

## **Definitions for Whole Community, Equal Access and Functional Needs and the C-MIST Framework**

The federal government is committed to including the whole community as integral partners in planning for disasters and other emergencies. Individuals with equal access and functional needs requirements are a part of every community. The following definitions will assist planners and responders to understand what is meant by the terms “whole community”, “equal access and functional needs” and the “C-MIST” framework for addressing functional needs.

### **Whole Community:**

As defined within the National Preparedness Goal, the term “Whole Community” means:

“A focus on enabling the participation in national preparedness activities of a wider range of players from the private and nonprofit sectors, including nongovernmental organizations and the general public, in conjunction with the participation of federal, state, tribal and local government partners in order to foster better coordination and working relationships. Whole community may be used interchangeably with “all-of-Nation.”<sup>1</sup>”

Participation of the whole community requires equal access to preparedness activities and programs *without discrimination and consistent and active engagement and involvement in all aspects of planning.* Individual and community preparedness is fundamental to success. By providing the necessary accommodations for participation, the whole community can contribute to and benefit from national preparedness.

*For inclusive planning to be successful, individuals who are often underrepresented or excluded must be actively involved. This includes: individuals who are from diverse cultures, races and nations of origin; individuals who don't read, have limited English proficiency or are non-English speaking, individuals who have physical, sensory, behavioral and mental health, intellectual, developmental and cognitive disabilities, including individuals who live in the community and individuals who are institutionalized, older adults with and without disabilities, children with and without disabilities and their parents, individuals who are economically or transportation disadvantaged, women who are pregnant, individuals who have chronic medical conditions, those with pharmacological dependency, and the social, advocacy and service organizations that serve individuals and communities such as those listed above.*

### **Equal Access and Functional Needs of Individuals and Communities:**

Participation of the whole community requires equal access to local, statewide and national preparedness activities and programs without discrimination; meeting the equal access and functional needs of all individuals; and consistent and active engagement and involvement in all aspects of planning.

Engaging the whole community means ensuring equal access and meaningful participation by:

*individuals who are from diverse cultures, races and nations of origin; individuals who don't read, have limited English proficiency or are non-English speaking, individuals who have physical, sensory,*

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<sup>1</sup> National Preparedness Goal, First Edition, September 2011, A-2.

*behavioral and mental health, intellectual, developmental and cognitive disabilities, including individuals who live in the community and individuals who are institutionalized, older adults with and without disabilities, children with and without disabilities and their parents, individuals who are economically or transportation disadvantaged, women who are pregnant, individuals who have chronic medical conditions, those with pharmacological dependency, and the social, advocacy and service organizations that serve individuals and communities such as those listed above.*

Many Individuals with equal access and functional needs, including those with and without disabilities can be accommodated with actions, services, equipment and modifications including physical/architectural, programmatic, and communications modifications.<sup>2</sup> In addition, many individuals may have legal protections including, but not limited to the right to freedom from discrimination based on race, color, national origin, limited English proficiency, sex, familial status, age, disability, and economic status.<sup>3</sup>

By planning to meet the equal access and functional needs, of individuals who are protected from discrimination, planning can also address the needs of a wide range of individuals defined as “at-risk individuals”<sup>4</sup> or “vulnerable”<sup>5</sup> in other federal statutes or planning documents.”<sup>6</sup> Therefore, both statutorily and inclusively, whole community planning will necessarily encompass assessing and planning for the equal access and functional needs of individuals and communities.

Some examples that illustrate the benefits of this include: selecting a shelter with bathrooms that have lowered counters and sinks can meet the functional needs of individuals who use wheelchairs and children; bariatric commodes and beds or cots that ensure access and support for increased weight requirements; meeting the functional needs of individuals with mobility disabilities who require a steady cot also addresses a functional need of pregnant women; involving racially and culturally diverse communities in the emergency planning process maximizes access to and effectiveness of emergency services; attention to effective communication access assists people who may benefit from interpretation and translation services and the use of plain language, or illustrations to supplement text; and older adults frequently have functional needs that are similar to the functional needs of individuals with disabilities; and ensuring non-discrimination can be aided by utilizing a diverse group of workers

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<sup>2</sup> Please see *Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters*, November 2010, p. 8 and *Comprehensive Preparedness Guide 101 Version 2.0*, November 2010, Appendix B, p. B-1.

