Emergency Planning Challenges for Vulnerable Older Persons with Functional and Access Needs (FAN)

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- Betty is the Institutional Director of the Ohio Valley Appalachia Regional Geriatric Education Center at the University of Louisville, Kent School of Social Work. She has a Masters in Social Work and is completing her PhD in Social Work at the University of Louisville.
- She is the Principal Investigator for the Kentucky Department for Public Health Emergency Preparedness for Aging Program at the University of Louisville in partnership with OVAR/GEC at the University of Kentucky. She has years of experience working with KY long-term care for the western half of the state in conjunction with the KY Hospital Preparedness Program.
- Her work is focused on emergency preparedness for long-term care providers in Kentucky. She is co-author of the KY All Hazards Long Term Care Planning and Resource Manual that was designated as a 2010 national best practice guide by U.S. Department of Health and Human Services (USDHHS), Office of the Assistant Secretary for Preparedness and Response (ASPR).
- She serves on the Board of the National Association of GECs and the National Association for Geriatric Education. In February, Betty was appointed to Chair the Disaster and Aging Interest Group of the Gerontological Society of America.
Learning Objectives

Upon completion of the session, participants can:
1. List at least three new information about functional and access needs in older persons;
2. Identify public health challenges to community resilience; and
3. Identify various strategies to engage the FAN population.

KY Functional and Access Needs Definition

- Individuals with needs which necessitate assistance before, during, and after an emergency are considered to be at risk.
- At-risk individuals may have disabilities, limited language proficiency or medical disorders that affect their ability to effectively navigate a disaster or emergency.
- Persons with functional or access needs may be illiterate, transient, transportation disadvantaged, pharmacologically dependent and include children, older persons and pregnant women. They may have needs in communication, medical intervention, independence maintained with assistance, supervision and transportation.

Concerns of Older Persons

- Notification
- Independence
- Chronic Health Issues
- Medications
- Isolation
- Mobility
- Memory
- Sensory Changes
  - Hearing, Sight,
  - Smell, Touch, Taste
- Mental Health Issues
- Transportation
- Financial Limitations
- Bureaucracy
Concerns of Agencies

- Line of Command
- Emergency Support
- Shelter-in-Place or Evacuate
- Securing Supplies & Equipment
- Transportation
- Heating and Cooling
- Functional and Access Needs Sheltering
- Staffing
- Interruption of Services
- Continuity of Operations

Older Persons: High Risk in an Emergency

- Altered immune function
- Higher risk of infectious illness
- Reduced response to antibiotics
- Atypical presentation of disease
- Chronic medical conditions
- Greater risk of pneumonia (40-150 times)
- Memory disorder/Dementia
- Hyper/hypothermia
- Multiple medications
- Sensory Changes

Older Persons: High Risk in an Emergency

- Need assistance with activities of daily living
- Use of portable oxygen & other medical supplies
- Use of wheelchairs, walkers, canes, assistive devices
- Anxiety about leaving familiar surroundings
- Decreased rebound after emergency
- Delayed onset of Post-traumatic Stress Syndrome
- Language/cultural influences
Definition——KY Functional and Access Needs Population

- Individuals with needs which necessitate assistance before, during, and after an emergency are considered to be at risk.
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- Persons with functional or access needs may be illiterate, transient, transportation disadvantaged, pharmacologically dependent and include children, older persons and pregnant women. They may have needs in communication, medical intervention, independence maintained with assistance, supervision and transportation.

Definitions——California Office for Access and Functional Needs

Identification of People with Access and Functional Needs

Populations whose members may have additional needs before, during and after an incident in functional areas, including but not limited to:
- maintaining independence,
- communication,
- transportation,
- supervision, and/or
- medical care.

Individuals in need of additional response assistance may include:
- those who live in institutionalized settings,
- older adults,
- children,
- those from diverse cultures,
- those who have limited English proficiency or are non-English speaking,
- those who are transportation disadvantaged.


