### **EXAMPLE**

## **Community-Based Workshop**"Caring for Elders During Disasters"



Photo courtesy of The Baton Rouge Advocate / 2005.

## **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

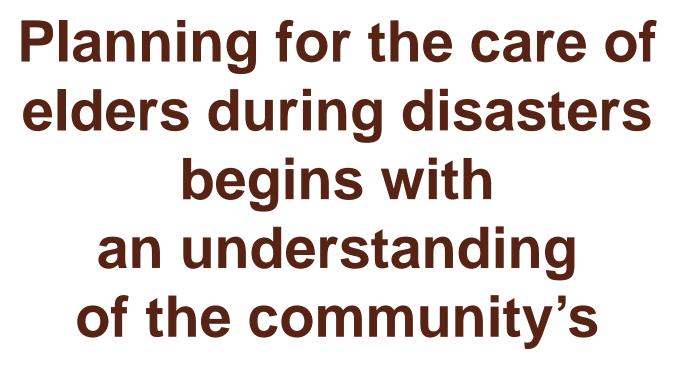
## The Community-Based Planning Process...

 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



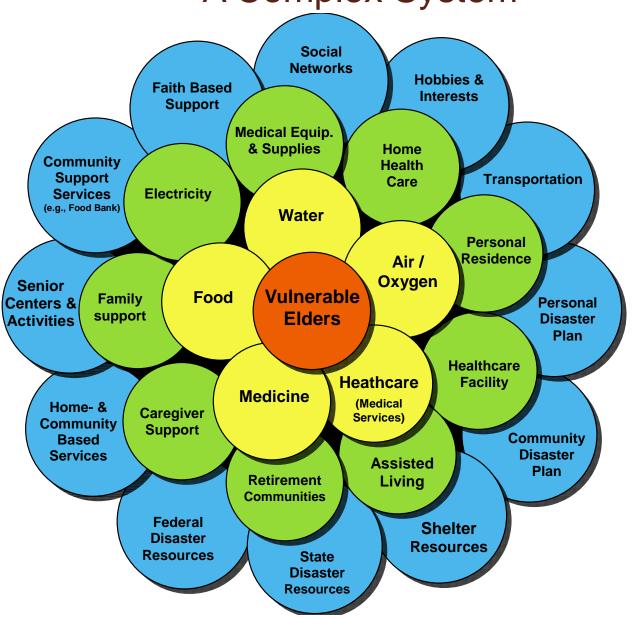
Healthcare and Support
Continuum for Elders

## **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 ~~



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On a Sunny Day... in a Typical Community:

Proportional Use of Healthcare Systems & Supports by Elders

Acute Care (e.g. hospitals)

**Skilled Nursing Care** 

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

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

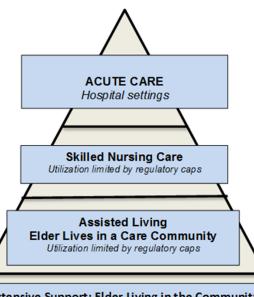
Family/friends/neighbors provide regular help with simple needs (e.g., transp.)

Minimal Support: Elder Living Independently in the Community

Family/friends/neighbors provide help as needed (e.g., pick-up groceries/meds when ill)

## On a Rainy Day... in a Typical Community:

Shifts in Proportional Use of Healthcare Systems & Supports by Elders



### Extensive Support: Elder Living in the Community d # of elders w/ complex health issues & limited ADL capability

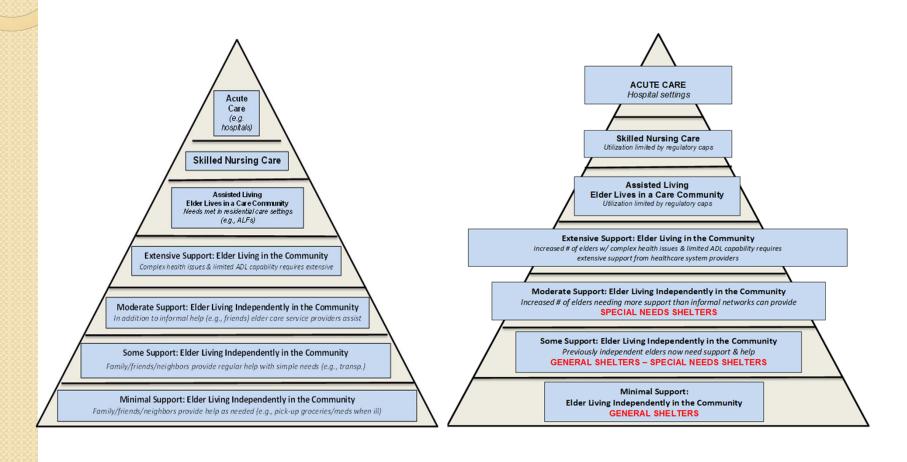
Increased # of elders w/ complex health issues & limited ADL capability requires extensive support from healthcare system providers

## 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

## 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 <u>your</u> 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)?

