisted living facilities. The full range of older people's experiences should be considered.



### Institutional settings

- People living in jails, prisons, long-term care facilities, group homes, and shelters may need additional planning and support for activities like evacuation. Living in close quarters also increases the risk of communicable disease transmission.



### Communication differences

- People who require technology to communicate, people with limited English proficiency, non-English speaking populations, and those who have literacy issues may not receive or have access to traditional means of communication and experience difficulty communicating their needs to providers and responders.



### Limited access

- Limited access to transportation, social, or economic resources, including people who are unhoused or individuals who are housebound. 11% of Montanans do not have Internet access at home or on their phones and rural areas are more likely to lack this important resource.<sup>11</sup>



### Historically underserved or excluded communities:

- Black people.
- Hispanic or Latino peoples.
- Indigenous and Native American peoples. Approximately 85,000 Montanans identify as Indigenous or Native American/American Indian or Alaska native.<sup>12</sup>
- Asian peoples.
- Pacific Island peoples.
- Other persons of color.
- Lesbian, gay, bisexual, transgender, queer, intersex, asexual, Two-Spirit, and other sexual and gender minorities (LGBTQIA+).
- Immigrants and refugees.
- People from rural and frontier communities. 46 of Montana's 56 counties are classified as rural (population less than 10,000).<sup>13</sup>
- Members of religious minorities such as Amish or Hutterite colonies.<sup>14,15,16</sup>
- People with disabilities and chronic diseases often face discrimination and marginalization as well.



### Visitors and tourists

- People visiting Montana may lack resources and support systems during an emergency event. They are unfamiliar with local alert systems, transportation services, evacuation routes, and healthcare resources and may not understand English. 12.5 million non-residents/tourists visited Montana in 2022, mostly during the spring and summer months, when flooding, wildfires, and extreme heat may occur.<sup>17</sup>



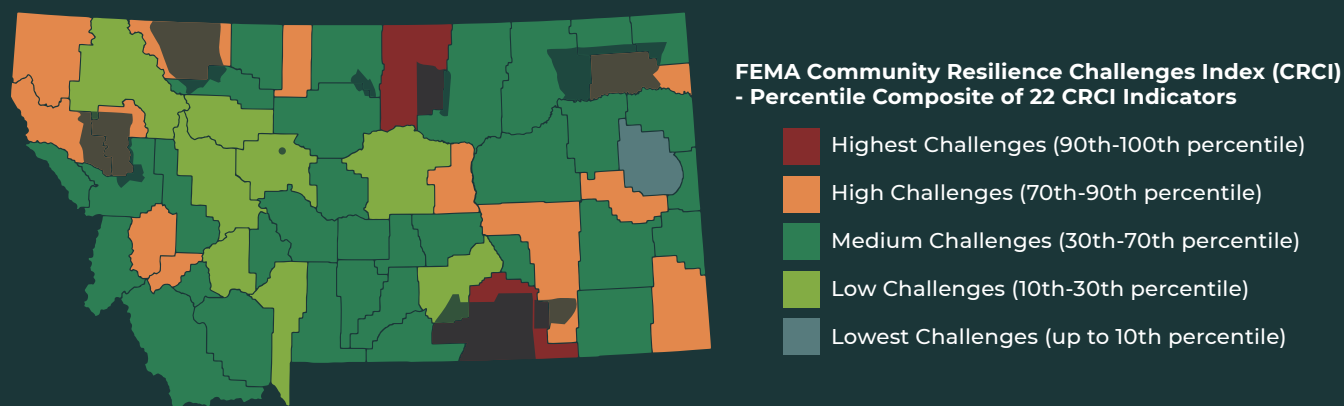
### Pregnant individuals & children

- Pregnant, postpartum, and lactating individuals and children may need medical care, social services, caregiving support, and feeding resources which get disrupted by emergencies.<sup>18</sup>

# THE MONTANA LANDSCAPE

Montana's vast geographical landscape is home to a variety of peoples and environments. Each frontier, rural, tribal, or urban community is unique and it is important to understand who might be at higher risk of poor health outcomes from emergencies and disasters.

## MONTANA STRENGTHS AND VULNERABILITIES IN DISASTERS



The Resilience Analysis and Planning Tool ([RAPT](#)) visualizes FEMA's Community Resilience Challenges Index, a measurement of population strengths and vulnerabilities in a disaster. Resilience is the ability of a community to withstand, adapt to, and recover from an emergency. Areas of dark red indicate greater challenges to resilience.

# IDEAS FOR ACTION

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There are many ways to support AFN populations, health equity, and community resilience through PHEP. Below are some ideas for action gathered from local, state, tribal, and federal public health organizations and adapted for Montana. Note: This is not a comprehensive list and you do not need to implement every idea. Pick what works best for your PHEP program and community.

## DEVELOP AND STRENGTHEN PARTNERSHIPS

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Individuals with AFN, their support systems, and other populations with lived experience offer the best insight into improving inclusion in PHEP. By developing community partnerships, you can build a strong network of allies to provide support in emergencies. National resources highlight partnerships as the foundation for improving equity in PHEP.



Source: <https://stock.adobe.com>



Identify new and existing partners that represent or work with AFN populations and invite them to the table. If a local resource organization isn't available, identify regional partners who may support your area.

Strategy	Action Ideas	Dig Deeper Resources
<p><b>Create and maintain a list of trusted community contacts and partner organizations.</b></p>	<ul style="list-style-type: none"> <li>▣ Conduct an online search for organizations that serve AFN groups in your jurisdiction. Try Googling “nonprofits” or using <a href="#">Montana 211</a> to search by category.</li> <li>▣ Visit organizational websites to identify one or two points of contact. Whose roles or interests align best with public health and emergency management? Is anyone already working on related activities?</li> <li>▣ Customize this <a href="#">Partner Planning Worksheet</a> with the population categories you identify as being relevant to your community. Fill in the worksheet with organizations and individuals to contact.</li> <li>▣ Consider partners such as:               <ul style="list-style-type: none"> <li>○ <a href="#">Area Agencies on Aging</a> &amp; local Senior Centers                   <ul style="list-style-type: none"> <li>• <a href="#">Regional AAA contact info</a></li> <li>• If you need help with a connection, contact Kerrie Reidelbach with DPHHS Aging Services: <a href="mailto:kreidelbach@mt.gov">kreidelbach@mt.gov</a></li> </ul> </li> <li>○ <a href="#">Centers for Independent Living</a> (CILS)                   <ul style="list-style-type: none"> <li>• Contact <a href="mailto:mtsilc@mt.gov">mtsilc@mt.gov</a> or 1-877-296-1197 (Toll-free consumer line), (406) 444-2590 (Voice/TTY)</li> </ul> </li> <li>○ K-12 schools, colleges, daycares/preschools, and special education programs</li> <li>○ <a href="#">Transportation providers</a></li> <li>○ Environmental health and climate advocacy programs, such as:                   <ul style="list-style-type: none"> <li>• <a href="#">MT Health Professionals for a Healthy Climate</a></li> <li>• <a href="#">Montana Climate Action Groups List</a></li> </ul> </li> <li>○ Health services (behavioral &amp; mental health, hospitals, pharmacies)                   <ul style="list-style-type: none"> <li>• <a href="#">Regional CMS-approved Durable Medical Equipment vendor search tool</a></li> </ul> </li> <li>○ In-home care and social services                   <ul style="list-style-type: none"> <li>• <a href="#">Social Service Directory FindHelp.org</a></li> </ul> </li> <li>○ Short and <a href="#">long-term care</a> agencies</li> <li>○ Large employers &amp; business associations                   <ul style="list-style-type: none"> <li>• <a href="#">MT Chamber of Commerce Directory</a></li> </ul> </li> <li>○ Known cultural leaders</li> <li>○ Community and Faith-based organizations                   <ul style="list-style-type: none"> <li>• Rob Lawler is the Faith and Community-Based Services Coordinator at MT DPHHS and may be able to assist with connections: <a href="mailto:rob.lawler@mt.gov">rob.lawler@mt.gov</a></li> </ul> </li> <li>○ Agricultural or ranching associations and groups                   <ul style="list-style-type: none"> <li>• This <a href="#">map</a> shows locations of farmworker health programs.</li> </ul> </li> </ul> </li> <li>▣ Make a chart of partner organizations and individuals, the populations they serve, and primary and backup contact information. Download this editable <a href="#">Partner Contact List</a> to guide you or create your own spreadsheet.</li> <li>▣ Verify and update partner contact information annually.</li> </ul>	<p>- Unique partners that Montana local and tribal health departments have worked with: MSU Extension Office, Montana Office of Rural Health/ Area Health Education Centers (AHEC/ MORH), Refugee Resettlement and English as a Second Language programs, mail carriers, and road maintenance/ snow clearance crews.</p>