<sup>3</sup> Title II of the Civil Rights Act of 1964, 42 U.S.C. § 2000(a), et seq.; Title III of the Civil Rights Act of 1964, 42 U.S.C. § 2000(b), et seq.; Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d, et seq., and its implementing regulations; Title VII of the Civil Rights Act of 1964, 42 U.S.C. § 2000(e), et seq. and its implementing regulation; Title IX of the Education Amendments of 1972, 20 U.S.C. § 3601 et seq. and its implementing regulations; the Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. § 12101, et seq. and its implementing regulations; Sections 501, 503, 504 and 508 of the Rehabilitation Act of 1973, as amended, 29 C.F.R. §§ 791, 793, 794, and 794d and its implementing regulations; Age Discrimination Act of 1975, 42 U.S.C. § 6101, et seq., and its implementing regulations; the Fair Housing Act, 42 U.S.C. § 3601, et seq. (1968), and implementing regulations 24 C.F.R. pts. 100–125 (2007); the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. § 5151; and the Post Katrina Emergency Management Reform Act of 2006, Pub. L 109 - 295, title VI.

<sup>4</sup> The term “at-risk individuals” includes children, senior citizens, pregnant women, and others as deemed by the Secretary of HHS (The Pandemic and All-Hazards Preparedness Act (PAHPA), 42 § U.S.C. 300hh-16). To ensure inclusive planning, HHS adopted a functional needs definition of at-risk individuals based on the CMIST Framework concept and clarified that individuals who may need additional response assistance also include those who have disabilities, live in institutionalized settings, are from diverse cultures, have limited English proficiency or are non-English speaking, the transportation disadvantaged, have chronic medical disorders, and have pharmacological dependency.

<sup>5</sup> The term “vulnerable populations” includes children, prisoners, pregnant women, mentally disabled persons, economically or educationally disadvantaged persons, C.F.R. Title 45, Part 46.

<sup>6</sup> The term “vulnerable populations” includes children, prisoners, pregnant women, mentally disabled persons, economically or educationally disadvantaged persons, C.F.R. Title 45, Part 46.

and volunteers that share attributes of the community they serve, and are knowledgeable about the community's current and historical barriers to service access. Overall, inclusive planning is expected to increase the community-wide margin of resilience and increase capacity to meet a wide range of disaster related needs utilizing existing resources and reducing dependence on acute medical resources for maintaining health, safety and independence and preventing discrimination. Inclusive planning promotes community building without discrimination to meet a wide range of public health emergencies and disaster related needs utilizing existing resources and reducing surge requirements for dependence on acute medical resources to maintain health, safety and independence of survivors.

Individuals with access and functional needs should be supported in a general population shelter. This includes those who were able to live in their own home prior to an incident (with or without assistance), as well as individuals who do not require frequent medical monitoring (e.g. those with chronic or non-acute medical needs). The general population shelter community will provide support to meet the non-medical access and functional needs of these individuals in accordance with the Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters (FEMA, Nov 2010). Medical and public health providers will provide the support necessary to meet medical needs, also consistent with that guidance. Individuals whose conditions have increased in severity such that that would normally require hospitalization or medical monitoring would need to receive inpatient care in a healthcare facility.

### **C-MIST Framework<sup>7</sup>:**

Before, during, and after an incident, some individuals with equal access and functional needs may be assisted to maintain their health, safety and independence utilizing the "C-MIST" framework to identify their needs. C-MIST<sup>8</sup> is the acronym for *Communication, Maintaining Health, Independence, Safety Support Services, and Self Determination and Transportation*.

Physical and programmatic access, auxiliary aids and services, integration, and effective communication are often enough to enable individuals to maintain their health, safety, and independence in an emergency or disaster situation. Individuals may have additional requirements in one or more of the following functional areas:

#### **Communication:**

Often individuals will require auxiliary aids and services or language access services to initiate effective communication and to receive and respond to information utilizing methods they can understand and use. They may not be able to communicate their needs or ask for information, hear verbal announcements or alerts, see directional signs, communicate their circumstances to emergency responders, or understand how to get assistance due to hearing, vision, speech, cognitive, behavioral or mental health or intellectual disabilities, and/or limited English proficiency. In addition to auxiliary aids and services (such as interpreters and translated materials), the use of plain language benefits most

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<sup>7</sup> C-MIST has been updated in this document. The definition has moved away from utilization of a model of defining functional needs in medical terms towards a definition that more accurately addresses medical and non-medical functional needs in the most integrated setting appropriate and prevents the development of acute medical conditions. Updates include describing potential barriers and strategies to achieve inclusion, integration, and self-determination, maintenance of health, safety and independence and prevention of discriminatory practices in emergency programs.

