Presenters

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Community Stakeholders

• Introductions around the Room

  ➢ Your Name & Organization

  ➢ In a couple of sentences, what services does your organization provide?

  ➢ If appropriate, briefly describe your 2008 experience (good & bad) with Hurricane Ike
Workshop Objectives

- Identify strategies for increasing a community’s ability to prepare and plan for the care of elders during disasters
- Describe stakeholder dependencies & interdependencies
- Provide planning resources and tools to community stakeholders
- Support the integration of elder healthcare and support stakeholders into local emergency management communities
- Provide a tool for developing a local continuum of elder care (examples, directions)
- Provide an operational framework for integrating elder care stakeholders into local EM and healthcare preparedness coalitions
- Discuss the efficacy of Florida’s model for Texas partners
Foundation for the Community-Based Planning Model

Caring for Elders during Disasters

An ASPR-funded project through the Fla. Dept. of Health

Statement of Need:

The existing planning model was insufficient for identifying and supporting the complex needs of elders during disasters.
Project Origin and Purpose

• Our History and Experience
  Project Rationale & Need for the Project

• Vision... During disasters, the complex health and medical needs of Florida’s elder population will be met.

• Mission... To develop and implement a comprehensive methodology for identifying and codifying disaster roles and responsibilities for the many stakeholders comprising the continuum of healthcare for Florida’s elder population during disasters.
Three Year Project

- Identification of Elder Care Stakeholders
  - Established a Core Planning Team
  - Conducted regional stakeholder workshops
  - Analyzed stakeholder roles & responsibilities

- Developed Continuum of Healthcare for Elders During Disasters & Planning Considerations (and tested the model)

- Preparing Communities to Care for Elders During Disasters – the Community-Based Process
Elder Care Continuum Stakeholders

- County Emergency Management (EM) & Health Department (ESF8)
- Area Agency on Aging (AAA)
- 2-1-1 agencies (information and referral network)
- Alzheimer’s caregiver support organizations
- Behavioral Health Providers
- COAD / VOAD (when active in a community), including Red Cross
- Councils on Aging / Senior Centers / Other aging network provider organizations
- Emergency Response Agencies (e.g., EMS, fire, law enforcement)
- Energy providers
- Home health agencies & geriatric care managers
- Hospitals & other healthcare providers (e.g., clinics, medical equipment, VA)
- HUD housing (for seniors)
- Nursing homes, assisted living facilities & continuing care retirement communities
- Pharmacies
- Renal dialysis centers
- Selected Govt. partners (Dept. of Elder Affairs; Co. Health Dept.; Agency for Health Care Admin.; Adult Protective Serv./Dept. of Children & Families; Veterans’ Affairs)
- Transportation providers
- OTHER groups important in the healthcare continuum for elders in the local community
Some Key Lessons Learned …

- **Caring for elders during disasters builds upon caring for elders day-to-day**

- **Linkages and integration between stakeholders is essential to successful outcomes for elders during disasters**
  
  - Stakeholders need to understand each others’ roles and responsibilities
  - Stakeholders need to understand their dependencies and interdependencies of healthcare and support services to elders
More Lessons Learned …

- There are planning gaps related to care of elders during disasters:
  - Emergency planners often lack awareness of the vulnerability and complex care requirements of many elders
  - The list of healthcare stakeholders for elders is broad and complex with many roles and responsibilities to integrate
  - Communities (& stakeholders) have varied levels of preparedness, planning & response capabilities/capacities
  - Elder care stakeholders may not be actively integrated into the community’s emergency management planning
  - Planning for the care of elders during disasters begins with an understanding of the community’s healthcare continuum for elders -- the aging network “system”
A New Approach

The Community-Based Planning Process & Continuum Framework
The Community-Based Planning Model...