Engage and collaborate with those most affected by emergencies and disasters as they can provide valuable insight for improvements.

Strategy	Action Ideas	Dig Deeper Resources
<p><b>Strengthen relationships with AFN individuals and organizations and build partnerships that are mutually beneficial.</b></p>	<ul style="list-style-type: none"> <li>▣ Invite a point of contact from an AFN partner for coffee to learn about their organization and share about your programs and services. Some discussion topics are:               <ul style="list-style-type: none"> <li>○ What populations does your organization serve? In what geographic area(s)?</li> <li>○ What services do you provide and to how many people?</li> <li>○ Who are your partners?</li> <li>○ How do you prefer to be contacted?</li> <li>○ What are your priorities and needs related to emergency preparedness?</li> <li>○ Do you have upcoming events? Is there opportunity to partner on them?</li> <li>○ Ask for feedback on a specific PHEP plan, process, messaging, etc.</li> </ul> </li> <li>▣ Share ideas for collaboration and ask your partners how they prefer to be involved. Some options are:               <ul style="list-style-type: none"> <li>○ Testing the accessibility of PODs, shelters, and other buildings</li> <li>○ Providing feedback on plans</li> <li>○ Contributing to risk assessments</li> <li>○ Creating or pilot testing materials and messages</li> <li>○ Disseminating information</li> <li>○ Assisting with outreach events, and</li> <li>○ Participating as a lived experience advisor on a committee or helping identify individuals who could be AFN advisors.</li> </ul> </li> <li>▣ Send a thank you email or note after your meeting.</li> <li>▣ Share training opportunities with your partners to strengthen knowledge of AFN and emergency management within the community (see <a href="#">build capacity section</a> for trainings).</li> <li>▣ Attend community or AFN organization events to make connections and share information.</li> <li>▣ Rural communities may want to partner with organizations that cover several counties or a region of Montana.</li> </ul>	<p>- This video series from <a href="#">Ready San Diego</a> helps train first responders on AFN topics such as chronic illness, mental health, and disability.</p> <p>- This <a href="#">Opportunities to Engage Checklist</a> on page 79 shares more ideas for partner involvement.</p> <p>- <a href="#">AARP Disaster Resilience Toolkit</a> provides guidance for leaders on reducing risk and protecting older adults.</p>

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**Form an AFN coalition, subcommittee for your Local Emergency Preparedness Committee (LEPC), or a workgroup within your health department to prioritize and collaborate on efforts related to equity in PHEP.**

- For smaller communities, consider collaborating with other health departments or tribal health organizations to develop a coalition.
- Use ICS forms, such as [ICS 202](#), to plan actionable activities with a timeline and objectives.
- Create a purpose statement for your (sub)committee and define what AFN groups you plan to focus on.
  - Missoula’s AFN Subcommittee of the LEPC created a vision, mission, and purpose [statement](#). The subcommittee plans projects to improve equity in emergency planning and response, and has 30 active members who meet quarterly and report back to the LEPC.
- If unable to create a subcommittee or workgroup, add AFN topics as a standing agenda item for PHEP, LEPC, and other relevant meetings.
  - This [agenda template](#) can help structure your meetings and this [accessible tip sheet](#) can facilitate meeting participation.
  - Potential agenda items could be:
    - Creating a vision statement.
    - Identifying who has AFN in your community.
    - Reviewing health education messaging with an AFN lens.
    - Reviewing a specific plan to add in 1-2 AFN considerations.
    - Helping prepare for an upcoming event.

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**Add an individual with AFN as an advisor to a workgroup or committee to gain their expertise.**

- Invite AFN advisors to planning groups such as LEPCs or to participate in the planning of your next annual vaccination clinic.
  - Potential people to include could be a tribal representative from neighboring Native Nations, a Center for Independent Living representative, an assisted living resident or person from the senior center, or a social worker who works with foster children.
  - Reach out to community organizations and ask them if they know of individuals who might be a good fit.
  - Offer an honorarium for the AFN advisor(s); this shows value for their insight and time they give working to make services and plans better.
- Centers for Independent Living (CILs) have experience with supporting Disability Advisors. Contact them to connect to an AFN individual or for technical assistance building this into PHEP planning work.
- Offer accommodations with meeting invites. Sample language is, “Please contact \_\_\_ at \_\_\_ by \_\_\_ to request a reasonable accommodation for the meeting.”
- If you don’t know where to start, contact Mackenzie Jones from the Montana Disability and Health Program at [Mackenzie.Jones@mt.gov](mailto:Mackenzie.Jones@mt.gov) Mackenzie can connect you with your local CIL and/or provide technical assistance for preparing and respectfully including Disability Advisors in your committees.

- Look at the MDPH [Disability Advisor](#) state-level program as an example.

- [Effectively Including People with Disabilities in Policy and Advisory Groups](#) includes a planning checklist of considerations for including Disability Advisors.

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**Collaborate with community partners to create culturally, linguistically, and accessible messages for AFN populations.**

- Write and tailor templated messages in advance based on common hazards in your community (e.g. annual flu, power outages, winter storms, road closures); these can be adjusted as needed during an emergency.
  - See [existing templates](#) below
- Have a community partner review messages to ensure they include images, language, and media channels that will reach community members effectively.
  - See [additional communication tips](#) below

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**Establish communication pipelines to channel emergency messages to partners and the populations they serve via their preferred communication channels. People are more likely to believe and respond to messages that come from trusted sources.**

- Add AFN partners to your Health Alert Network (HAN) distribution list.
- Conduct a test risk communication email with your community partner list. Ask for feedback on how to improve accessibility and inclusion of their audiences.
  - [Sample test email on page 59](#)
- Ask AFN organizations for a spot in their regular communications/newsletters to share about public health and/or PHEP topics.
- Discuss putting MOUs in place with community partners to formalize communications agreements to share PHEP messages. Find [example MOUs](#) on page 55-57.
- Encourage the development of a telephone calling tree among residents or between partner organizations and their clients. Callers can check in with each other and pass along information.
- In areas with limited internet or phone usage, consider mailing information in non-emergency situations, and using door-to-door communications for urgent messages.
- Do a guest TV or radio interview about a PHEP topic, like signing people up for the mass communication platform, to build relationships with local media.
- Identify a contact person at local media organizations who may be interested in PHEP and willing to pass along important information.
- Post emergency preparedness information in community spaces such as grocery stores, libraries, churches, or community centers.
- Incorporate readiness tips or important contact info on a flyer, digital message on TVs/screens, or cards/brochures people can take.
- Plan to repeat warning messages using different communications platforms. Announce it, caption it, picture it, describe it, e-mail it, relay it, text it, post it, interpret it, repeat it.

