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
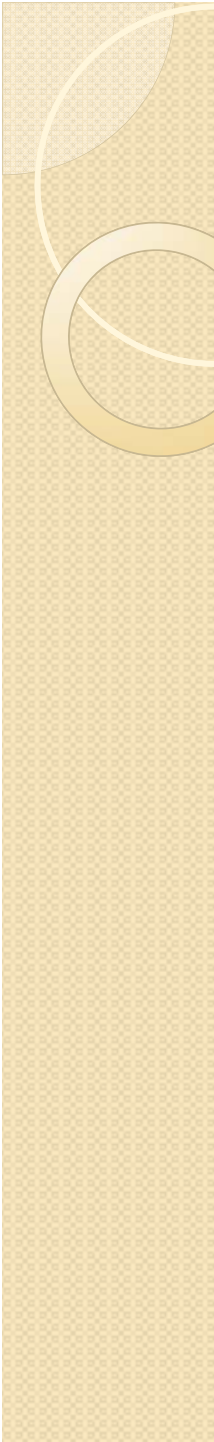
Expected Outcomes...

- 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

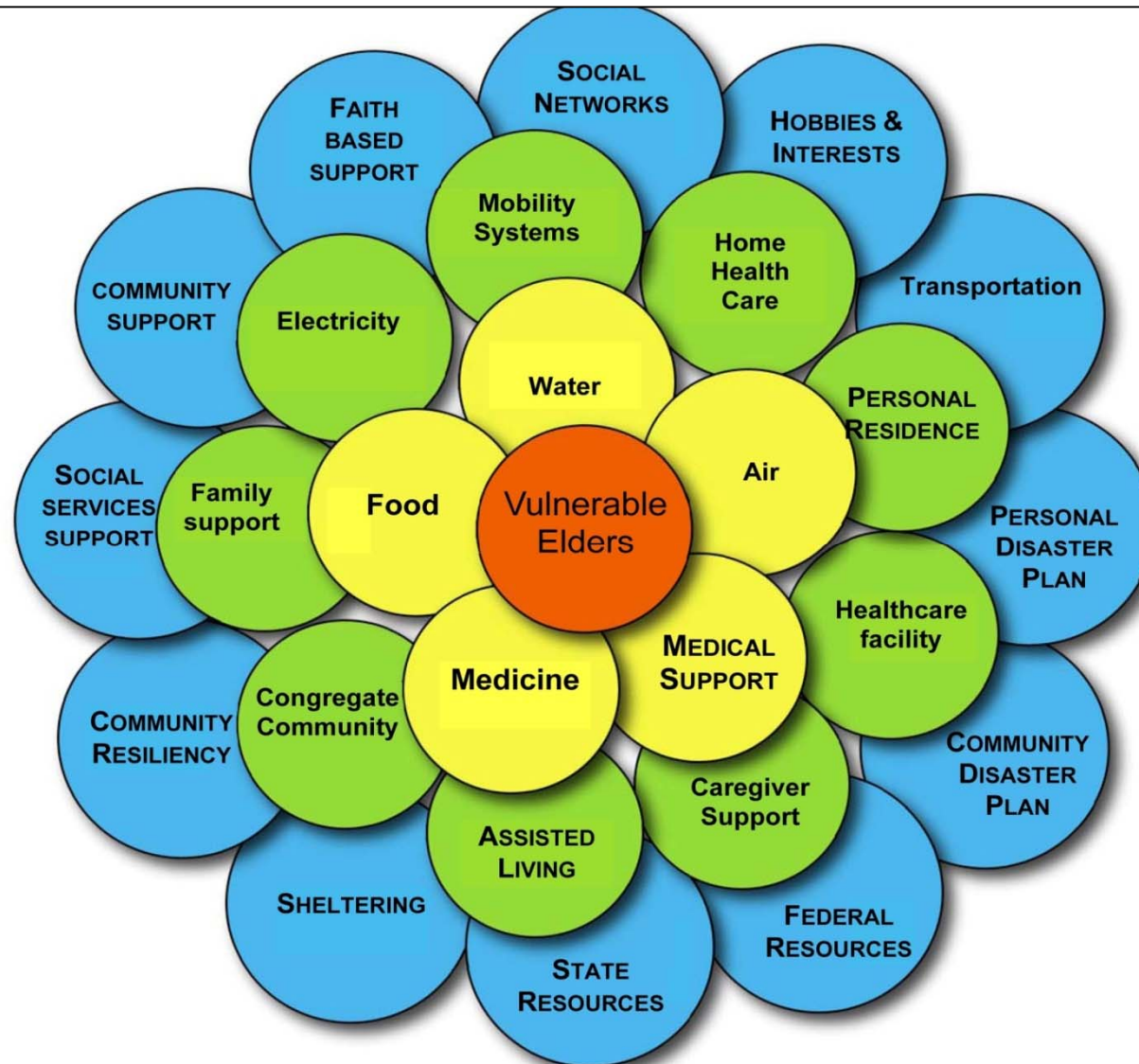**Healthcare and Support Continuum for Elders**