## #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

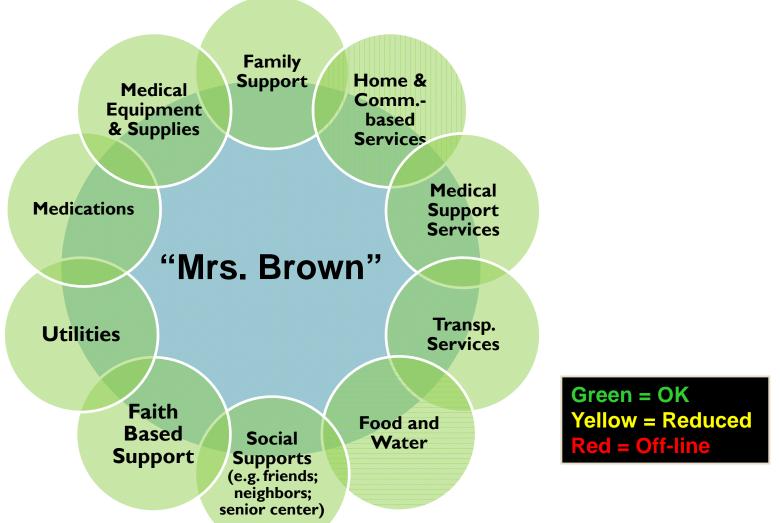
## #2 Risk Identification and Management

- 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

## #3 Continuum of Healthcare Systems for Elders During Disasters

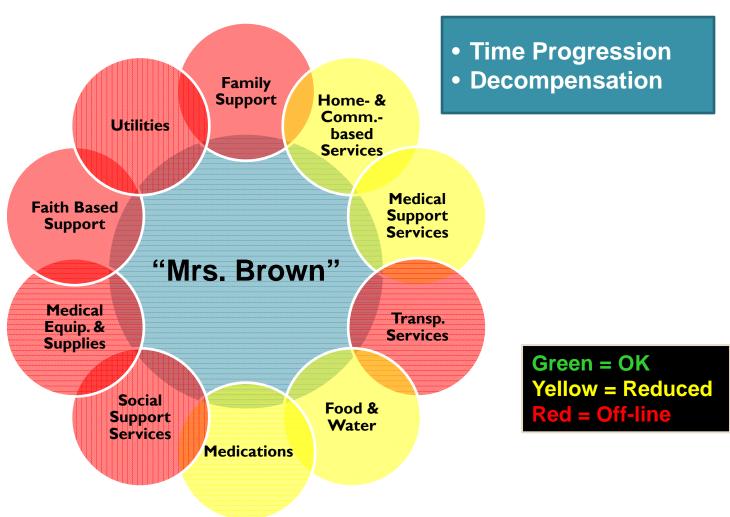
- Similar to the "continuum of care" concept in aging services – there are many stakeholders in the continuum of healthcare & support services
- Reflects functional roles and responsibilities, relationships, dependencies, and interdependencies that link stakeholders together on behalf of elders during disasters
- Supports the identification of gaps in the healthcare continuum for elders during disasters