- CDC's [Access and Functional Needs Toolkit](#) (2021) provides instructions on building a community partner network for distributing communications. See Appendix A (page 70) for fillable worksheets and templates (e.g., sample partner outreach letter).

- FEMA offers guidance on developing [Disaster-Specific MOUs](#) with partners.

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**Help partner organizations strengthen their preparedness plans and communications protocols.**

- Offer to review partners' existing plans.
  - Do they have plans for contingencies, such as road closures, power outages, and loss of Internet or cell service which may disrupt usual communications and service channels?
  - Do they have redundant communications tools?
- Link partners to other organizations that already have plans in place.
- Provide easy to use templates and examples for plan writing.
  - [Business Emergency Plan Template](#)
  - Provide one-on-one support for creating a plan, if needed.
- Offer to review revised plans.
- Offer to conduct group preparedness workshops or presentations at partner organizations, such as senior centers and Centers for Independent Living. Provide steps staff and clients can take to improve their preparedness and planning.
  - Ex: [Missoula preparedness presentations for Summit Independent Living](#)

- [Ready.gov/business](#) has a variety of simple tools and templates for businesses.



## MONTANANS IN ACTION

**Big Horn County** collaborated closely with Indian Health Service (IHS) and Crow Tribal Health during COVID-19, hosting morning meetings to align efforts; they continue to meet biannually for surveillance and updates. They often work together to host vaccine clinics and STI testing events.

**Fort Peck Tribal Health** has adopted a very collaborative approach to health for their community. In the spring of 2023, they worked closely with Indian Health Service (IHS), local hospitals, tribal programs, and the surrounding counties to host a COVID-19 mass testing event that tested over 150 people.

The **Valley County** public health director leads the Valley C.A.R.E. Coalition alongside representatives from the local mental health office, hospital, police department, and elementary school PTO president. The Coalition connects people to resources such as transportation, food, and shelter. This reduces duplication of efforts and can be harnessed for emergency response in Valley County. In addition, they have worked with the Glasgow Ministerial Association, local food bank, and other service organizations securing grant funds to boost their work and impact among transient individuals, people with mental health conditions, and other AFN populations.

Early in the COVID-19 pandemic, **Gallatin County** reserved appointment spots for AFN populations such as older adults and individuals with limited English proficiency. They partnered with organizations like senior centers and the Human Resource Development Council (HRDC) to schedule their clients for appointments. This reduced the burden on the health department and allowed partner organizations to schedule people based on their needs and availability.

# IDENTIFY AFN IN YOUR COMMUNITY

A goal of PHEP should be to reach every person in the community with information and assistance related to public health emergencies. To do this, PHEP programs must know who lives and works in the community, where people are located, how emergencies impact population groups differently, and what resources are needed to achieve more equitable results.

Often the best data is collected by the community, for the community. Use state and local data sources and partner feedback to determine the prevalence of AFN, types of needs in your community, and how to focus emergency planning efforts to achieve the best outcomes.

Strategy	Action Ideas	Dig Deeper Resources
<b>Assess the potential impact of disasters and what supports may be needed for these populations.</b>	<ul style="list-style-type: none"><li>Ask yourself and your partners the following questions:<ul style="list-style-type: none"><li>Who are the AFN groups in our community?</li><li>What are some anticipated challenges or needs before, during, or after an emergency for this population?</li><li>What social or environmental conditions may be affecting health? (This question refers to social determinants of health.)</li><li>What is needed for them to stay safe and fare as well as other groups?</li><li>What are the strengths and assets of different populations that can be leveraged during an emergency?</li></ul></li><li>These questions could be answered in a meeting, strategy planning session, through a survey, community health assessment, or one on one conversations.</li></ul>	<ul style="list-style-type: none"><li>Practice using this <a href="#">health equity lens</a> developed by the Minnesota Department of Health.</li></ul>



Source: <https://stock.adobe.com>

**Find out where your community is in the planning cycle and participate. Review and use local data sources as much as possible.**

- Review current local data sources, such as the Community Health Assessment, for information relevant to AFN.
- Work with hospital or health department partners to add emergency preparedness related questions to health assessments and include strategies in health improvement plans. Hospitals complete Community Health Assessments every 3 years, and health departments complete them every 5 years.
  - Attend a CHA or CHIP steering committee meeting and advocate for AFN representatives to be present at the table.
  - Share the survey with AFN partners to support their clients' participation in the assessment.
  - Employ or partner with a Community Health Worker to increase community participation in CHAs/CHIPs.
- Request support from DPHHS for data needs:
  - Contact the Public Health System Improvement Office for assistance with CHAs: [HHSPHSDBuildingHealthySystems@mt.gov](mailto:HHSPHSDBuildingHealthySystems@mt.gov)
  - Contact [Montana BRFSS](#) for disability data inquiries and other data needs.

- [The Local Plan Dashboard](#) from DPHHS & MORH provides information on all CHAs/CHIPs for hospitals and health departments in Montana. It is searchable and reports can be generated in a range of data formats.

- [The Montana Public Health Data Resource Guide \(2020\)](#) summarizes Montana public health datasets and contact information for requesting assistance.



Source: <https://dphhs.mt.gov/assets/publichealth/Epidemiology/MTRResourceGuide.pdf>

**If needed, collect supplemental data through surveys, focus groups, and key informant interviews.**

- ▣ Think about the goals of data collection before you start collecting information.
  - What specific questions do you want answered?
  - How do you plan to use the information you collect?
  - What current collection methods or efforts exist in your area?
  - Only collect personal information as relevant to the goals of your survey.
- ▣ Survey community partners about the AFN populations they serve, their strengths, and their anticipated needs during an emergency.
  - Find example survey questions, templates, and focus group discussion topics on page 52, 54 and 58 of this [CDC Workbook](#).
  - Send out a Jotform survey link or use Survey Monkey, print surveys and distribute them to partner organizations, or do a telephone survey.
- ▣ Conduct a survey of AFN individuals in your community.
  - Partner organizations can promote the survey to the individuals they serve to increase the response rate.
  - CASPER [Preparedness Template](#) has sample questions for assessing household preparedness.

- CASPER is a Rapid Needs Assessment used to estimate community needs and plan for emergencies. View CDC's [webpage on CASPER](#) for guidance and technical assistance. [Park County](#) and [Carbon County](#) have conducted recent CASPERs.

- CDC's [Reproductive Health and Disasters Assessment Toolkit 2.0](#) includes sample surveys of different lengths which can be used to collect information on pregnant, postpartum, and lactating individuals' needs following an emergency.

