

GERIATRIC EMERGENCY PREPAREDNESS AND RESPONSE (GEPR) WEBINAR SERIES 2015

STRENGTHENING PREPAREDNESS AND RESILIENCE CAPABILITIES IN VULNERABLE OLDER POPULATIONS

SESSION FOUR

Sponsor: The GEPR Collaborative
Host: Stanford Geriatric Education Center
Webinar Coordinator: Melen McBride, PhD, RN, FGSA



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THE IMPORTANCE OF GAP ANALYSIS IN IMPROVING GERIATRIC DISASTER PREPAREDNESS AND RESILIENCE

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Paula L. Scalingi, PhD

- Dr. Scalingi has 35 years of experience in government, the private sector and academe. She serves as Executive Director of the Bay Area Center for Regional Disaster Resilience; President, The Scalingi Group, LLC; and Adjunct Associate Professor at Georgetown University's Medical Center.
- Since 2001, she has worked nationwide with stakeholders to undertake and sustain activities to improve all-hazards resilience with focus on community health. Currently, she also is assisting the U.S. Department of Homeland Security's Office of Health Affairs to develop a Community Health Resilience (CHR) Toolset of guidance and resources, and the California Department of Public Health to undertake a CHR Exercise Series.

Melen McBride, PhD, RN, FGSA

- Dr. McBride has over four decades of inter-professional career in gerontology, geriatrics, ethnogeriatrics and disaster preparedness. She has numerous publications (print and online) in these areas and recently contributed two chapters to the book *“Disaster Preparedness for Seniors: a Comprehensive Guide for Healthcare Professionals”* with Charles Cefalu, MD, editor
- She joined the Stanford Geriatric Education Center in 1991 after completion of the Robert Wood Johnson Clinical Scholars Program at the UCSF School of Nursing . She received her doctoral degree from the University of Michigan, Ann Arbor, School of Nursing.

Learning Objectives

- Upon completion of the session, participants can:
 1. Describe briefly the importance of gap analysis in disaster preparedness and resilience work and low-cost methods and tools that can be used for this purpose.
 2. Identify and describe examples of outcomes of gap analyses and where these have been utilized to improve individual and community preparedness and resilience.
 3. Give an example of an application of gap analysis specific to a population such as the diverse community of older adults

Applications and Outcomes of Gap Analysis for Disaster Preparedness and Resilience in Diverse Communities of Older Adults

Paula L. Scalingi, PhD

Executive Director

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What This Webinar Provides

- An appreciation of community health resilience and how it can help assure disaster preparedness of older adults.
- The importance of gap analysis to gauge resilience capabilities.
- Types of lessons learned and shortfalls identified in disaster preparedness and resilience from undertaking a multi-stakeholder gap analysis process.
- Use of regional exercises, workshops, and other collaborative activities that can be used for gap analysis purposes.
- Examples of how a gap analysis can result in actions that can mitigate adverse impacts on older adults in disasters and other emergencies.
- Tools and resources to use for this purpose

Limited Focus in Community Disaster Planning on Needs Specific to Resilience of Older Adults

- In the past few years, localities in metropolitan areas and many smaller communities have stepped up the pace of planning, exercising, and improving capacities for all-hazards disasters and other adversities, but not enough attention has been paid to special needs of older adults.



Limited Focus in Community Disaster Planning on Needs Specific to Resilience of Older Adults *(cont.)*

- Needs of older adults are usually addressed in community planning in the context of at-risk individuals, which covers a broad and diverse set of stakeholder constituencies.
 - Yet we know from Hurricanes Sandy and Katrina and other regional emergencies that it is seniors who disproportionately suffer in such events.



Geriatric Resilience as an Integral Element of Community Health Resilience—and Vice Versa

- Limited understanding that geriatric resilience is essential to broader *community health resilience* – *the ability of a community to understand the consequences it faces from adverse events, recognize preparedness gaps, and develop or strengthen capabilities to improve preparedness and resilience.*

Geriatric Resilience as an Integral Element of Community Health Resilience—and Vice Versa (*cont.*)

- Both geriatric and community health resilience require:
 - Enhancing resilience of older adults, caregivers, hospitals, health centers, eldercare facilities, other organizations and essential logistic chains that serve them—essentially the “whole community.”
 - Incorporating senior needs and enabling stakeholders to input their expertise and capabilities into the planning process, participate in workshops and exercises, and identify gaps and actions to meet the shortfalls.