## Continuum of Healthcare ~~ Normal (Sunny) Day ~~



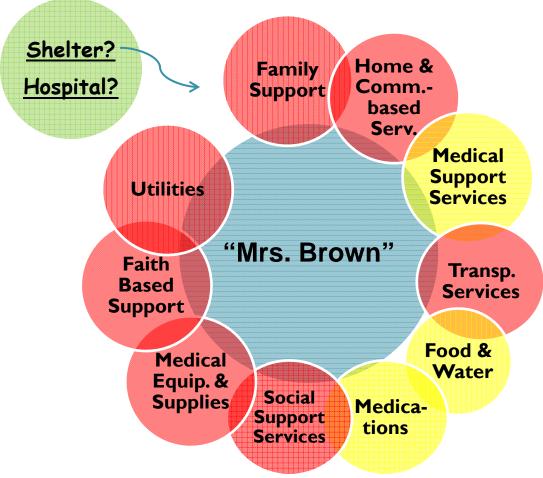
## **Continuum of Healthcare**

~~ Disaster (Rainy Day) ~~



## **Continuum of Healthcare**

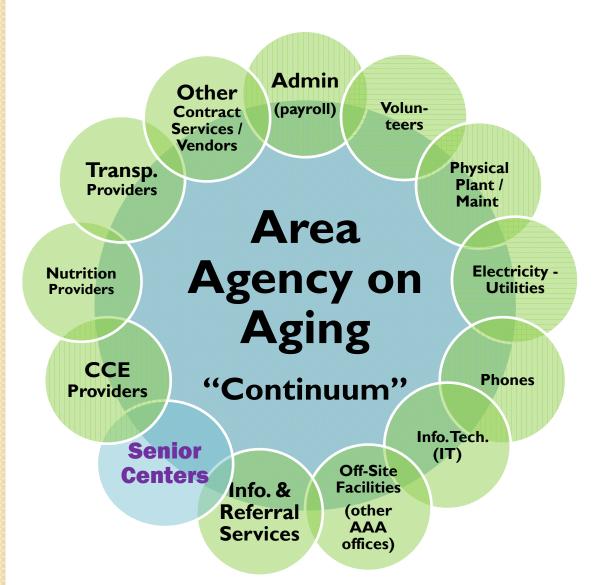
~~ Disaster (Rainy Day) ~~



- 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

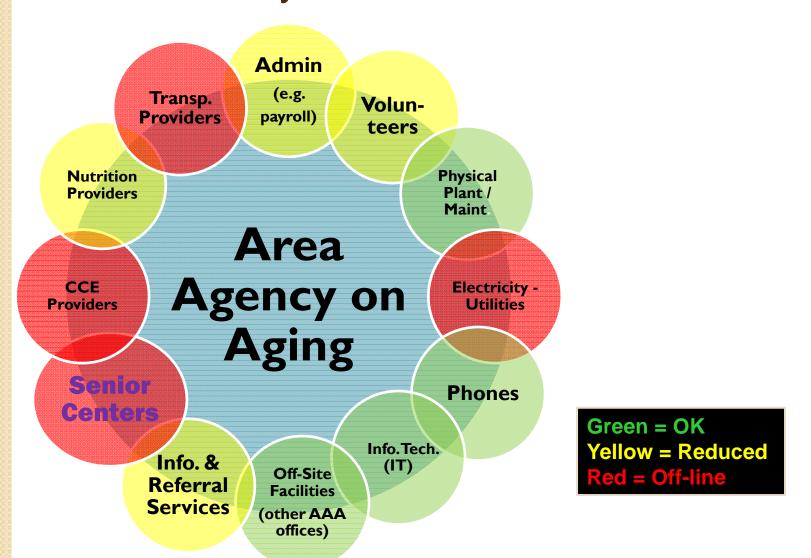
## A Stakeholder Example



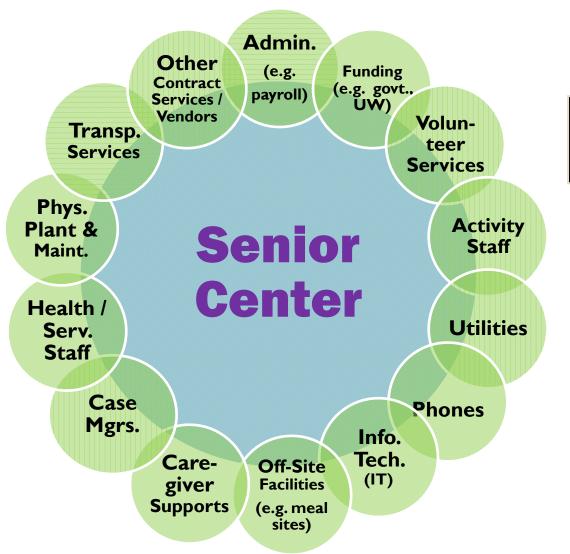
Green = OK Yellow = Reduced Red = Off-line

## **Hurricane Impacts:**

Essential Systems Reduced or Off-Line

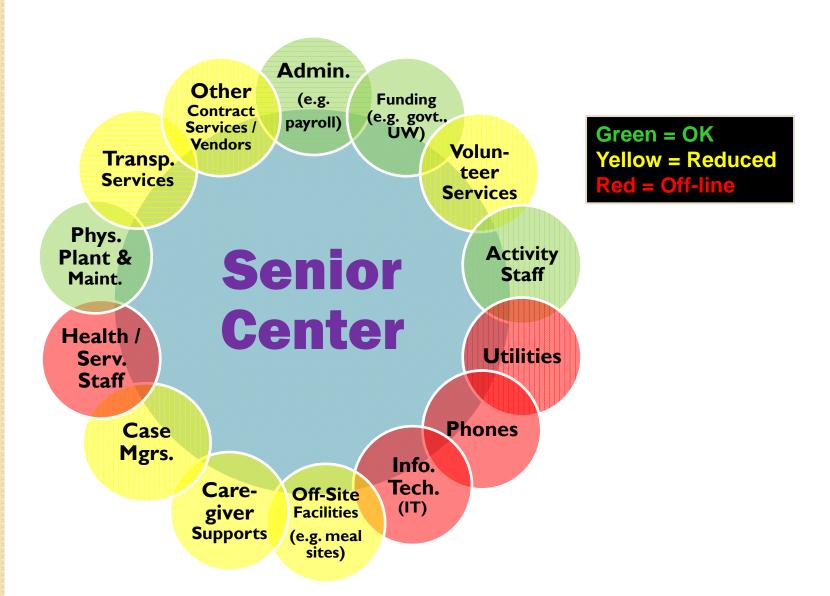


## **Another Stakeholder Example**



Green = OK Yellow = Reduced Red = Off-line

## **Another Stakeholder Example**



### #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

## <u>20 minutes – Stakeholder Analysis</u>

- 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 ~

### **Duval County Lead Team:**

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