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

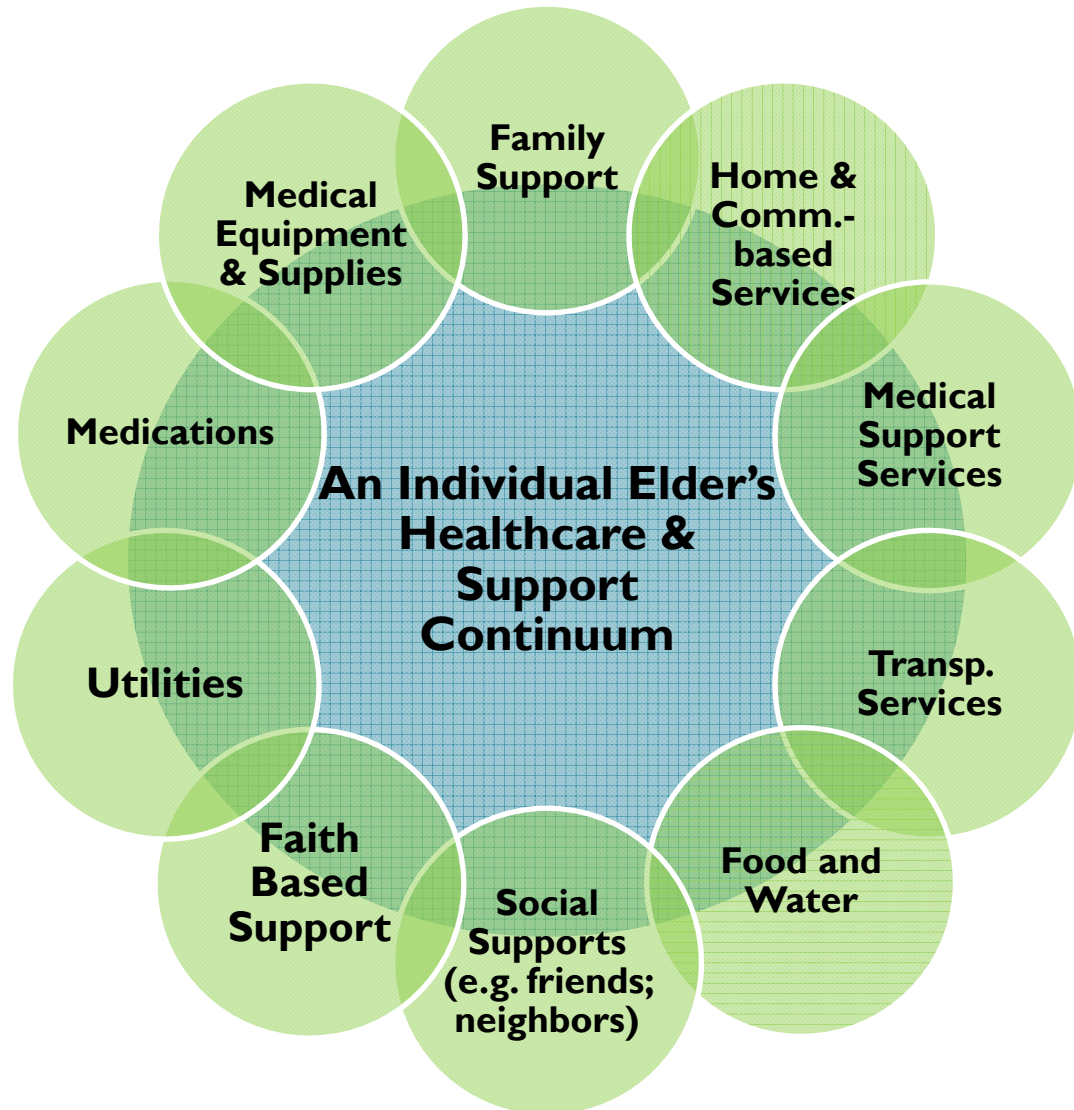- Supports the identification of gaps in the healthcare continuum for elders during disasters