Building Community Health and Geriatric Resilience

- In the Stanford Geriatric Education, GEPR Webinar Series, we outlined a process to organize a Community Health Resilience Initiative (CHRI) for building geriatric resilience with these facilitative processes:
 - Outreach to, and convene key stakeholders with roles and responsibilities or interests in geriatric resilience,
 - Undertake a gap analysis to determine needs, capabilities, and priority areas of improvement,
 - Develop/implement a dynamic, stakeholder validated Action Plan of activities to address the identified shortfalls.

Stiefel, Scalingi & Raines, March 19, 2014.

Importance of the Gap Analysis

- Today's webinar will focus on that necessary second step—the gap analysis, and how it can be conducted at low cost as a largely volunteer effort.
 - If accomplished through a stakeholder-focused process, will justify, validate, and provide the foundation for the Action Plan and a sustainable geriatric resilience improvement process

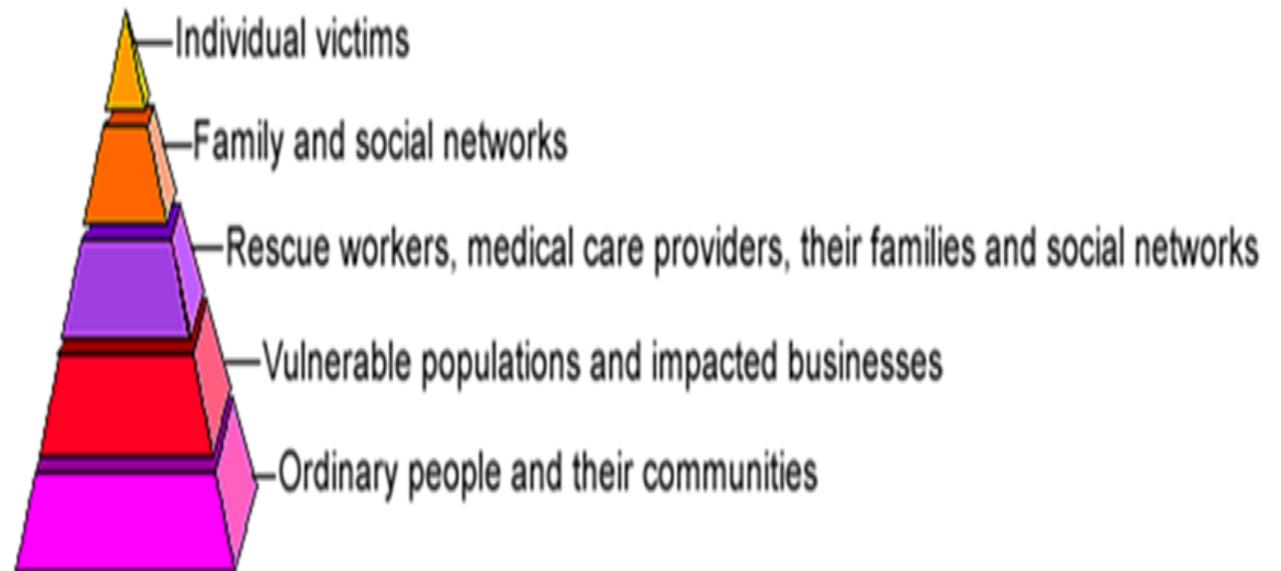


Typical CHR Lessons Learned to be Considered in Undertaking a Geriatric Resilience Gap Analysis

- There have been a number of formal (and informal) community resilience-related gap analyses conducted in regions through the country.
 - Although most have not focused explicitly on geriatric resilience, many of the lessons learned from them, and from recent disasters and community resilience exercises can be readily extrapolated to needs of older adults

Typical CHR Lessons Learned to be Considered in Undertaking a Geriatric Resilience Gap Analysis *(cont.)*

- These gap analyses are commonly conducted using a number of stakeholder-based collaborative mechanisms, including:
 - Interviews
 - Focus groups
 - Community meetings
 - Surveys
 - Seminars and workshops
 - Tabletop exercises



Typical Lessons Learned from a Gap Analysis on CHR and Geriatric Resilience

Cross-Sector Coordination and Decision-making Challenges

- Essential services that older adults rely on—utilities, public/private transportation, health facilities, and businesses, do not coordinate on geriatric preparedness and resilience needs
 - Few are engaging communities and non-profits that serve older adults and other at-risk groups in disaster planning and decision-making.