- [Building Tribal capacity and resiliency tools](#) provides a few data tools and instructions on how to use them.



Source: <https://stock.adobe.com>



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**As a starting place to identify individuals with AFN in your community, create a database of AFN individuals and update it annually or every few years.**

- Before implementing a database or registry, review the considerations and limitations of registries on page 6-7 of this [guide](#).
  - Be aware that not everyone with AFN will sign up for a registry, so registries are incomplete.
  - Use registries as a start for identifying individuals and their needs, but always develop alternative plans to reach transient populations, hard-to-find individuals, and others who won't be signed up for the registry.
  - Registrants should still be personally prepared. They should know what to do, where to go, and what to take with them in the case of an emergency or evacuation.
  - Registries should never be the only strategy in place for identifying and locating people with AFN.
- Collect the minimal information needed for emergency planning purposes and to support the AFN individual in an emergency event.
- People may have strong reservations about being included on a registry. They should have the choice to add or remove themselves at any time.
- Make sure data is secure and inform people of when and how it will be used and if it will be shared with any partners.
- Adapt examples from other regions, such as the [LaSalle County registry sign-up form](#) and [Perry Township survey](#).
- Here is a simple [flyer example](#) for an AFN database registry – you could also include a QR code to an online survey/form. Other methods include a central phone number to call for registering, direct mailers, or community health workers or volunteers to do outreach.
- Ensure information in registries is updated and validated frequently. Lean on partner organizations who serve AFN populations and other public health services to help collect this information annually.
- Avoid using the language “special needs” when naming your registry, as this phrase is considered offensive. Instead, use Access and Functional Needs, Medical Needs, or Transportation Needs to define the purpose of the registry.

**Supplement your knowledge with state and federal data sources. National data may help fill in local data gaps.**

Note: Be aware that many national data sources are not perfect because they are estimates.

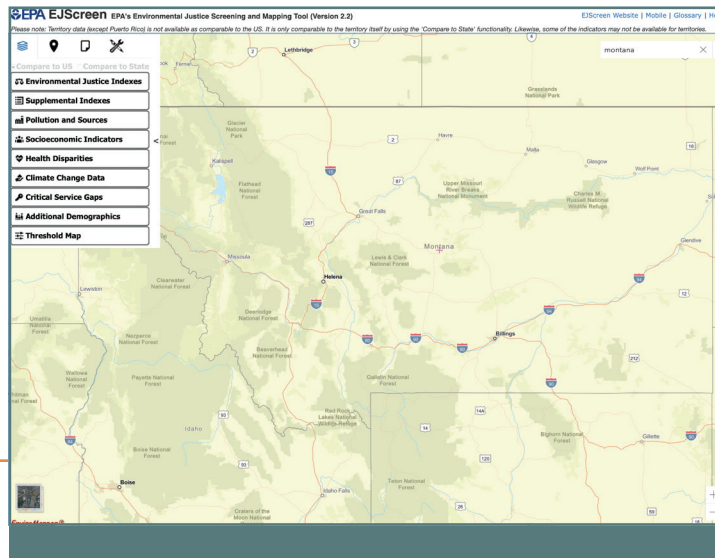
- ▣ Select one or two data tools that can help you make decisions for planning and prioritizing activities. There are hundreds of data sources available online, but you do not need to use them all.
  - MT DPHHS’s **“Insights”** is a new dashboard that displays health data for all Montana counties. More data sources will be added over time.
  - **HHS emPOWER** displays the number of Medicare beneficiaries who are electricity-dependent or receive certain health services (e.g., home health, home dialysis) by county and zip code. Data is updated monthly and can be imported into county GIS platforms.
  - The Rural Institute for Inclusive Communities’ **Disability Counts Dashboard** displays county-level census data on disability.
  - FEMA’s **RAPT** tool allows users to map county and tribal-level indicators of vulnerability and wellbeing, Such as households with Limited English Proficiency, the population percentage living below the poverty level, or the percentage of dwellings that are mobile homes. It also includes infrastructure and hazards indicators. Clicking on a county or census tract will display the three indicators that most influence the area’s vulnerability score.

- ASPR’s **Job Aid** provides ideas for using the HHS emPOWER dataset.

- This 45-minute **video** demonstrates how to use FEMA’s RAPT tool.

- Additional data sources:

- ▣ **Montana Hard to Count** is a map showing the percentage of households with no internet by census tract.
- ▣ The EPA’s **Environmental Justice Screening and Mapping Tool** overlaps demographic and environmental quality data to show areas of increased environmental justice concern



Source: <https://www.epa.gov/ejscreen>

## MONTANANS IN ACTION

**Fort Peck Tribal Health** has a dialysis patient list which is passed on to the Tribal Health Director and Tribal Road Department to ensure that patients’ roads get plowed. Fort Peck Tribal Health also uses social workers and public health nurses to identify people in the community who may have access and functional needs, often using a mobile clinic to reach more rural areas of the reservation.

# ENGAGE AND COMMUNICATE WITH COMMUNITY MEMBERS

Individual readiness is essential for community resilience to disasters. Public education and timely messaging that is accessible and actionable can help people know how to act before, during, and after an emergency.

Improve general communication by using best practices in resources, messaging, images, or media you create/use.

Strategy	Action Ideas	Dig Deeper Resources
<p><b>Improve general communication by using best practices:</b></p> <ul style="list-style-type: none"> <li>□ Use plain language to communicate with clear wording, structure, and design for the intended audience to easily understand and use the information.</li> <li>□ Use <a href="#">inclusive language</a> to show respect when communicating with diverse audiences.</li> <li>□ Tailor Word documents, pdfs, presentations, or web content to fit the needs of your audience, including making content accessible for people with disabilities.</li> <li>□ Use a variety of communication methods (print, written, audio, visual, digital, in-person) to convey information and ensure access, paying special attention to people who may not have access to “traditional” media.</li> <li>□ Translate important materials into other languages spoken in your area.</li> </ul>	<ul style="list-style-type: none"> <li>□ Create a simple checklist to use when planning your next communication, plan, or event:               <ul style="list-style-type: none"> <li>○ Plain language</li> <li>○ Inclusive language</li> <li>○ Variety of media methods</li> <li>○ Disability accessibility</li> <li>○ Translation</li> </ul> </li> <li>□ Print or share communication tip sheets with staff or PHEP partners for easy reference.</li> <li>□ For example: <a href="#">Plain Language Checklist</a></li> <li>□ Review previously used public-facing communication to learn how to apply best practices and identify areas for improvement.</li> <li>□ Provide training for staff on how to use these principles in everyday work.</li> <li>□ Put your personal pronouns (i.e. she/her) in your email signature, name tag, or title in Zoom/Teams meetings.</li> <li>□ Don’t assume anything about a person’s identity – ask if they have preferred pronouns or need an accommodation to participate.</li> <li>□ Use closed captions and/or an American Sign Language (ASL) interpreter in videos for Deaf or hard of hearing individuals.               <ul style="list-style-type: none"> <li>○ Find <a href="#">Montana Interpreters for the Deaf</a></li> </ul> </li> <li>□ Add alternative text to images for screen readers. This <a href="#">accessible document guide</a> has easy steps on how to do this on page 21-23.</li> <li>□ If creating messaging for a specific audience, such as Black people, use images that are representative or relatable to them (i.e. don’t use photos with only white people and avoid perpetuating harmful stereotypes).</li> <li>□ <a href="#">Montana Language Services</a> or <a href="#">Language Line</a> may be helpful with translation needs.</li> <li>□ Prepare for language needs by identifying qualified interpreters and translators. English as a second language (ESL) teachers and bilingual volunteers may fill these roles in the absence of certified interpreters and translators in an emergency.</li> </ul>	<ul style="list-style-type: none"> <li>- The <a href="#">Center for Plain Language</a> provides basic concepts, templates and tools, and examples of how to use plain language.</li> <li>- This preparedness <a href="#">video</a> for people with disabilities is a great example of using captioning and an American Sign Language (ASL) interpreter.</li> <li>- The American Psychological Association’s <a href="#">inclusive language guide</a> has definitions and context for a range of terms, including harmful ones to avoid and alternative options to use.</li> </ul>

Educate the public on how to prepare for and respond to disasters and provide people with easy-to-use tools and resources.