Continuum of Healthcare & Support for Elders
~~ A Complex System ~~

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

An Individual Elder's Healthcare & Support Continuum

- Family Support
- Home & Comm.-based Services
- Medical Support Services
- Transp. Services
- Food and Water
- Social Supports (e.g. friends; neighbors)
- Faith Based Support
- Utilities
- Medications
- Medical Equipment & Supplies
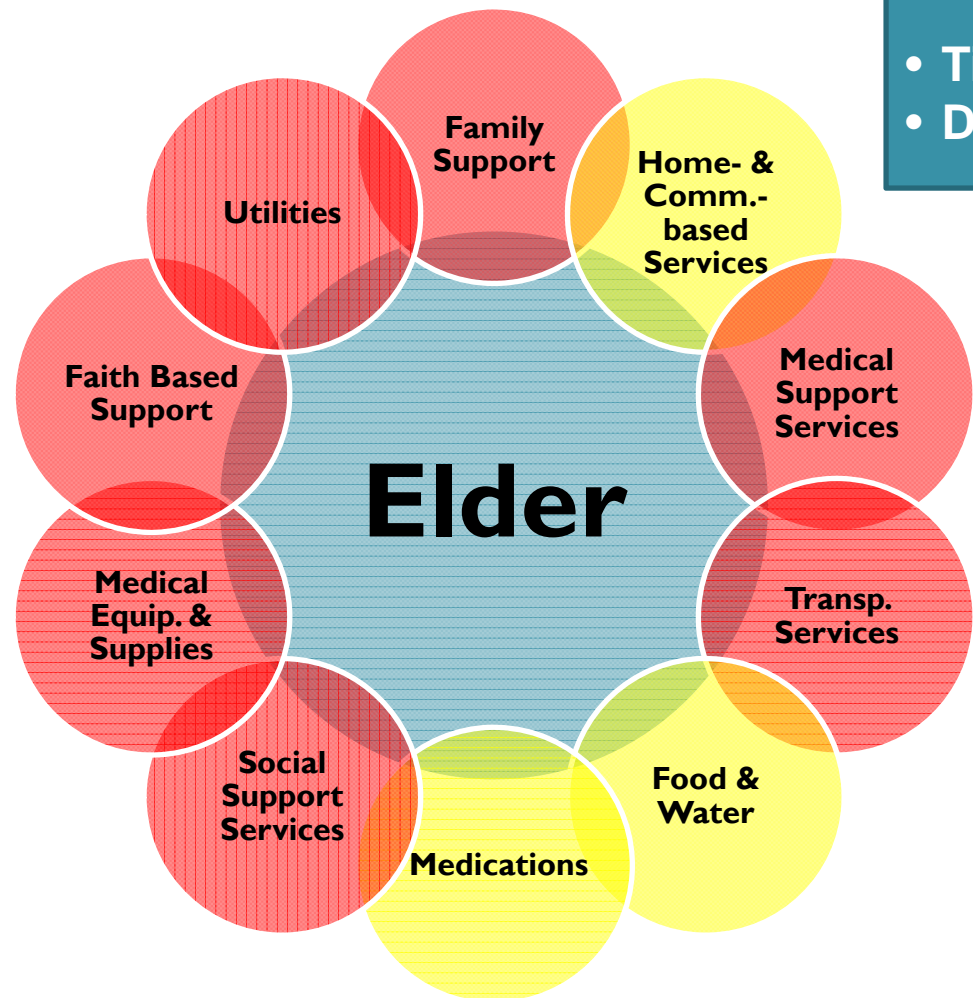
Green = OK
Yellow = Reduced
Red = Off-line

Continuum of Healthcare
~~ Disaster (Rainy Day) ~~

- Time Progression
- Decompensation

Elder

- Family Support
- Home- & Comm.-based Services
- Medical Support Services
- Transp. Services
- Food & Water
- Medications
- Social Support Services
- Medical Equip. & Supplies
- Faith Based Support
- Utilities

Green = OK
Yellow = Reduced
Red = Off-line

Continuum of Healthcare
~~ Disaster (Rainy Day) ~~

Shelter?
Hospital?