Typical Lessons Learned from a Gap Analysis on CHR and Geriatric Resilience, (cont.)

Response and Initial Recovery

- While some geriatric preparedness gaps have been, or are being addressed by local government, and some of the larger jurisdictions have lists (some GIS-based) of eldercare facilities, many of the more crucial shortfalls identified over the last several years remain.



Typical Lessons Learned from a Gap Analysis on CHR and Geriatric Resilience, (cont.)

Response and Initial Recovery

- Increasingly these gaps are being exacerbated by climate change extreme events, e.g., an increase in tornadoes and intense rainstorms leading to flooding, super storms such as Hurricane Sandy, extreme cold and heat, and the severe drought in California and some other regions of the country.



Typical Lessons Learned from a Gap Analysis on CHR and Geriatric Resilience *(cont.)*

These include gaps include:

- Limited knowledge of infrastructure interdependencies and consequent misperceptions of how long service disruptions may extend based on certain scenarios, including to electric power, natural gas, public and private transportation, communications (voice and Internet), banking services, etc.



Typical Lessons Learned from a Gap Analysis on CHR and Geriatric Resilience *(cont.)*

- Absence of or limited two-way alert and warning systems that can reach older adults who may be homebound and/or suffering from various physical or mental health-related disabilities.



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Typical Lessons Learned from a Gap Analysis on CHR and Geriatric Resilience *(cont.)*

- Capabilities for post-disaster situational awareness/monitoring of those who shelter-in-place (home and high-rise buildings).



Typical Lessons Learned from a Gap Analysis on CHR and Geriatric Resilience *(cont.)*

- Realistic procedures for no-notice evacuations that include constraints on seniors' mobility, ability, or willingness to leave their homes.
 - Constraints may be fear of leaving familiar surroundings and/or leaving the family pet.



Typical Lessons Learned from a Gap Analysis on CHR and Geriatric Resilience *(cont.)*

- Shelter-in-place procedures for individuals, healthcare facilities, eldercare facilities in the event of toxic hazmat emissions.



Typical Lessons Learned from a Gap Analysis on CHR and Geriatric Resilience *(cont.)*

- Tracking systems, triage, decontamination for hazmat events for older adults with differing needs.
- Capabilities to enable access to points-of-distribution or emergency mobile services for supplies and services—potable water and porta potties, food, fuel, medications, communications, cash, access to dialysis or other life-saving services and equipment.



Typical Lessons Learned from a Gap Analysis on CHR and Geriatric Resilience *(cont.)*

- Temporary and longer term housing that can address the special needs of displaced older adults.
- Supporting mechanisms to enable necessary stakeholder involvement, collaboration, and information-sharing.



Typical Lessons Learned from a Gap Analysis on CHR and Geriatric Resilience (cont.)

Healthcare and Supply Chains Challenges Affecting Geriatric Resilience

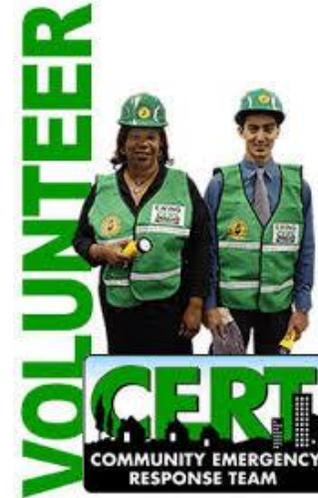
- Upgraded hospital surge capacity to accommodate a region-wide approach focused on older adult needs, particularly those with significant physical and cognitive disabilities; identify and utilize local primary care centers with geriatric health services.



Typical Lessons Learned from a Gap Analysis on CHR and Geriatric Resilience (cont.)