Strategy	Action Ideas	Dig Deeper Resources
<p><b>Utilize or adapt resources that already exist to provide education on personal readiness. Make sure messaging is actionable, specific, and accessible to help people act before, during, and after an emergency.</b></p>	<ul style="list-style-type: none"> <li>□ Promote preparedness resources through existing communication channels and partner networks. Many organizations have developed resources that can be customized or were written by and for specific AFN populations. Below is a small sample of resources.               <ul style="list-style-type: none"> <li>○ <a href="#">Ready.gov</a> has preparedness templates, <a href="#">media toolkits</a>, and information for different populations. For example, this <a href="#">Winter Ready Toolkit</a> has templates that can be adapted to share winter preparedness tips.</li> <li>○ <a href="#">Ready Indian Country posters and brochures</a> can be adapted to increase readiness for Native Nations.</li> <li>○ This 5-minute <a href="#">video</a> from the North Dakota Center for Persons with Disabilities shares preparedness instructions.</li> <li>○ FEMA's <a href="#">Preparedness Guide for Caregivers</a> (2024) walks caregivers through the steps of preparing themselves and their loved ones.</li> <li>○ The National Alzheimer's Research and Dementia Center's <a href="#">Emergency Preparedness Toolkit for People Living with Dementia</a> (2022) includes checklists and printable forms for caregivers to complete.</li> <li>○ CDC's <a href="#">Disaster Safety for Expecting and New Parents</a> has tips and resources in English, Spanish, and Creole.</li> <li>○ Include the Disaster Distress Helpline phone number (call or text 1-800-985-5990) or <a href="#">Disaster Distress Help website</a> in your handouts/messaging. This is a source of disaster crisis counseling, available 24/7, year-round. The helpline is accessible for Deaf and multilingual individuals.</li> <li>○ The <a href="#">988 suicide &amp; crisis helpline</a> has disaster survivor resources.</li> </ul> </li> <li>□ Leave printed copies of resources in the health department waiting room and share links on the health department website.</li> <li>□ Use digital or printed billboards to get messaging out, or partner with an organization that has electronic signage to see if you could include information there.</li> <li>□ Meet people where they are at and provide printed and online information at community spaces and events like grocery stores, senior centers, youth sporting events, school functions, markets and more.</li> <li>□ Host a booth/table to share readiness handouts or emergency preparedness kits, or provide vaccines or testing at Farmer's Markets, the community fair, school events, or LGBTQ+ Pride events.</li> <li>□ Share resources with partner organizations for distribution among their networks.</li> <li>□ Highlight National Preparedness Month in September by sharing personal preparedness resources on social media.</li> <li>□ Encourage community members who use electricity-dependent medical equipment to notify their utility company.</li> </ul>	<ul style="list-style-type: none"> <li>- CDC has a resource library of <a href="#">Disability and Health Preparedness Tools</a> created by multiple states.</li> <li>- The National Center for Farmworker Health compiles health and safety materials in multiple languages, including <a href="#">Covid-19 resources for farmworkers</a>.</li> <li>- CDC recommends that older adults and people with caregivers complete this fillable <a href="#">Care Plan</a> and include it with important documents in a waterproof bag.</li> </ul>

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**Promote your jurisdiction's mass communication platform(s) and support community residents in signing up for them.**

- Mail postcards to households with information on how to sign up. Include a QR code for a direct website link, but also make sure the info is accessible in other ways, such as the link listed below or a phone number to call.
- Hand out this information at community events or leave flyers at local organizations that serve AFN populations and frequently visited areas, like a local restaurant.
- Share this information at a staff meeting or send an all-staff email to ensure health department staff are signed up and know where to direct others to sign up.
- Host a friendly competition with a small prize to see which departments can sign up the most staff members.
- Consider investing in Smart911 for your community. [Missoula County](#) provides a good overview of this service.

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**Prepare communication templates, strategies, and plans in advance to easily disseminate information to the public during an emergency.**

- Build communication templates specific to risks common in Montana, such as wildfires, power outages, chemical spills, and communicable disease outbreaks.
- Print [CERC wallet cards](#) and share with staff to use as a reference in an emergency scenario.
  - If your agency has a Public Information Officer (PIO), share AFN information with them in advance such as how they would communicate with different populations identified in your research or your Community Health Assessment. You may also share inclusive and accessible language guides or tips.

- Appendix B of [Maine's Communications Plan](#) summarizes activities for reaching vulnerable populations with pre-disaster, response, and recovery information.

- View HHS's [Language access and communication checklist for emergency response](#) for compiled recommendations.

## MONTANANS IN ACTION

**Park County** is working to place televisions in grocery stores across the county to provide regularly updated information to the public in frequented community locations. Their goal is to reach the whole community, especially people who may not receive important information through traditional means like newspapers, email, or social media to strengthen both routine and emergency communications for all.

**Big Horn County** attended local Farmers Markets and handed out emergency kit bags with information printed on the bag. The kits included a FEMA emergency contact card, Are you Ready? FEMA booklet, Emergency Financial First Aid Kit, Emotional First Aid, Prepare with Pedro from the American Red Cross, and two resources they created: My Mental Health Crisis plan and a postcard for emergency contacts/plans.

Spanish speaking migrant workers come to **Powder River County** from May-October to work with honeybees. A next step could be translating PHEP education or risk communication materials into Spanish, or finding an existing toolkit/resource, and distributing them to leaders from this community and organizations who may interact these individuals.

A priority project for **Missoula County** is raising awareness of Smart 911. When signing up for Smart 911, residents can check a box to share their profile with Emergency Management. Those individuals appear on Smart Prepare, a tool used by Emergency Management that maps vulnerable pockets in the community, such as areas with transportation disruptions or people using power-dependent equipment.

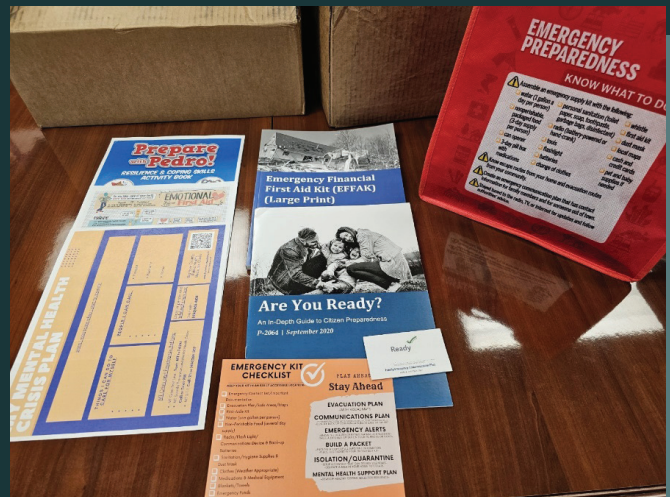


Photo credit: Alyssa Pitsch, PHEP Coordinator, Big Horn County Public Health

# INCREASE YOUR ORGANIZATION'S CAPACITY TO RESPOND TO AFN

Health department staff and their community partners need the knowledge, skills, and networks to better involve and support AFN groups to effectively build community resilience.