Family Support

Home & Comm.-based Serv.

Utilities

Medical Support Services

Elder

Faith Based Support

Transp. Services

Medical Equip. & Supplies

Social Support Services

Medica-tions

Food & Water
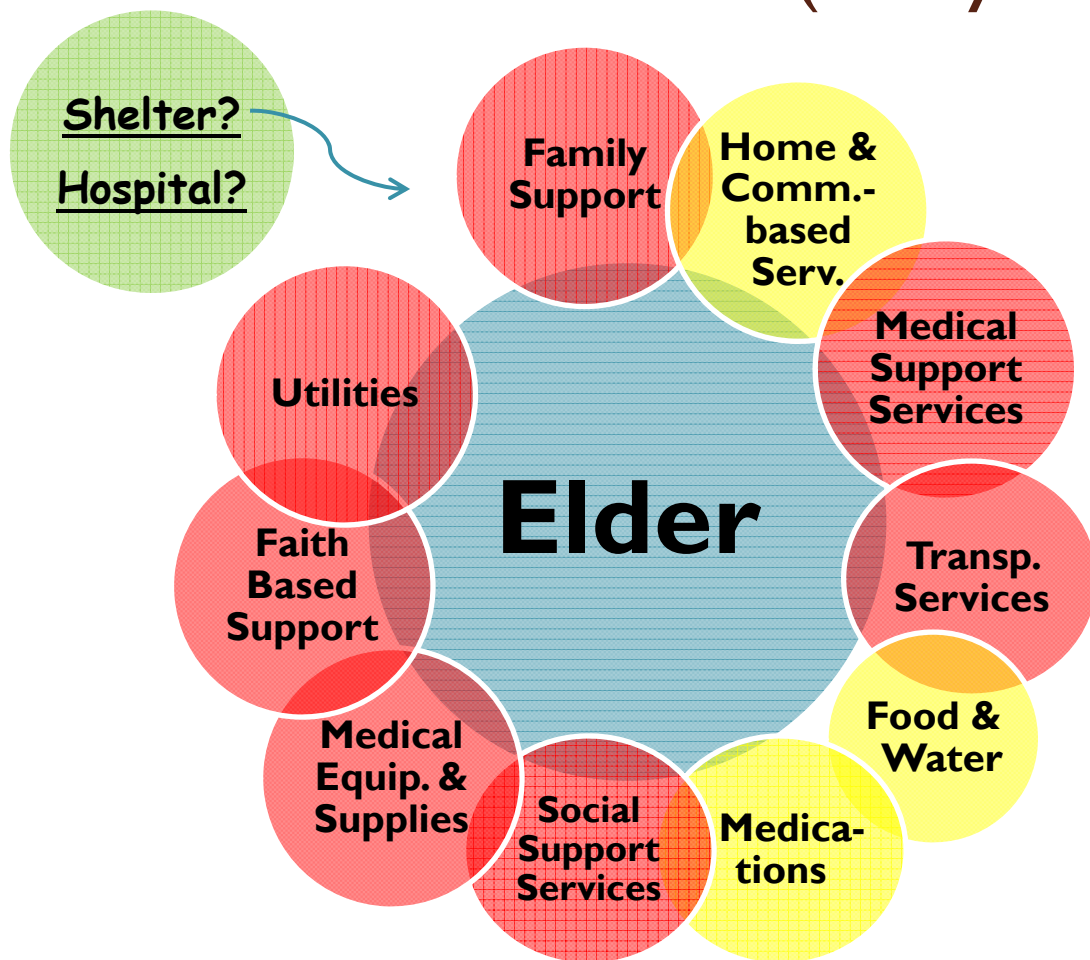