- Identifies, engages and integrates all key stakeholders involved in elder care during disasters
- Results in specific solutions to improve the community’s capability to care for elders during disasters
- Model can be used for All-Hazards and applicable across disciplines and constituencies
Planning for the care of elders during disasters begins with an understanding of the community’s Healthcare and Support Continuum for Elders.
Continuum of Healthcare & Support for Elders
~~ A Complex System ~~
Continuum of Care - Assumptions

- Individuals are unique - common care & support services.
- Condition and needs will change over the term of the disaster (decompensation).
- In a disaster environment, healthcare, services and support will be limited, temporarily unavailable, or absent.
- Expect negative outcomes when the continuum is disrupted or broken.
- A community’s resiliency depends largely upon its augmentation and/or replacement strategies.
On a Sunny Day…
in a Typical
Community:

Proportional Use of
Healthcare Systems &
Supports by Elders
On a Rainy Day… in a Typical Community:

Shifts in Proportional Use of Healthcare Systems & Supports by Elders
Proportional Shifts in Care & Support
Event Duration, Scope, and Severity

Acute Care (e.g., hospital)

Skilled Nursing Care

Assisted Living
Elder Lives in a Care Community
Needs met in residential care settings (e.g., ALFA)

Extensive Support: Elder Living in the Community
Complex health issues & limited ADL capability requires extensive

Moderate Support: Elder Living Independently in the Community
In addition to informal help (e.g., friends) elder care service providers assist

Some Support: Elder Living Independently in the Community
Family/friends/neighbors provide regular help with simple needs (e.g., transp.)

Minimal Support: Elder Living Independently in the Community
Family/friends/neighbors provide help as needed (e.g., pick-up groceries, needs when ill)

ACUTE CARE
Hospital settings

Skilled Nursing Care
Utilization limited by regulatory caps

Assisted Living
Elder Lives in a Care Community
Utilization limited by regulatory caps

Extensive Support: Elder Living in the Community
Increased # of elders w/ complex health issues & limited ADL capability requires extensive support from healthcare system providers

Moderate Support: Elder Living Independently in the Community
Increased # of elders needing more support than informal networks can provide
SPECIAL NEEDS SHELTERS

Some Support: Elder Living Independently in the Community
Previously independent elders now need support & help
GENERAL SHELTERS - SPECIAL NEEDS SHELTERS

Minimal Support: Elder Living Independently in the Community
GENERAL SHELTERS
Elder-Focused Planning Considerations

Elders require a comprehensive approach to disaster-based planning considerations:

#1 Elder community profile – what are the characteristics of your elder population and who are the community stakeholders that serve them?

#2 Disaster Risks and Vulnerabilities – how vulnerable are your elders?

#3 Continuum of healthcare and support systems for elders – who are your stakeholders and what are their dependencies, and interdependencies?

#4 Community preparedness & response planning for elder populations – how integrated and comprehensive are your stakeholders’ emergency plans (your continuum’s stakeholders)?
Planning Consideration

#1 Elder Community Profile

- Elder demographics and locations
  - Residential Areas/Mapping
  - Service Providers (stakeholder groups)
  - Elders living “independently”

- Elder Behavior during Disasters
  - Evacuation behavior (“Don’t move my cheese!”)
  - Use of healthcare services & supports

- Elder healthcare system demands versus community capabilities
Planning Consideration

#2 Disaster Risks & Vulnerabilities

- Community hazards and vulnerabilities
- Specific hazard impacts on elders
- Clinical risk factors for elders
  - Morbidity and mortality issues
  - Decompensation
- Strategies for managing elder risk factors
Planning Consideration

#3 Continuum of Healthcare Systems for Elders During Disasters

- Similar to the “continuum of care” concept in aging services – there are many stakeholders in the continuum of healthcare & support services

- Reflects functional roles and responsibilities, relationships, dependencies, and interdependencies that link stakeholders together on behalf of elders during disasters

- Supports the identification of gaps in the healthcare continuum for elders during disasters
Nursing Home Continuum of Care
(dependencies and Inter-dependencies)

- Staffing
- Food & Water
- Med. Equip. & Supplies
- Medications
- Treatments
- Electricity - Utilities
- Phones
- Info. Tech. (IT)
- Sewage
- Medical Services (physicians & extenders)
- Ancillary Services (e.g., labs)
- Laundry & Housekeeping
- Phys. Plant & Maint.
- Transp.