Strategy	Action Ideas	Dig Deeper Resources
<p><b>Train health department staff on equity &amp; AFN in emergency preparedness and response. Share resources with partners- such as first responders and others involved in preparedness and response- to help build their competency.</b></p>	<p><b>Understand AFN</b></p> <ul style="list-style-type: none"> <li>▫ Introduction to AFN &amp; CMIST <a href="#">video</a>, 20 minutes (Colorado OEM).</li> <li>▫ <a href="#">AFN Training</a>, 1.5 hours, online/self-paced (HHS/ASPR)               <ul style="list-style-type: none"> <li>◦ Defines concepts and requirements for addressing the AFN of at-risk individuals, and provides tools and resources for disaster preparedness, response, and recovery activities.</li> </ul> </li> </ul> <p><b>Health equity</b></p> <ul style="list-style-type: none"> <li>▫ <a href="#">Montana health equity training</a>, 2 hours online, free (Montana Office of Rural Health).</li> </ul> <p><b>Mental health</b></p> <ul style="list-style-type: none"> <li>▫ <a href="#">Psychological First Aid Training</a>, 5 hrs online, CEs (SAMHSA) and <a href="#">Trauma-Informed Approaches</a>, 1 hr 15 min online, free, (TI Oregon) are important when working with veterans, unhoused individuals, children, and others who may have experienced trauma in their past or as a result of an emergency.</li> </ul> <p><b>Crisis and emergency risk communications training</b></p> <ul style="list-style-type: none"> <li>▫ <a href="#">CERC</a>, multiple 1hr webinars/self-paced (free) or in-person 1-day option with cost (CDC). Helps public health practitioners improve communication skills for conveying risk to the public.</li> </ul> <p><b>Native Nations</b></p> <ul style="list-style-type: none"> <li>▫ <a href="#">Strength and Resilience: Emergency Preparedness for Tribal Leaders and Program Directors</a>, 20-min video (Great Lakes Inter-Tribal Epidemiology Center).               <ul style="list-style-type: none"> <li>◦ Helps Tribal leaders gain understanding of their role and resources available in emergency preparedness.</li> </ul> </li> <li>▫ <a href="#">Indigenous Sovereignty in Disasters</a>, free online module (CONVERGE). Focuses on Indigenous sovereignty and how it can help build resilience to hazards and disasters.</li> </ul> <p><b>Individuals with Disabilities</b></p> <ul style="list-style-type: none"> <li>▫ <a href="#">Health and Disability</a>, 1 hour online, free (NACCHO).               <ul style="list-style-type: none"> <li>◦ Overview of disabilities, health disparities, and how local health department staff can include people with disabilities in their public health programs and services; includes emergency scenarios.</li> </ul> </li> </ul>	<p>- The <a href="#">Utah AFN Toolkit</a> has a comprehensive list of AFN Trainings by topic (pg. 10-12)</p> <p>- This <a href="#">Disability Etiquette Guide</a> gives a quick overview of a variety of disabilities and how to interact respectfully with individuals who have disabilities.</p> <p>- This <a href="#">health disparities timeline</a> examines historical events that have shaped health equity. Some events related to PHEP are the Indian Self Determination and Education Assistance Act (ISDEAA), Americans with Disabilities Act (ADA), and Hurricane Katrina.</p> <p>- <a href="#">Foundations of health equity CDC</a> provides in-depth online trainings.</p> <p>- <a href="#">Project ALIVE: Montana CIL Trainings – The Partnership for Inclusive Disaster Strategies</a> focuses on vaccines and trauma-informed care for people with disabilities. It includes 2 webinars and a checklist.</p>

Note: this list is only a sample of trainings relevant to PHEP work.

**Participate in ongoing opportunities to network and learn from other health departments.**

- Attend the annual Montana Public Health Summer Institute. Visit DPHHS's [website](#) or email [HHSPHSDBuildingHealthySystems@mt.gov](mailto:HHSPHSDBuildingHealthySystems@mt.gov) for details.
- Join the [PHEP forum](#) on AMPHO's Connected Community site to connect with peers about PHEP topics.
- Attend regional PHEP Collaborative meetings hosted by Montana Public Health Institute and DPHHS. Email Hillary Hanson at MTPHI for dates and locations: [hillary.hanson@mtphi.org](mailto:hillary.hanson@mtphi.org).
- The Health Equity Professionals Network (HEPN) meetings are for all Montana public health staff to connect and learn from each other about a range of health equity topics. HEPN meets via Zoom every other month on the 3<sup>rd</sup> Tuesday from 3-4pm. If interested, contact Margaret Mullins: [Margaret.Mullins@mt.gov](mailto:Margaret.Mullins@mt.gov).

- Colorado's Division of Homeland Security and Emergency Management produces a [monthly newsletter](#) that shares training opportunities, tips, and resources related to AFN inclusion. They also host an annual conference, a virtual symposium, frequent trainings, and a monthly national call on AFN for emergency managers.



Source: <https://ampho.connectedcommunity.org/communities/community-home?CommunityKey=177f2cd9-be0b-4748-b8f0-e4392c855b9b>



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**Use volunteers and Community Health Workers in PHEP activities. CHWs may be a key resource to building flexible capacity.**

- Recruit volunteers who speak other languages or have experience with AFN to [MHMAS](#), Montana's state registry of professional and public health volunteers. Volunteers who sign up are vetted so they can be quickly deployed during an emergency.
  - Ask AFN partner organizations to help recruit volunteers and register people.
  - Advertise the need for volunteers in MHMAS by posting to social media, hanging flyers around town, and printing an ad in the newspaper. Sample language could be, "Do you speak another language? We need volunteers like you to assist during public health emergencies. Sign up to volunteer today."
- Use [Disaster Mental Health volunteers](#) from the Red Cross who can provide support to those experiencing the disaster. Encourage local mental health providers to apply to be Disaster Mental Health volunteers.
- Incorporate Community Health Workers (CHWs) into public health departments to help with outreach, education, assessment, and other activities. CHWs serve as a bridge to communities that are less connected to public health services.
  - For example, a CHW could help design tailored messaging to use in an emergency and also help get the word out to residents more effectively.
  - Reach out to the [MT CHW Association](#).
  - Train a staff member or volunteer as a CHW:
    - [MORH/AHEC course](#)
    - [UM course](#)
- Start or support a [Community Emergency Response Team \(CERT\)](#). This program trains volunteers to assist with basic emergency responses in their communities.
  - [Search for CERT programs](#) near your area.
  - Reach out to [RiverStone Health's PHEP](#) coordinator at [emergency.pre@riverstonehealth.org](mailto:emergency.pre@riverstonehealth.org) or [Great Falls DES](#) to learn about their process getting CERT running.
- Another model is Colorado's CMIST Response Teams, comprised of locally trained volunteers who identify and address resource needs before, during, and after emergencies.
  - Watch this CMIST Response Team Overview [Youtube recording](#) starting at 1:21:12 for information on roles, responsibilities, and recruitment tips.