- **Time Progression**
- **Continuum disrupted**
- **Advanced decompensation**
- **What next?**
  - **Family/friends?**
  - **Shelter?**
  - **Hospital?**
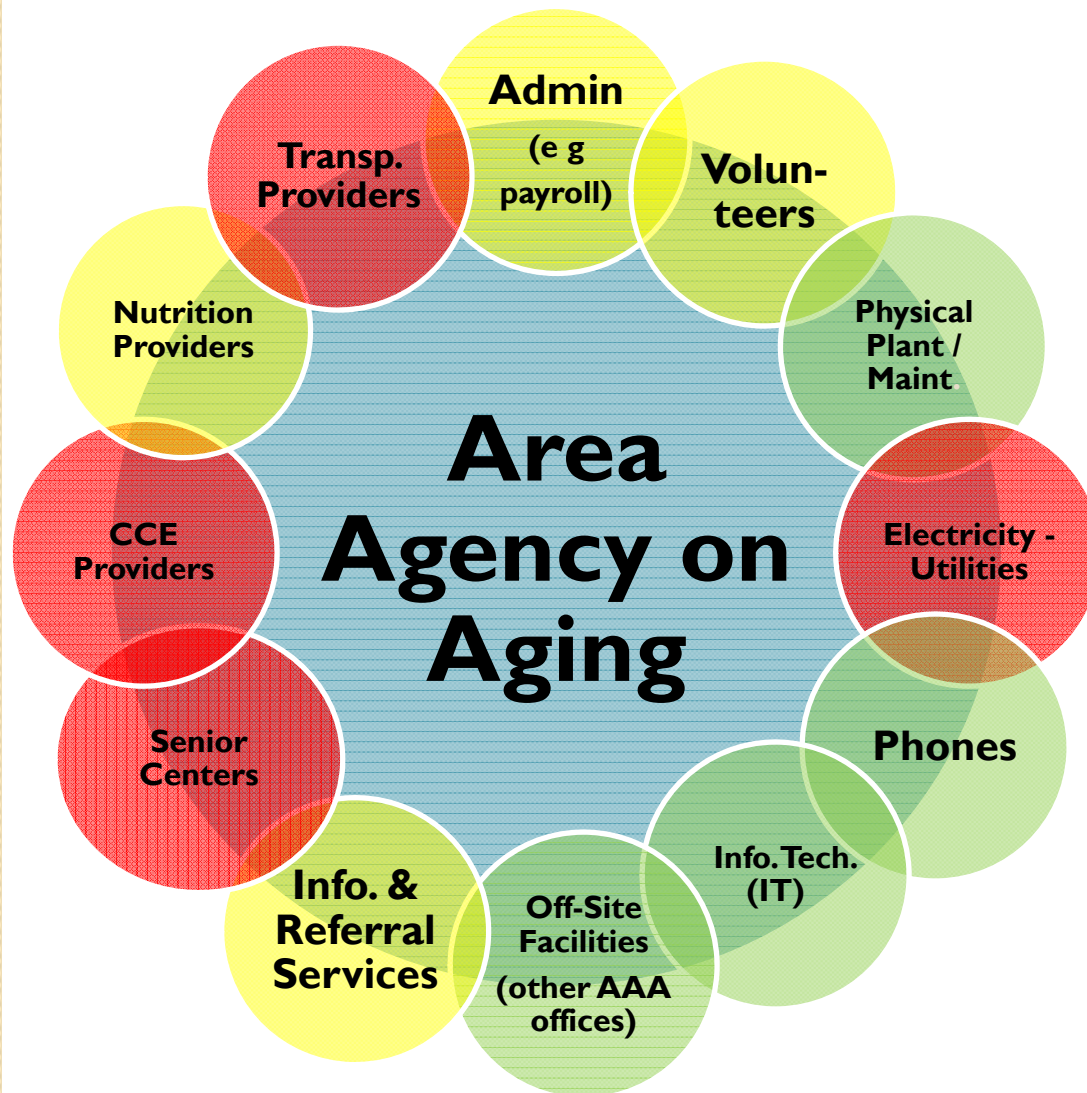- **What are the community's planning contingencies?**