Green = OK
Yellow = Reduced
Red = Off-line
Hurricane Impacts: Essential Systems Reduced or Off-Line

- Staffing
- Food & Water
- Med. Equip. & Supplies
- Medications & Treatments
- Electricity - Utilities
- Phones
- Info. Tech. (IT)
- Sewage
- Medical Services (physicians & extenders)
- Ancillary Services (e.g., labs)
- Laundry & Housekeeping
- Phys. Plant & Maint.
- Transp.
An Example: Electricity-- Sunny Day

Nursing Home
Electricity / Utilities

- eMARs
- Kitchen
- eTARs
- Meals
- Laundry -- Environ.
- Medical Supplies / DME
- Business Office
- Wander Guard
- Security System
Rainy Day (Hurricane): Electricity Reduced or Unavailable

- Nursing Home
- Electronic Health Records
- Kitchen
- Meals
- Medical Supplies / DME
- Business Office
- Security System
- Wander Guard
- Laundry -- Environ.
- eTARs
- eMARs

Legend:
- Green = OK
- Yellow = Reduced
- Red = Off-line
Continuum of Healthcare & Support

~~ Normal Day ~~

Area Agency on Aging

- Admin (payroll)
- Volunteers
- Other Contract Services / Vendors
- Transp. Providers
- Nutrition Providers
- CCE Providers
- Senior Centers
- Info. & Referral Services
- Off-Site Facilities (other AAA offices)
- Info. Tech. (IT)
- Physical Plant / Maint.
- Electricity - Utilities
- Phones
- Off-Site Facilities (other AAA offices)

Green = OK
Yellow = Reduced
Red = Off-line
Continuum of Healthcare & Support
Essential Systems Reduced or Off-Line

Area Agency on Aging

- Admin (e.g. payroll)
- Volunteers
- Physical Plant / Maint.
- Electricity - Utilities
- Phones
- Off-Site Facilities (other AAA offices)
- Info. Tech. (IT)
- Info. & Referral Services
- Senior Centers
- CCE Providers
- Nutrition Providers
- Transp. Providers

Green = OK
Yellow = Reduced
Red = Off-line
Another Stakeholder Example

Senior Center

- Admin. (e.g. payroll)
- Funding (e.g. govt., UW)
- Volunteer Services
- Activity Staff
- Utilities
- Phones
- Info. Tech. (IT)
- Off-Site Facilities (e.g. meal sites)
- Caregiver Supports
- Case Mgrs.
- Health / Serv. Staff
- Phys. Plant & Maint.
- Transp. Services
- Other Contract Services / Vendors

Green = OK
Yellow = Reduced
Red = Off-line
Another Stakeholder Example

Green = OK
Yellow = Reduced
Red = Off-line
Continuum of Healthcare
~~ Normal (Sunny) Day ~~

Mrs. Brown Living Independently?

- Family Support
- Home & Comm.-based Services
- Medical Support Services
- Transp. Services
- Medical Equipment & Supplies
- Medications
- Utilities
- Faith Based Support
- Social Supports (e.g. friends; neighbors)
- Food and Water

Green = OK
Yellow = Reduced
Red = Off-line
Continuum of Healthcare & Support
~~ Essential Systems Reduced or Off-Line ~~

Mrs. Brown
Living Independently?

- Family Support
- Home & Comm.-based Services
- Medical Support Services
- Transp. Services
- Medical Equipment & Supplies
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Continuum of Healthcare
~~ Disaster (Rainy Day) ~~

- Time Progression
- Continuum disrupted
- Advanced decompensation
- What next?
  - Family/friends?
  - Shelter?
  - Hospital?
- What are the community’s planning contingencies?