- View Colorado's [CMIST Response Team Functional Needs Assessment Manual](#) for more detailed guidance on this resource.



## MONTANANS IN ACTION

**Missoula County** is improving partner engagement by offering webinars on PHEP and AFN to the Fire Department, Northwestern Energy, transportation services, and more. They cover the role of PHEP and the importance of a whole community approach in emergency preparedness and response. Partners are invited to discuss their emergency plans and brainstorm how to better include AFN populations. Missoula County also conducted personal preparedness workshops for individuals who use Center for Independent Living (CIL) services. They shared tips on how to prepare, what to include in a preparedness kit, and how to sign up for alert systems.

# PREPARE AND PLAN WITH AN EMPHASIS ON INCLUSION

Incorporate AFN populations and equity principles throughout planning documents, procedures, and resources. It's important to plan with historically excluded groups, not for them.

Strategies	Action Ideas	Dig Deeper Resources
<p><b>Use these frameworks to prompt questions and discussions on how to integrate AFN into planning and preparedness efforts.</b></p>	<ul style="list-style-type: none"> <li>▣ Refer to the <a href="#">CMIST Framework</a> for a flexible, crosscutting approach to planning that addresses common AFN without using specific diagnoses, statuses, or labels. Use CMIST to:               <ul style="list-style-type: none"> <li>○ Identify resource gaps, needs, and supports in these areas.</li> <li>○ Review your plans, exercises, and services to ensure you are integrating strategies to support individuals with AFN.</li> </ul> </li> <li>▣ Use a <a href="#">health equity framework</a> to assess a situation or idea for potential barriers and ways to support community members with AFN:               <ul style="list-style-type: none"> <li>○ Who is affected or impacted by [the emergency/situation/plan]?</li> <li>○ Are certain AFN groups impacted more or less than others?</li> <li>○ Who benefits and who is harmed?</li> <li>○ Who is included and engaged versus excluded?</li> <li>○ Have the people most effected helped to shape the response/plan?</li> <li>○ How does this action or situation contribute to or reduce disparities in health outcomes during or after an emergency?</li> <li>○ What does the data tell us? What data are needed to make an informed decision?</li> <li>○ What values and assumptions underlie our decision-making process?</li> </ul> </li> </ul>	<p>- See <a href="#">Appendix</a> for CMIST Framework</p>

**Use a Whole Community Approach when planning; be specific to who you have identified is in your community and has AFN or needs tailored support.**

- Consider these options when integrating AFN into plans:
  - Include an AFN checklist or question list in the appendix of plans or link to the AFN documents.
    - For example, use the [MTPHI Vaccine Quick Guide](#) or CMIST question appendix (pg. 23) in the [Massachusetts AFN Guide](#) as an appendix to review when planning immunization clinics.
  - Include a brief statement in the purpose section of plans about PHEP's inclusion of AFN, and then writing specific details about how access and functional needs are considered in the Concept of Operations section.
  - Review what environmental and climate plans your county has. Talk to other counties that have these plans and adapt them for your area.
    - Example plans could include hazards that are common to Montana: wildland fire, flood, air pollution, blizzards, and extreme heat.
    - Collaborate regionally to develop these plans.
  - Link [Montana DEQ Today's Air Dashboard](#) or [AirNow](#) on your website and in plans, and base your response actions on different levels of air pollution.
  - Implement an [air quality flag program](#) to alert the public. This resource is a [Tribal Nation program package with templates](#).
  - Train and equip school staff and athletic programs on how to determine air quality based on visualization. See this [Flathead County example](#).

- CDC's [BRACE](#) program has many resources on climate change planning for PHEP programs, including a toolkit for assessing health vulnerabilities and developing a plan.

- Example Plans:
  - [Butte-Silver Bow County Public Health Response for Wildfire Events](#) (2022) is a local example of a climate response plan that includes AFN.
  - [Missoula's Climate Resiliency Plan](#)
  - [Blackfeet Climate Change Adaptation Plan](#)
  - [Missoula Extreme Heat Preparedness](#)
  - [New Hampshire Excessive Heat Plan](#)



Source: <https://stock.adobe.com>

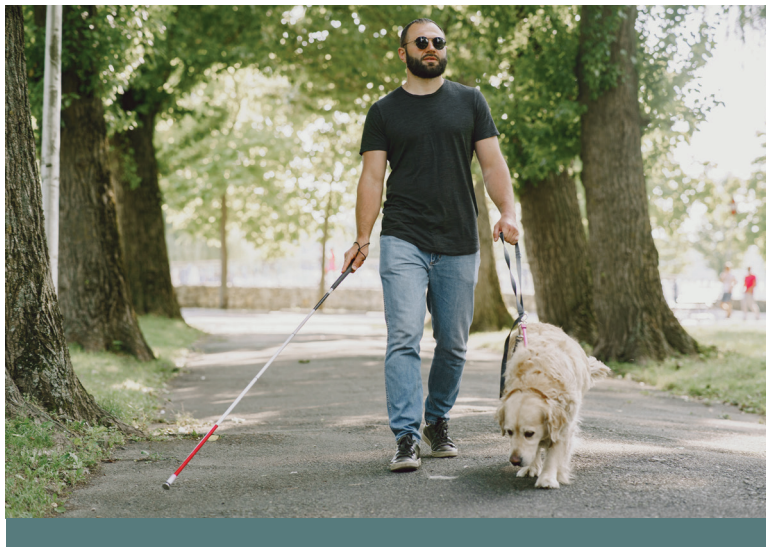
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**Include AFN considerations and partners in exercises, from tabletops to full-scale.**

- ▣ Invite AFN partners and people with lived experience to participate in every exercise. Not everyone who participates needs to be involved in pre-planning but include a few committed people who represent AFN from the beginning so they can help shape an exercise that is accessible and realistic.
  - If you aren't sure who to include, review the [“Developing Partnerships”](#) ideas.
- ▣ Ask about accommodations that enable diverse people to plan and participate in exercises. CILs and other community organizations can help identify specific ways for how to include and accommodate AFN. If you have a designated AFN advisor on your planning committee, this would be a good action for them to assist with.
  - Implement the changes or accommodations that are identified; you don't have to do everything, but a little effort goes a long way.
- ▣ Include elements of AFN in all exercises. This list of [injects](#) may give you ideas on how to incorporate AFN into your scenarios. Change the numbers to make the injects more realistic for your jurisdiction's population size.
- ▣ For evacuation-related exercises, include various transportation providers (paratransit, transit, bus companies, schools), train drivers on accessibility features of vehicles (e.g., how to anchor wheelchairs and travel safety with service animals), and provide training on durable medical equipment and assistive technology.
- ▣ Add exercise evaluation questions that specifically address accessibility and accommodations. This [POD Exercise Participant Survey](#) includes sample questions.
- ▣ Offer to facilitate an exercise for your AFN partners using their plans.

- Colorado Department of Public Health and Environment posts [exercise resources](#) to its website.

- The EPA's [Environmental Resilience Tools Wizard](#) can help you find tools that address environmental concerns in disaster mitigation, preparedness, response, and recovery.