Green = OK
Yellow = Reduced
Red = Off-line

The Continuum Model:
A Stakeholder Example

Admin (payroll)

Other Contract Services / Vendors

Volun-teers

Transp. Providers

Physical Plant / Maint

Area Agency on Aging

"Continuum"

Electricity - Utilities

Nutrition Providers

Phones

CCE Providers

Info. Tech. (IT)

Senior Centers

Info. & Referral Services

Off-Site Facilities (other AAA offices)
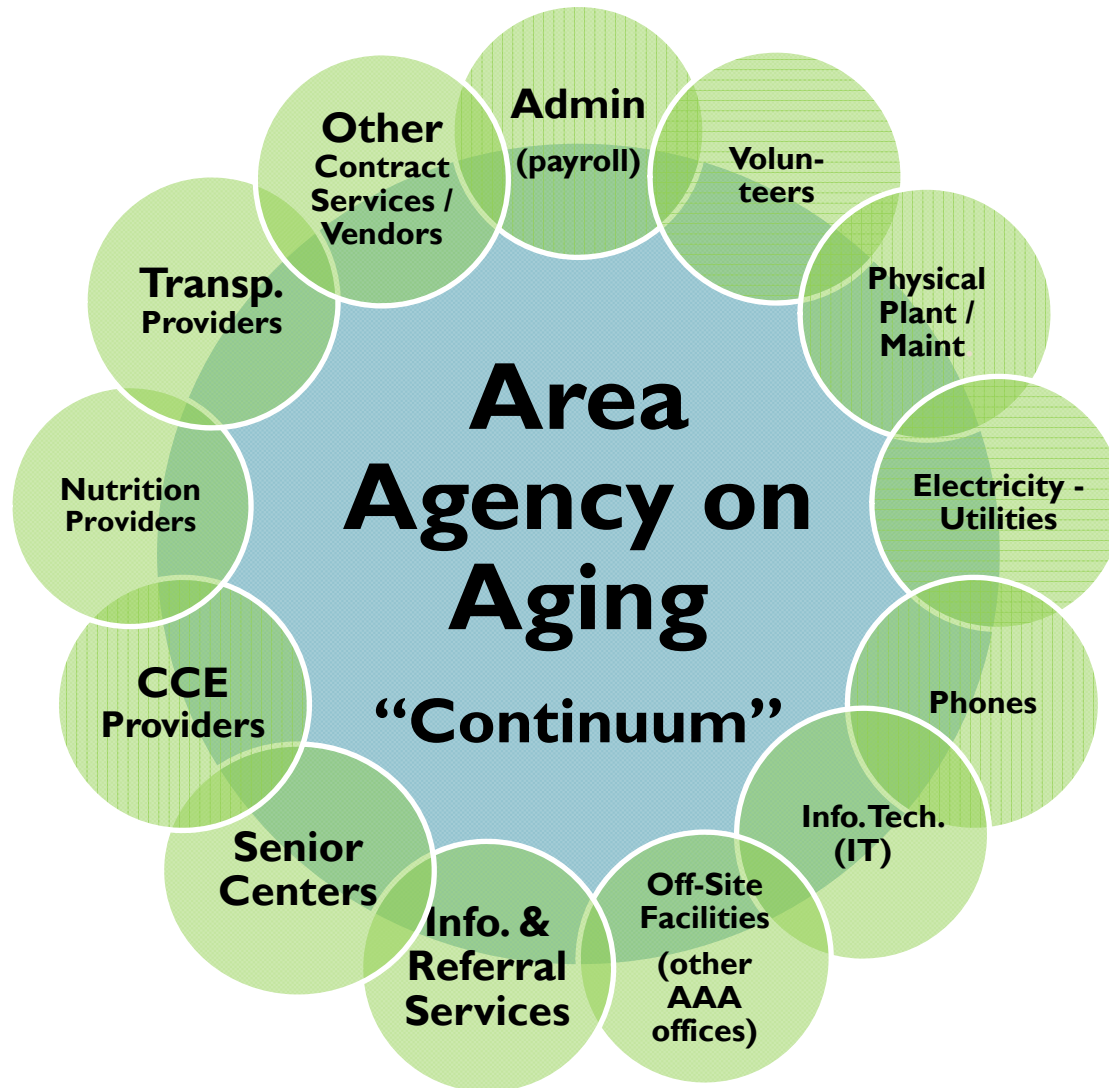
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Red = Off-line

