EXAMPLE

Community-Based Workshop
“Caring for Elders During Disasters”

[Image of a community-based workshop with the text "Photo courtesy of The Baton Rouge Advocate / 2005." at the bottom right.]
Welcome & Introductions

Lead Team:

- **Theresa Isaac, Director**
  Office of Emergency Preparedness
  Duval County Health Department

- **Captain J. Stephen Grant**
  Health & Medical Coordinator
  Jacksonville Fire & Rescue Department

- **Linda Levin, Executive Director**
  ElderSource / Aging & Disability Resource Center
• Project Team:
  ◦ Ray Runo, MPA, Project Director
    Disaster, Strategies, & Ideas Group
  ◦ Shirley Hunziker, RN, LHRM
    Clinical Risk Specialist, RB Health Partners
  ◦ April Henkel, Project Manager
    Florida Health Care Association
  ◦ Virginia Walker, Project Assistant
    RB Health Partners
Elder Care Stakeholders

- Introductions Around the Table
  - Your Name & Organization
  - In a couple of sentences, what does your organization do to support/serve seniors in Duval County?
Workshop Purpose

- Identify elder care stakeholder roles & responsibilities in providing healthcare for 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)
Project Purpose & Overview

“Healthcare Systems Needs Analysis for Elders During Disasters”

A project funded by the Fla. Dept. of Health
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
The Community-Based Planning Process & Continuum Framework
The Community-Based Planning Process…

- 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
Why is this approach needed?

- Emergency planners often lack awareness of the vulnerability and complex care requirements of many elders.
- The scope of healthcare stakeholders for elders is broad and complex with many dependent and interdependent roles and responsibilities to coordinate and 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 and Support Continuum for Elders
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.
Continuum of Healthcare & Support for Elders
~~ A Complex System ~~

- Vulnerable Elders
  - Family support
  - Caregiver Support
  - Retirement Communities
- Food
- Water
- Air / Oxygen
- Healthcare (Medical Services)
  - Assisted Living
  - Healthcare Facility
  - Community Disaster Plan
- Social Networks
- Hobbies & Interests
- Faith Based Support
- Community Support Services (e.g., Food Bank)
- Electricity
- Home Health Care
- Transportation
- Personal Residence
- Personal Disaster Plan
- Federal Disaster Resources
- State Disaster Resources
- Shelter Resources
- Senior Centers & Activities
- Home- & Community Based Services
- Community Support Services (e.g., Food Bank)
- Medical Equip. & Supplies
- Federal Disaster Resources
- Healthcare Facility
- Community Disaster Plan
- Social Networks
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- Senior Centers & Activities
- Home- & Community Based Services
- Medical Equip. & Supplies
- Family support
- Caregiver Support
- Retirement Communities
- Vulnerable Elders
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
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 Risk identification and management – 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 Characterizing the Elder Population

- 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 Risk Identification and Management

- 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.
Continuum of Healthcare
~~ Normal (Sunny) Day ~~

“Mrs. Brown”

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

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

- Time Progression
- Decompensation

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

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

Area Agency on Aging

- Admin (e.g., payroll)
- Volunteers
- 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

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

Senior Center

- Admin. (e.g. payroll)
- Funding (e.g. govt., UW)
- Other Contract Services / Vendors
- Volunteer Services
- Transp. 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.

Green = OK
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- Red = Off-line
Planning Consideration

#4 Community Preparedness & Response

- Planning for Elder Populations
  - Planning requirements – legislative & others
  - 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 and ESF 8 planning, training, and exercise programs
Local Perspectives

- Characterizing the Elder Population in Duval County
- Disaster Risks & Vulnerabilities
- Community Preparedness & Response Planning
Using the Healthcare & Support Systems Continuum
Individual Stakeholder Continuums

20 minutes – 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

ON YOUR OWN

SEE LIST OF NEARBY OPTIONS
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 Duval County sustain today’s momentum?
  - Planning
  - Training
  - Exercising
  - Evaluating
Where do we go from here?
Duval 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 Duval County healthcare and support continuum for elders
- Developing integrated after action plans to resolve gaps
- Actively facilitating the integration of stakeholders into the Duval County emergency management system
Workshop Evaluation

- What was the value of today’s workshop?
- How can we improve on the workshop format/content?
- Other comments/questions?

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

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