Source: <https://stock.adobe.com>

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**Make sure that response activities, locations, and services are accessible and include all individuals with AFN.**

- Sheltering & Mass Care
- Evacuation
- Transportation

- Create accessible communications kits that can be deployed to vaccination events, shelters, and other locations.
  - These may include items such as weighted pens, magnifiers, noise reduction headphones, and voice amplifiers. Work with your AFN partners to determine what tools would be most beneficial in your jurisdiction.
  - Massachusetts' free [Show Me](#) tools can be used to facilitate communication during an emergency with people with cognitive disabilities, Limited English Proficiency, people who are Deaf, and others who may have communication challenges.
- Phones have many accessibility features that may be useful. Review these options to think about how you would use them in an emergency:
  - [Apple accessibility](#)
  - [Google accessibility](#)
  - [Android accessibility](#)
- Ask a disability or other AFN advisor to audit/examine the space, service, or process.
- Review this [tip sheet](#) to ensure mass care spaces are safe and free of harassment for Transgender individuals.
- Consider designating specific space for people with certain needs, such as Deaf individuals, as they may be more comfortable among peers.
- Plan for people's service animals and pets, as people may evacuate with them.
  - Does your local animal shelter have the ability to host pets temporarily?
  - Can you designate an area in shelters for people with pets and service animals?
  - Have pet-friendly items on hand like dog food, litter boxes, and water.
- If physical improvements are needed, some [funding resources](#) are available. You may need to choose an alternate shelter location if there are large access barriers.
- Sign MOUs with partners who can provide resources during an emergency, such as transportation providers who agree to assist with evacuations or adjust routes to stop at shelter sites.
  - [Sample MOU](#) from the Virginia Department of Public Health
- Consider options for deploying durable medical equipment (DME) and medical supplies to shelters and other settings.
  - Use health and [emPOWER data to estimate local needs](#).
  - You could start a local cache of equipment in collaboration with Emergency Management, discuss options with Red Cross, work with local pharmacies to increase their in-stock supply, or establish an agreement with local healthcare facilities and DME companies to loan or rent equipment.
  - Use [Medicare's list of covered DME](#) to understand which equipment may be needed. You may also want to add medical supplies, such as insulin and blood glucose testing kits for people with diabetes.

- Contact [MonTECH](#) for demonstrations and advice on adaptive equipment and assistive technology. Email [montech@mso.umt.edu](mailto:montech@mso.umt.edu) or call (406) 243-5511.

- This Red Cross [shelter intake sheet](#) assesses for different needs and suggests possible actions to address them.

- The [AARP Disaster Resilience Toolkit](#) contains specific guidance for sheltering and evacuating older adults on pages 23-31.

- FEMA offers guidance on developing [Disaster-Specific MOUs](#) with partners.



## MONTANANS IN ACTION

**Powder River** worked extensively with their senior center and nursing homes to prepare them for evacuations and influxes of patients. These organizations now have backup generators to use in case of emergencies and power outages so people can continue to use oxygen and other electricity-dependent equipment.

To improve Covid-19 vaccination access for community members with disabilities, **Valley County** partnered with a group home and the local transit system. The Transit bus brought the group home residents to the health department before taking them to work. The proper paperwork and permission from guardians was all done in advance of the vaccine day. The Health Department RN went outside to the buses to administer the vaccines. All parties appreciated the ease and convenience of vaccinating these residents.

Riverstone Health in **Yellowstone County** formed a Climate Resiliency Group within the health department. They wrote an air quality plan focused on communicating health risks to the public, especially populations adversely affected by poor air quality. They are installing a flag system outdoors and hope to issue media releases to alert people to dangerous air quality.

**Gallatin County** is part of the Southwest COAD (Community Organizations Active in Disasters) of non-profit organizations involved in disaster response; this is a regional coalition including Park, Madison, and Gallatin counties. The COAD provides various community support roles and resources during emergencies.

**Treasure County** dedicated a small pot of funding to support residents' non-emergency transportation needs to get to health appointments and services. This helps address an environmental barrier to health and build residents' resilience through increasing access to healthcare and other services. They hope to promote this resource to increase use by community members in need.

*Note: This is a living document and may go through periodic revisions. If you see any issues, please contact Morgan Miller at [morgan.miller@mtphi.org](mailto:morgan.miller@mtphi.org)*

# ENDNOTES

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- 1 <https://aspr.hhs.gov/at-risk/Pages/default.aspx>
- 2 [https://www.cdc.gov/orr/readiness/00\\_docs/cdc\\_access\\_and\\_functional\\_needs\\_toolkit\\_march2021.pdf](https://www.cdc.gov/orr/readiness/00_docs/cdc_access_and_functional_needs_toolkit_march2021.pdf)
- 3 <https://www.caloes.ca.gov/office-of-the-director/policy-administration/access-functional-needs/>
- 4 <https://ehp.niehs.nih.gov/doi/full/10.1289/EHP9511>
- 5 <https://www.apha.org/Topics-and-Issues/Climate-Health-and-Equity/Guide>
- 6 <https://www.apa.org/ed/precollege/psychology-teacher-network/introductory-psychology/disability-models>
- 7 <https://www.cdc.gov/ncbddd/disabilityandhealth/impacts/montana.html>
- 8 <https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html>
- 9 <https://adata.org/factsheet/ADA-overview>
- 10 <https://dphhs.mt.gov/assets/sltc/AgingReports/MontanaStatePlanonAging.pdf>
- 11 [https://connectmt.mt.gov/2023.06.04\\_BEAD-Five-Year-Action-Plan\\_vSHARE.pdf](https://connectmt.mt.gov/2023.06.04_BEAD-Five-Year-Action-Plan_vSHARE.pdf)
- 12 <https://leg.mt.gov/content/Publications/services/2020-agency-reports/tribal-nations-handbook-nov-5-2020.pdf>
- 13 <https://dphhs.mt.gov/assets/publichealth/ahealthiermontana/2017SHAFinal.pdf>
- 14 <https://www.naccho.org/uploads/downloadable-resources/ama-aamc-equity-guide.pdf>
- 15 [https://aspr.hhs.gov/at-risk/Pages/at-risk\\_afn.aspx](https://aspr.hhs.gov/at-risk/Pages/at-risk_afn.aspx)
- 16 <https://www.caloes.ca.gov/office-of-the-director/policy-administration/access-functional-needs/>
- 17 [https://scholarworks.umt.edu/itrr\\_pubs/445/](https://scholarworks.umt.edu/itrr_pubs/445/)
- 18 <https://aspr.hhs.gov/at-risk/Documents/MCH-Emergency-Plan-Toolkit-508.pdf>

# APPENDIX

## CMIST

### A Function-Based Framework for Emergency Planning

Consider all of these categories as you plan how to meet needs in an emergency.



#### COMMUNICATION

Assistance Needed to Speak, See, Hear, Understand



#### MAINTAINING HEALTH

Support Required to Manage Self-care, Health Conditions, Medical Treatments



#### INDEPENDENCE

Able to Function Independently with Mobility Aids, Medical Equipment, Service Animals



#### SUPPORT/SAFETY/SELF-DETERMINATION

Supervision & Support Needed Due to Mental Illness, Addiction, Brain Injury, Anxiety



#### TRANSPORTATION

Assistance Required to Evacuate Due to Limited Mobility, Disability, Injury, Lack of Vehicle