Hurricane Impacts:
Essential Systems Reduced or Off-Line

Area Agency on Aging

- Admin (e g payroll)
- Volunteers
- Physical Plant / Maint.
- 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
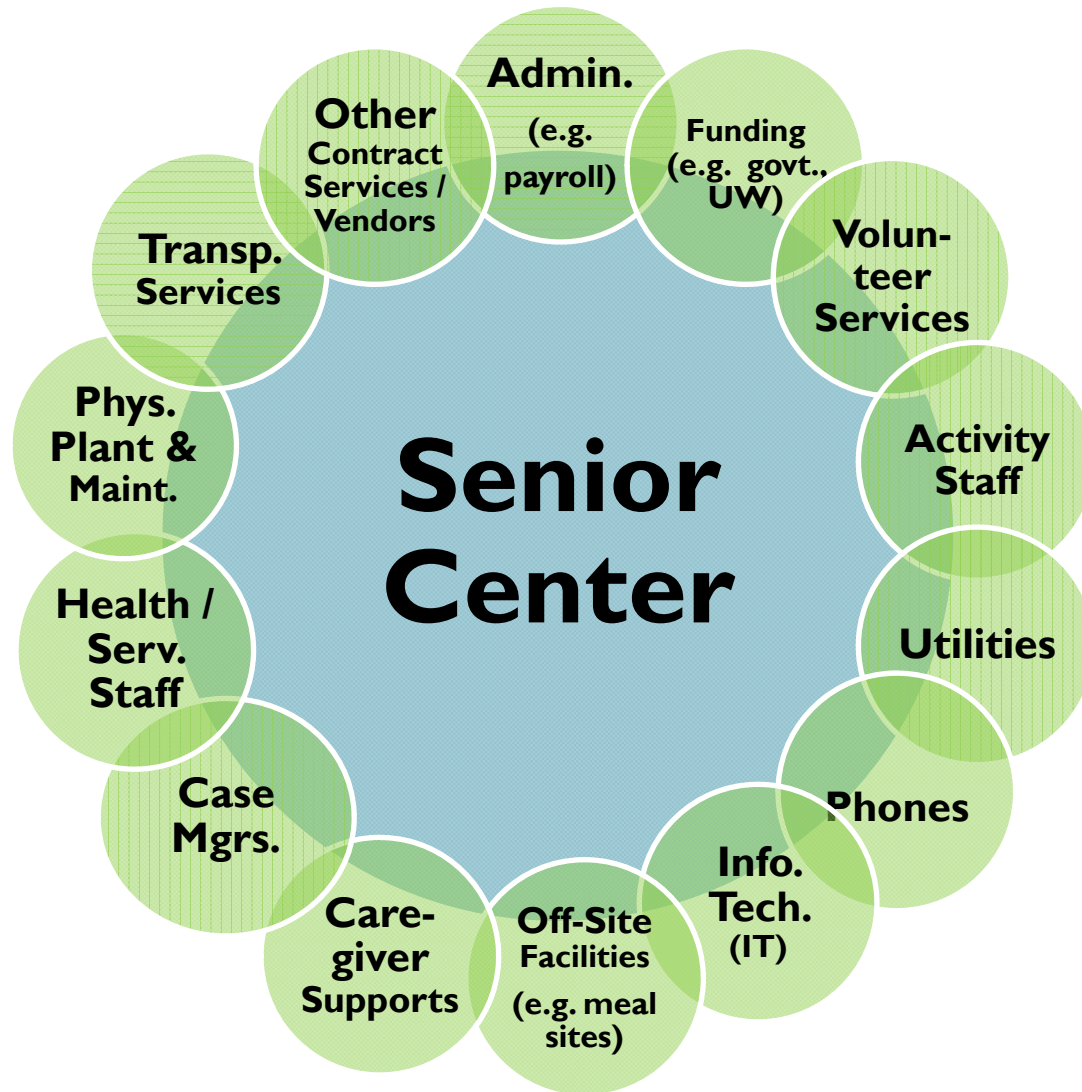
The Continuum Model:
Another Stakeholder Example