Definition——National Council on Disabilities

- In disaster management activities it is important to think about disability broadly. Traditional narrow definitions of disability are not appropriate. The term disability does not apply just to people whose disabilities are noticeable, such as wheelchair users and people who are blind or deaf.
- The term also applies to people with heart disease, emotional or psychiatric conditions, arthritis, significant allergies, asthma, multiple chemical sensitivities, respiratory conditions, and some visual, hearing, and cognitive disabilities. (NCD)
- "Finally, when the needs of people with disabilities and others with access and functional needs are included and accommodated in planning and services, many more people will benefit from accessible communications—an estimated 50 percent of the population (Kailes, 2007, p. 236)."
Implications of New Definitions

- Expands those who are covered for ADA compliance in disasters
- Applies to 50% of older population
- Changed the perspective of community sheltering
- Shift away from Community shelters, Special Needs shelters and Medical Needs shelters to Community shelters and Medical Needs shelters
- Places greater responsibilities on Community shelter operators, incl. the American Red Cross and Faith-Based or Mom and Pop shelters
- Adds the liability of compliance, especially informal shelters

Implications of New Definitions

- Greater need for a wide variety of partners
- Greater need for sheltering-in-place planning
- Greater need for neighborhood planning

Who are the Most At-Risk Older Persons?

- Long-Term Care Residents
- Persons living in Assisted Living
- Persons living in underserved neighborhoods
- Persons living in Assisted Housing (HUD 202 and 811 programs)
- Persons receiving Medicaid 1915 Waivers
Medicaid Waiver Program – Home and Community-Based Services

Medicaid 1915(c) Home & Community-Based Waivers

“The 1915(c) waivers are one of many options available to states to allow the provision of long-term care services in home and community-based settings under the Medicaid Program. States can offer a variety of services under an HCBS Waiver program. Programs can provide a combination of standard medical services and non-medical services. Standard services include but are not limited to case management (i.e., supports and service coordination), homemaker, home health aide, personal care, adult day health services, habilitation (both day and residential), and respite care. States can also propose “other” types of services that may assist in diverting and/or transitioning individuals from institutional settings into their homes and community.”


HCBS Growth 2001-2011
49% represented the aged and aged or disabled,
40% represented persons with I/DD,
6% represented persons with physical disabilities
5% represented children who are medically fragile or technology-dependent (38,950),
individuals with TBI/SCI (17,043), individuals with HIV/AIDS (13,451), and individuals with mental health disabilities (3,649).

Kaiser Family Foundation

Almost 400,000 units across U.S.
Means-tested at significant levels below poverty with many at 200% below poverty
Greater average annual length of stay
Older persons move in to stay while younger (below 50 years old) move in to move on
Co-morbidity commonplace, including mobility, oxygen-dependency, chronic illnesses, ADL impairment, IADL impairment
Buildings often include elevators
HUD guidance on tenant preparedness not required
Critical Issues---Personal Preparedness & Response

- Emergency Plan in place and shared with others
- Personal support network in place
- Plans for contacting needed others
- Regular practice and plan revision
- Pre-approval as volunteer for CERT, MRC, K-HELPs, Red Cross
- Awareness of community plans
- Participation in community exercises
- Easier Said than Done!!!

Critical Issues---Shelter-in-Place?

- Decision to Shelter-in-Place or Evacuate
  - Type of Disaster
  - Safety of Staying vs Going
  - Required Evacuation
- Shelter-in-Place Plan
  - Supplies and Equipment in place for 3-7 days
  - Caregiving Support Available and Accessible
  - Agreements for Supplies, Equipment, Services for home
- Evacuation Plan
  - Evacuation Kit—personal and car kits
    - Know whom to notify,
    - What is needed,
    - When to go,
    - Where to go and
    - How to get there

Critical Issues---Agency Preparedness & Response

- Risk Assessment
- Community Planning
- Incident Command Training
- Agency Preparation
- Policies/Procedures for Caregivers on Staff
- MOAs with Multiple Vendors
- Staff Resources
- Supplies Inventory
- Shelter-in-Place Plan
- Evacuation Plan
- Direct Care Plan
- Files/Contact Information
- Continuity of Operations
  - Staff/Supervision
  - Timekeeping
  - Continued Payroll
  - Invoice Payment
  - Cash on Hand
Critical Issues---Establish Mutual Aid Agreements