Green = OK
Yellow = Reduced
Red = Off-line
Photo courtesy of The Baton Rouge Advocate/2005.
Planning Consideration

#4 Community Preparedness & Response Planning

- Planning for Elder Populations
  - Planning requirements – legislative & others (CMS)
  - Planning guidance – tools and resources
  - Response triggers and contingency plans

- Identification, involvement, and integration of community partners
  - What service and support systems exist?

- Integration into local EM, ESF 8, and Healthcare Coalition planning, training, and exercise programs
Continuum of Healthcare & Support for Elders:

Engaging the Community
Two Strategies for Improving Care of Elders During Disasters

1. Healthcare (Preparedness) Coalitions
   federal initiative, implemented in states by State Health Departments

2. Community-Based Planning Process
   “Caring for Elders during Disasters”
Strategy 1:

Healthcare Coalitions
Planning Integration through Healthcare Coalitions (HCCs)

- Collaborative networks of healthcare and support organizations and their respective public and private sector response partners, serving as a multi-agency coordinating group.

- Support Emergency Management and ESF-8 with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations.
Emergency Support Function 8

Health & Medical (scope may differ in each jurisdiction)
Big Bend Healthcare Coalition

members from all counties as appropriate

Blue = Various Home & Community-Based Providers
Strategy 2: Community-Based Planning Process
Expected Outcomes…

- Gain knowledge and understanding of current community resources, capabilities & plans for care of elders, across the healthcare and support continuum
- Identify the desired state of preparedness, response, & mitigation capabilities for elder care
- Identify gaps between the current capabilities & the desired state
- Develop action plans, timelines & responsibilities for filling gaps
- Develop sustainment strategies for on-going planning & partnerships
Planning & Workshop Sequence

✓ Concept & Objectives Meeting (EM, ESF8, AAA)
  ◦ First meeting of the Lead Team (EM, ESF8, AAA); typically 75 minutes
  ◦ **Goal:** Brief the lead team; develop tentative timeline; identify CPT members

✓ CPT Pre-Workshop Conference
  ◦ Typically a 2 to 3 hour planning meeting of the CPT
  ◦ **Goal:** Invitation list, workshop date, speakers and agenda

- Community-Based Workshop
  ◦ All stakeholders/partners identified by the CPT
  ◦ Structured agenda and process
  ◦ **Goal:** Identify gaps in the continuum of healthcare for elders during disasters, in your community & solutions

- Post-Workshop Planning Session(s)
  ◦ De-briefing ~ action plans ~ next-steps
  ◦ Additional meetings as needed

- Incorporate Action Plans – Sustaining the Process
  ◦ …into EM’s preparedness & response system
  ◦ …into the plans of key partners (e.g., AAAs)
Using the Healthcare & Support Systems Continuum
Individual Stakeholder Continuums

Stakeholder Analysis
- Individually or in Stakeholder Groups
- Write your organization’s name in the center
- Outer petals – who/what does your organization depend upon to deliver services?

Discussion:
- Surprises?
- What’s Missing?
- Who’s Missing?
LUNCH PROVIDED
45 MINUTES
Scenario-Based Discussion
Module 1
Pre-Landfall Foreseeable Consequences and Impacts

~~~ Booklet ~~~
Scenario-Based Discussion
Module 2
Post-Landfall Known Consequences and Impacts

~~~ Booklet ~~~
Summary

- What were the today’s key findings (gaps – issues – stakeholders)

- How will Galveston County sustain today’s momentum?
  - Planning
  - Training
  - Exercise
  - Evaluation
Galveston County Work Group Facilitates the Planning Process by...

- Providing ongoing guidance and direction for the community-based planning process
- Identifying additional key stakeholders involved in the Galveston County healthcare and support continuum for elders
- Developing integrated after action plans to resolve gaps
- Actively facilitating the integration of stakeholders into the Galveston County emergency management system
Workshop Evaluation

- What was the value of today’s workshop?
- How can we improve on the workshop format/content?
- Does the Florida Model have efficacy for Caring for Elders During Disasters in Texas and other states?
- Other comments/questions?

(please complete the feedback form)
~ For More Information ~

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THANK YOU FOR YOUR PARTICIPATION!