EXAMPLE

This is an example of a 2-hour, online C & O Meeting.

Pinellas County
Concept & Objectives Meeting
“Caring for Elders During Disasters”
Introductions – Lead Team

**ESF8:** Pinellas County Florida Health
- Gayle Guidash, Director, Div. of Dis. Control & Health Protection
- Amber Boulding, Planner

**EM:** Pinellas County Emergency Management
- Debbie Peck, EM Coordinator
- Doug Meyer, EM Coordinator

**AAA:** Area Agency on Aging for Pasco-Pinellas
- Jason Martino, Emergency Coordinating Officer

**Project Team:**
- Ray Runo
- April Henkel
- Robin Bleier
Disasters & Elders....

Photo courtesy of The Baton Rouge Advocate / 2005.
Meeting Purpose

- Brief key partners about the Community-Based Planning Process
- Develop a tentative planning timeline
- Identify a Core Planning Team (CPT)
- Finalize agenda for the CPT pre-workshop conference
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
Expected Outcomes...

- Knowledge of current community resources, capabilities & plans for care of elders, across the healthcare and support continuum
- Description of the desired state of preparedness, response, & mitigation capabilities for elders
- Identification of gaps between the current capabilities & desired state
- Needed action plans, timelines & responsibilities for filling gaps
- Sustainment strategies for on-going planning & partnerships
Why is this approach needed?

• 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 and Support Continuum for Elders
The “Continuum” Framework

• 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 & Support for Elders
~~ A Complex System ~~

[Diagram showing various support systems for elders]
Continuum of Healthcare

~ Normal (Sunny) Day ~

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

An Individual Elder’s Healthcare & Support Continuum

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
The Continuum Model: A Stakeholder Example

Area Agency on Aging

“Continuum”

- Admin (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
- Other Contract Services / Vendors

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

Area Agency on Aging

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

Green = OK
Yellow = Reduced
Red = Off-line
The Continuum Model: Another Stakeholder Example

Senior Center

- Transp. Services
- Other Contract Services / Vendors
- 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.

Green = OK
Yellow = Reduced
Red = Off-line
The Continuum Model: Another Stakeholder Example

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

Green = OK
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The Planning Sequence …

• Meeting of the Essential Partners (Lead Team) ESF8 ~ EM ~ AAA (Concept & Objectives Meeting)

• Core Planning Team Established (CPT)

• CPT Pre-Workshop Conference

• Community-Based Workshop

• Follow-up After the Community-Based Workshop

• Sustain the Process
The Foundation:
The Core Planning Team (CPT)
The Role the Core Planning Team

- Provides ongoing guidance and direction for the community-based planning process
- Identifies the key stakeholders involved in the local community’s healthcare and support continuum for elders
- Supports the community’s response to the gaps identified through community-based planning
- Actively facilitates the integration of elder healthcare and support stakeholders into a local community’s emergency management, preparedness, response and recovery system
Establishing the Core Planning Team

- Build upon existing planning groups, such as a COAD or VOAD, or health care coalition
- Members are expert advisors representing the major elder stakeholder groups in your community
- Always include a representative from your community’s area agency on aging (AAA)
- Always include representatives from the local ESF8 and EM
Prospective CPT Members

- County Emergency Management and County 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)
- 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)
- Transportation providers
- OTHER groups important in the healthcare continuum for elders in the local community
Planning & Workshop Sequence

✓ Concept & Objectives Meeting (EM, ESF8, AAA)

- CPT Pre-Workshop Conference(s)
  - Typically a 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)
### Conduct a CPT Pre-Workshop Conference

#### Sample Agenda – 3 hr. Meeting

<table>
<thead>
<tr>
<th>Start</th>
<th>Length</th>
<th>Discussion Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 am</td>
<td>15 min.</td>
<td>Welcome &amp; Introductions</td>
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<tr>
<td>9:15 am</td>
<td>30 min.</td>
<td><strong>Overview: Community-Based Planning for Care of Elders During Disasters</strong></td>
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<td></td>
<td></td>
<td>Purpose, Objectives, and Expected Outcomes</td>
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<td></td>
<td>Stakeholders; Planning Timeline</td>
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<tr>
<td>9:45 am</td>
<td>15 min.</td>
<td>Feedback &amp; Q&amp;A</td>
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<td>10:00 am</td>
<td>30 min.</td>
<td><strong>Understanding &amp; Using the Continuum Model for Healthcare Preparedness &amp; Support:</strong></td>
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<td></td>
<td>Caring for Elders During Disasters</td>
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<tr>
<td>10:30 am</td>
<td>75 min.</td>
<td><strong>The Community-Based Workshop: Purpose, Outcomes &amp; Agenda</strong></td>
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<tr>
<td></td>
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<td>Purpose &amp; Outcomes</td>
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<td></td>
<td>Review Agenda</td>
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<td><strong>Attendees: Who will be invited to participate?</strong></td>
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<td>CPT members generate the list; use worksheets to capture info</td>
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<td>Who should attend? How many – is there a cap?</td>
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<td>Who will make the contacts? (divide &amp; conquer)</td>
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<td><strong>Presenters: Who will be the SME's?</strong></td>
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<td><strong>Materials: What materials are needed?</strong></td>
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<td>Review examples from consultants</td>
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<td>What else is needed for YOUR community?</td>
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<td>Who are the experts to speak on the various topics?</td>
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<td><strong>After the Workshop – What Next?</strong></td>
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<td>Post-workshop meeting of the CPT</td>
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<td>Review gaps identified at the workshop</td>
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<td>Develop plan/method for integrated, community-wide planning</td>
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<tr>
<td>11:45 am</td>
<td>15 min.</td>
<td><strong>Next Steps</strong></td>
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<td>Date &amp; Location for the Workshop</td>
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<td>Lunch (Food/Beverage) – will it be on your own? Sponsored? Fee? If a sponsor, who will secure it? (all local decisions)</td>
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<td>Set the date for the CPT’s post-workshop meeting</td>
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<tr>
<td>12:00 pm</td>
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<td><strong>Meeting Adjourns</strong></td>
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Workshop Overview  (Morning Topics)