<sup>8</sup>Originally developed by June Isakson Kailes

people<sup>9</sup>. Finally, ethnic media should be utilized in order to ensure information is communicated in alternate formats, such as American Sign Language, and in multiple mediums, multi-lingual formats. Materials must be age-appropriate and user-friendly to assist all communities with awareness of the availability of emergency services.

### **Maintaining Health:**

While most individuals with equal access and functional needs do not have acute medical needs requiring the support of trained medical professionals, many will require some form of assistance to maintain health and minimize preventable medical conditions. Access to equipment, medication, supplies, bathroom facilities, nutrition, hydration, adequate rest, and personal assistance can make the difference in maintaining health and preventing the development of conditions requiring additional medical care. Additionally, keeping individuals with equal access and functional needs with their families, neighbors and others who can provide assistance will reduce the need for first responders and medical professionals at a time of scarce resources.

For individuals with medical needs in mass care shelters, medical assistance is requested by the general population shelter management and provided by public health and medical personnel. In many instances, this medical assistance may be provided in the general population shelter. Individuals who have an increase in severity of conditions that would normally require hospitalization or medical monitoring would need to receive inpatient care from an appropriate medical facility in consultation with a medical care provider.

Additionally, individuals, including those who are generally self-sufficient and those who have adequate support from personal assistants, family, or friends may need assistance with: managing unstable, terminal or contagious conditions that require observation and ongoing treatment; managing intravenous therapy, tube feeding, and vital signs; receiving dialysis, oxygen, and suction administration; managing wounds; and operating power dependent equipment to sustain life. These individuals may require the support of trained medical professionals. Individuals whose conditions have increased in severity such that that would normally require hospitalization or medical monitoring would need to receive inpatient care in a healthcare facility.

Emergency planning should include consideration of institutional barriers to equal access to health and medical services for minority and low-income communities; such as, geographic and social isolation, and lack of engagement with traditional media outlets. Information about health and medical services should be made available through announcements in ethnic media and provided to cultural and religious institutions.

### **Independence:**

Providing physical/architectural, programmatic, or communications access will allow individuals to maintain independence in an environment outside their home. For individuals requiring assistance to maintain independence in their daily activities this assistance may be unavailable during an emergency or a disaster. Such assistance may include durable medical equipment or other assistive devices (wheelchairs, walkers, scooters, communication devices, transfer equipment, etc.), service animals, and/or personal assistance service providers or caregivers. In addition, shelter and all emergency

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<sup>9</sup> <http://www.plainlanguage.gov/>

services facilities, including entrances and toileting, sleeping, and eating facilities, need to be accessible. Supplying needed support will assist survivors to maintain or quickly restore their pre-disaster level of independence.

### **Safety, Support Services and Self-Determination:**

Individuals should not be separated from their sources of support. Before, during, and after an emergency, individuals who lose the support of personal assistant services, family, or friends may find it difficult to cope in a new environment or may have challenges accessing programs and services. If separated from their caregivers, young children may be unable to identify themselves; and when in danger, they may lack the cognitive ability to assess the situation and react appropriately. All adults, except those individuals for whom a court has determined guardianship or custody, have the right to self-determine the amount, kind and duration of assistance they require. This includes individuals with disabilities who have the right to self-determination, and cannot be required to accept an accommodation, aid, service, or benefit the individual chooses not to accept.<sup>10</sup>

### **Transportation:**

Individuals who cannot drive or who do not have a vehicle and individuals who may need assistance in evacuating when roads are blocked or public transportation is not operating may require transportation assistance for evacuation. Equal access to transportation assistance needs to be available to those who rely heavily on public transit, including but not limited to low-income and minority communities. This support includes accessible vehicles (e.g., lift-equipped vehicles suitable for transporting individuals who use oxygen). ) and information in alternate formats and other languages about how and where to access mass transportation during an evacuation.

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<sup>10</sup> 28 C.F.R. § 35.130(e).