Healthcare and Supply Chains Challenges Affecting Geriatric Resilience

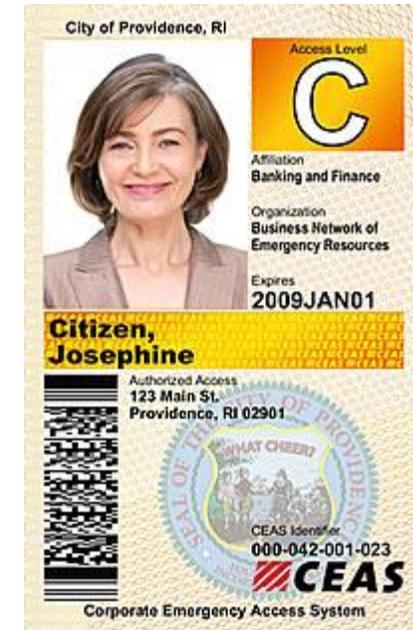
- Recruitment and training of volunteers and neighborhood CERT Team personnel to address needs of older adults.
 - Ways to incorporate non-profits that distribute food and provide other services for older adults incorporated into regional distribution planning for emergencies to ensure an orderly process.



Typical Lessons Learned from a Gap Analysis on CHR and Geriatric Resilience (*cont.*)

Healthcare and Supply Chains Challenges Affecting Geriatric Resilience

- A certification process for eldercare facility and homecare personal for access to patients post-event.



Typical Lessons Learned from a Gap Analysis on CHR and Geriatric Resilience *(cont.)*

- A process needs for relocation and reentry of displaced older adults, as well as to identify certain at-risk individuals (physical or mentally disabled and those needing special medical equipment or care)
- Procedures for infection control and hazmat debris/refuse removal for healthcare facilities, shelters, and eldercare facilities to contain potential health issues arising from increasing.



Typical Lessons Learned from a Gap Analysis on CHR and Geriatric Resilience *(cont.)*

- Memorandums of understanding with vendors by eldercare facilities and community groups to assist in access to needed emergency resources.
- Identification of legal and regulatory issues can impose impediments to assisting older adults after a major emergency—HIPAA requirements, standards of care, etc.



Typical Lessons Learned from a Gap Analysis on CHR and Geriatric Resilience (cont.)

Awareness, Education, Training and Exercises

- Outreach and education for non-profit social service and human care organizations, and other service groups on geriatric preparedness and resilience, including post-disaster behavioral issues that affect older adults may experience.



Typical Lessons Learned from a Gap Analysis on CHR and Geriatric Resilience *(cont.)*

Awareness, Education, Training and Exercises

- An awareness and education campaign to inform older adults, their families, and other caregivers on what conditions they could expect after large-scale emergencies on availability of essential goods and services, what they can do, and how and where they can find assistance.



Typical Lessons Learned from a Gap Analysis on CHR and Geriatric Resilience (*cont.*)

Awareness, Education, Training and Exercises

- Training for local government and other stakeholders, older adults, and their caregivers on scam prevention, for which older adults often are the target.



Typical Lessons Learned from a Gap Analysis for CHR and Geriatric Resilience *(cont.)*

- Clear post-event guidance and procedures to manage volunteers who will serve seniors in their neighborhoods.



Typical Lessons Learned from a Gap Analysis for CHR and Geriatric Resilience *(cont.)*

- Outreach/education of elected officials on recovery issues and needs of older adult preparedness and resilience with community meetings and scenario-based workshops.
- Regional and targeted “whole community” stakeholder workshops and exercises to: explore gaps, identify improvement activities, and test existing plans and procedures.



Cost-Effective No Frills Tool for Gap Analysis

- ❖ Can be resource (staff and dollars) and time intensive or ideally volunteer stakeholder executed through use of regional exercises, workshops, and other collaborative activities, and web-based tools that can be accessed through the DHS CHR online Toolset as it is further developed and by other means.



THE COMMUNITY HEALTH RESILIENCE INITIATIVE ONLINE GUIDE AND TOOLKIT

<http://communityhealthresilience.anl.gov>



Launching a Regional or Community Geriatric Resilience Initiative (R-CGRI)

- ***Essential Keys to an effective gap analysis:***
 - Outreach to core stakeholders to build interest and “buy-in” through a GR Roundtable or informal convening as a prelude to identifying the broader range of stakeholders to be engaged in the Initiative,
 - Develop the gap analysis and the resulting Action Plan (AP) of improvement activities, and
 - Infuse and incorporate the AP into the regional and community resilience planning and implementation.

Launching a Regional or Community Geriatric Resilience Initiative (R-CGRI)

- ❖ Currently moving forward to do this in the Bay Area with initial Roundtable meeting this past March.



RESOURCES

Please download handout
“Geriatric Resilience Resources”.

Thank You