Part 1: Education

Welcome, Workshop Briefing and Stakeholder Introductions
Project Purpose & Rationale
  - Planning Considerations for Care of Elders during Disasters
  - Community-Based Planning Outcomes

Part 2: Framework for Community-Based Planning - The Continuum Model

This is an interactive discussion. Use flipcharts to capture comments. Utilize SMEs identified at the CPT pre-workshop conference as resources for information (e.g., EM, ESF8 & AAA).

- Community Profile: Characterizing the Elder Population (People and Stakeholder Roles & Responsibilities)
- Disaster Risks and Vulnerabilities for Elder Population
- Continuum of Healthcare and Support Systems for Elders
- Community Preparedness and Response Planning for Elder Populations

Part 3: Using the Continuum of Healthcare and Support Systems

Using the Continuum of Healthcare and Support Systems
Work through the sunny day perspective: each person develops petals for their respective organization, followed by the full group identifying petals for the community. Record highlights on flipcharts.

- Discuss & Diagram -- Individual Stakeholder Continuum (individual work – 15 min.)
- Discuss and Diagram - Local Community Continuum (plot on the vector diagram)
Workshop Overview (Afternoon Topics)

<table>
<thead>
<tr>
<th>Part 4: Scenario-Based Group Discussions (Pre-Impact)</th>
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</thead>
<tbody>
<tr>
<td>Facilitated discussion; capture highlights on flipcharts</td>
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<tr>
<td>• Scenario Pre-Impact Conditions – utilize continuum diagrams &amp; overview of planning considerations to discuss current state, desired state &amp; gaps</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5: Scenario-Based Group Discussions (Post-Impact)</th>
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<tbody>
<tr>
<td>Facilitated discussion; capture highlights on flipcharts</td>
</tr>
<tr>
<td>• Scenario Post-Impact Conditions - utilize continuum diagrams and overview of planning considerations to discuss: Current State, Desired State, and Gaps</td>
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</tbody>
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<tr>
<th>Part 6: Comments/Questions/Evaluation</th>
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<tr>
<td>• Review and discuss gaps identified</td>
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<tr>
<td>• Discuss strategies for filling gaps (prospective partners and methods)</td>
</tr>
<tr>
<td>• Evaluation &amp; Final Comments</td>
</tr>
</tbody>
</table>

Workshop Ends: 4:30 pm
Recap – Workshop Outcomes

- Knowledge of current community resources, capabilities & plans for care of elders, across the healthcare and support continuum
- Description of the desired state of preparedness, response, & mitigation capabilities for elders
- Identification of gaps between the current capabilities & desired state
- Needed action plans, timelines & responsibilities for filling gaps.
- Sustainment strategies for on-going planning & partnerships
After the Community-Based Workshop…

- Reconvene the CPT
- Present/discuss key findings from the Workshop (gaps, etc.)
- Develop an Integrated After Action Process and Action Plans (across stakeholder groups)
- Sustain the Process:
  - Plan ~~ Train ~~ Exercise ~~ Evaluate
Next Steps

- Role of the Project Team
  - Assist with meeting management; materials; facilitation

- Agree on the initial CPT Members

- Establish an invitation/tracking process
  - Who extends the invitations?
  - How will the process be managed?

- Select CPT meeting date & location (3-hr. meeting)

- Finalize the Agenda & Special Speakers
  - Topics: Understanding your community; community profile & vulnerabilities; status of emergency planning for elders

- Does this lead team need to meet again?
~ Thank You ~

Questions – Comments:
Ray Runo (rayruno@gmail.com)
Robin Bleier (robin@rbhealthpartners.com)
April Henkel (ahenkel@fhca.org)