At a minimum, mutual aid agreements should include the following elements or provisions:

- Definitions of key terms used in the agreement
- Roles and responsibilities of individual parties
- Procedures for requesting and providing assistance
- Procedures, authorities, and rules for payment, reimbursement, and allocation of costs
- Notification procedures
- Protocols for interoperable communications
- Relationships with other agreements among jurisdictions
- Workers compensation
- Treatment of liability and immunity
- Recognition of qualifications and certifications
- Sharing of agreements, as required

What Agencies Need to Know---State and Local Planning

State and local governments:

- Must develop robust all-hazards plans and hazard- or incident-specific annexes with supporting procedures and protocols.
- Use hazard identification and risk assessment (HIRA).

What Agencies Need to Know---State Government Response: Key Players

<table>
<thead>
<tr>
<th>Title</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governor</td>
<td>Public safety and welfare</td>
</tr>
<tr>
<td>Director, State Emergency Management Agency</td>
<td>Coordination of State response; Support to local governments</td>
</tr>
<tr>
<td>Dept. for Public Health, etc. &amp; other State Department / Agency Heads</td>
<td>Hospital and Health Care Response Collaboration &amp; support</td>
</tr>
<tr>
<td>State Dept. for Homeland Security</td>
<td>Security cooperation with other State &amp; Fed. organizations</td>
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</tbody>
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KY Emergency Management

State Level — All States have laws which call for States to establish a State Emergency Management Agency and the Emergency Operations Plans for that state.

The Director of the Kentucky Division of Emergency Management has authority to represent the Governor in all matters related to a comprehensive emergency management program including manage the State Emergency Operations Center.

The Kentucky Division of Emergency Management is a division of the Kentucky Department of Military Affairs under KRS Chapter 30.

Local Level: Emergency Manager

Mayor/County Judge
Appoints local Emergency Manager (EOC)

Local emergency manager can be full time, part time, volunteer.

Local emergency manager (county) has day-to-day authority and responsibility for overseeing emergency management programs in that jurisdiction.

Responsible for all matters involving a comprehensive emergency management program including the county Emergency Operations Plan and the Emergency Operations Center.

Reasonable Expectations—Local Government: Preparedness is Key Incident Response Process

1. Execute emergency operations plan (EOC activation)
2. Declare a local State of Emergency
3. Issue warnings and evacuation notices
4. Establish Incident Command
5. Conduct sizeup and damage assessment
6. Identify incident objectives/liaison tactical operations
7. Manage incident resources
8. Activate mutual aid and assistance agreements
9. Request State assistance
Reasonable Expectations

Local Government: Local Roles

Examples of local roles include:
- Rescue and treatment
- Law enforcement
- Protection and restoration of critical infrastructure including utilities, transportation systems, etc.
- Sheltering evacuees
- Controlling hazards
- Managing resources (use mutual aid and assistance agreements)
- Developing incident action plans
- Determining needs and shortfalls

Framework of Community Resilience

Strategies for Community Resilience

- KY Functional and Access Needs Collaborative
- Local and Regional Coalitions (FAN, HPP, LEPC)
- Use Block Watch groups
- Southern Utah—"Preparedness Buddy"
- National Council on Disabilities
- Area Agencies on Aging
- Alzheimer’s Association
- Key Advocacy Groups
- Dept. for Homeland Security
Public Health Challenges of Community Resilience for Older Persons

- Engagement in Neighborhoods
  - Is the diversity of the neighborhood represented?
- Neighborhood Leadership
- Emergency Communication Methods—local 211 equivalent, Health Alert Network, TV/Radio
- Engagement with Advocacy Groups—state and regional planning
  - Are the right people around the table?
- Retention
  - How to keep them engaged

FAN Resources


FAN Resources

- http://develop.oes.ca.gov/WebPage/oeswebsite.nsf/Content/7C19440A7EEC0B8825748E0559F88E
- HUD Portal
More Information

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