

HHS emPOWER Program

STORY FROM THE FIELD | HURRICANE MATTHEW IN FL & SC

The HHS emPOWER Program's innovative tools support state and local efforts to anticipate, prepare for, and respond to the needs of electricity and health care dependent individuals throughout the emergency management lifecycle.



Why was the HHS emPOWER Program Needed?

In October 2016, Hurricane Matthew, a Category 5 hurricane, approached the eastern U.S., threatening coastal counties and some entire states. Several communities along the coast were ordered to evacuate and over a million people lost power. State public health authorities in Florida and South Carolina requested HHS emPOWER Emergency Response Outreach Datasets. The datasets provided important information that enabled them to quickly identify at-risk individuals, inform emergency response decision-making, and facilitate life-saving public health activities.



How Were the HHS emPOWER Program Tools Used?

FLORIDA: The Florida Department of Health partnered with the Florida Division of Emergency Management to identify at-risk Medicare beneficiaries in seven counties using the addresses in the emPOWER Emergency Response Outreach Dataset. They used their Statewide Alerting and Notification System to **look up phone numbers and place life safety calls to nearly 45,000 residents within two hours.** Ultimately, they made contact with approximately 17,000 residents, identified 169 individuals who indicated that they might have a health need, and coordinated follow-up with county and local health officials.

SOUTH CAROLINA: The South Carolina Department of Health and Environmental Control, Bureau of Public Health Preparedness, used the emPOWER Emergency Response Outreach Dataset to **map the entire dataset and identify areas with high densities of at-risk Medicare beneficiaries,** down to the census tract. The Department partnered with first responders, including fire departments and FEMA Urban Search and Rescue (USAR) teams, and used the maps to **inform emergency planning and decision-making regarding the location of staging areas that could accommodate a surge in at-risk individuals requiring shelter.**

During recovery, the Bureau of Public Health Preparedness **conducted outreach to 268 at-risk Medicare beneficiaries to assess ongoing recovery needs and their level of preparedness, and to provide informational resources** to inform individual preparedness activities.

Partners



Florida

- Florida Division of Emergency Management and Emergency Operations Centers (EOC)
- Local Public Health Authorities (PHA) and Emergency Managers (EM)

South Carolina

- State/Local Fire, EMS, EMs, EOCs
- FEMA USAR teams
- Public Health Reserve Corps
- SC State Guard Unit 1BN/3BDE
- CERT, Radio, and Comms Partners

Quick Facts

Date: October 2016

Location: Florida, South Carolina

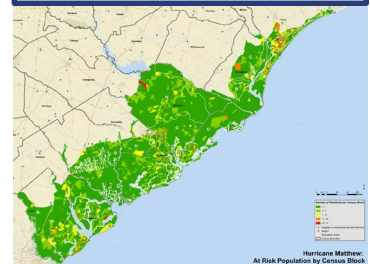


Tool(s) used:

- ✓ emPOWER Emergency Planning De-identified Dataset
- ✓ emPOWER Emergency Response Outreach Individual Dataset

Stage(s) of the Emergency Management Cycle:

- ✓ Preparedness
- ✓ Response
- ✓ Recovery



South Carolina's Density Map
Hurricane Matthew: At Risk Population by Census Tract



What Was the Impact?

Florida and South Carolina leveraged existing technology capabilities (i.e. robodial, density mapping) to rapidly conduct public health outreach activities that maximized resource allocation in response to at-risk population density and the storm's estimated timeline for landfall. In both cases, HHS emPOWER Program data acted as a **force multiplier**, helping to direct resources to the areas of most need, and enabling swift and informed action to identify, locate, and protect at-risk Medicare beneficiaries.

Building on this experience, South Carolina developed tools (i.e. county profiles) using the emPOWER Emergency Planning De-identified Dataset and other data sources to help counties understand and plan for their at-risk populations. Florida is currently developing advanced robodial technologies to conduct outreach to emPOWER Medicare beneficiaries, and to Medicaid and Children's Health Insurance Program (CHIP) populations in the future.

Lessons Learned:

- emPOWER data can be obtained rapidly by an authorized PHA in the event of an appropriate incident, emergency, or disaster.
- State PHAs can package de-identified data to fit their state's unique needs, such as in maps and fact sheets that are easily understandable and consumable by emergency managers, first responders, and other community-level stakeholders.

Updated: 1/17/2020