Green = OK
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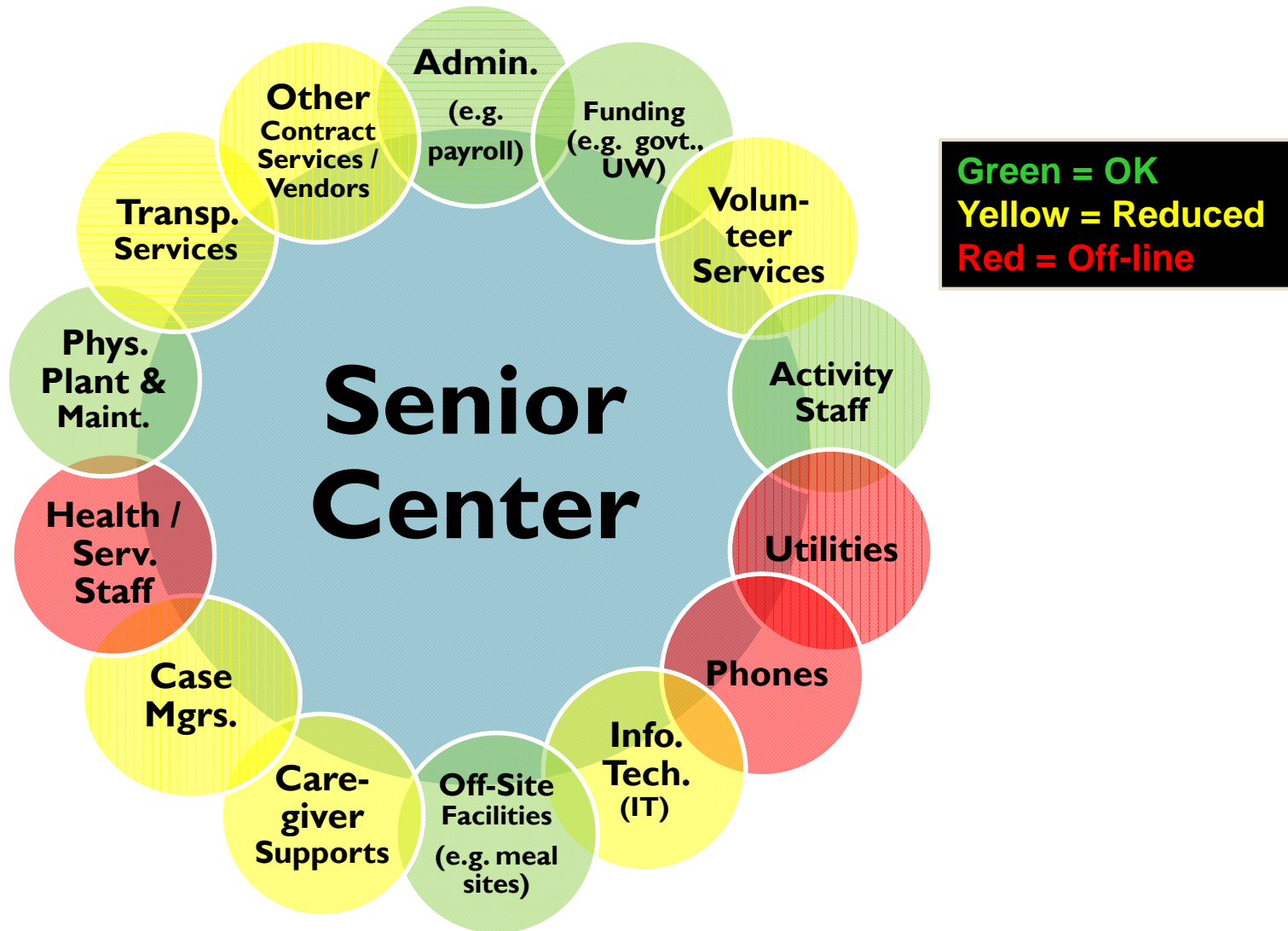
The Planning Sequence …

- 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

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

Workshop Overview (Morning Topics)

Part 1: Education

Welcome, Workshop Briefing and Stakeholder Introductions
Project Purpose & Rationale
    o   Planning Considerations for Care of Elders during Disasters
    o   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)

Part 4: Scenario-Based Group Discussions (Pre-Impact)
Facilitated discussion; capture highlights on flipcharts • Scenario Pre-Impact Conditions – utilize continuum diagrams & overview of planning considerations to discuss current state, desired state & gaps
Part 5: Scenario-Based Group Discussions (Post-Impact)
Facilitated discussion; capture highlights on flipcharts • Scenario Post-Impact Conditions - utilize continuum diagrams and overview of planning considerations to discuss: Current State, Desired State, and Gaps
Part 6: Comments/Questions/Evaluation
• Review and discuss gaps identified • Discuss strategies for filling gaps (prospective partners and methods) • Evaluation & Final Comments
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:

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