Disclaimer

The views expressed are those of the authors and do not reflect the official policy or position of the Uniformed Services University of the Health Sciences, the Department of Defense, or the United States Government.
Mission: NCDMPH is the federal academic center of excellence leading domestic and international disaster education and science efforts.

Kandra Strauss-Riggs, MPH, Education Director
Origin Story

Founded in 2008 under Homeland Security Presidential Directive 21 to be “...an academic center of excellence in disaster medicine and public health...”, and “...shall lead Federal efforts to develop and propagate core curricula, training, and research related to medicine and public health in disasters.”
At the Uniformed Services University of Health Sciences in Bethesda, MD
NCDMPH Mission Framework

Readiness - We are chartered to help build the Nation’s readiness to respond to and mitigate the health effects of all types of disasters both domestically and internationally.

Education and Training - We identify educational needs and create content to better prepare the Nation.

Research and Scholarship - We conduct, translate and propagate research that improves readiness practice and policy.

Collaboration and Leadership - We engage key government and academic partners to coordinate disaster science and education activities across the Federal government.
NCDMPH is a unique organization:

1. Both Federal and academic (like USU)
2. Chartered under five major government agencies

Collaboration is inherent to its foundation and mission:
- Federal, state, tribal and local governments
- Academia
- Private sector

Expertise in disaster management, evaluation, training and science.
Domestic disaster preparedness and response.
- Assisting CGHE with global HA/DR activities.
Recent Collaborations

• Inter-agency Working Group on Health Care System Preparedness

• Stop the Bleed Education Consortium

• American College of Emergency Physicians High Threat Emergency Casualty Care Task Force

• National Academies of Science, Engineering & Medicine (NASEM, formerly IOM) Forum on Medical and Public Health Preparedness for Catastrophic Events


• EMS Agenda for the Future 2050

• NIST Hurricane Maria Recovery Project

• Johns Hopkins Applied Physics Lab Healthcare Systems Modeling
Setting the Context

Hurricane Irma (2017) – 14 residents of a Florida nursing home died due to heat-related issues when they were left without electricity.

Enactment of the “Emergency Environmental Control for Nursing Homes” rules in Florida

Hurricane Harvey (2017) – Older adults in a Dickinson, Texas assisted living facility sheltered-in-place waist-high in flood water.

Residents in Texas nursing home during Hurricane Harvey
Photo retrieved from: http://time.com/4917743/la-vita-bella-nursing-home-dickinson-texas-photo/
Caring for Older Adults in Disasters

Available at https://www.usuhs.edu/ncdmph and on Public Health Foundation TRAIN ID: 1059666
Caring for Older Adults in Disasters

Available at https://www.usuhs.edu/ncdmph and on Public Health Foundation

TRAIN ID: 1059666
Target Audience

The curriculum is intended for adult learners coming from a wide range of health professions backgrounds.

2016 – Centers for Medicare & Medicaid Services (CMS) emergency preparedness rule. 17 additional facilities and following domains:

Risk assessment and emergency planning
Policies and procedures
Communication plans
Training and testing

Available at https://www.usuhs.edu/ncdmph and on Public Health Foundation TRAIN ID: 1059666
Core Competencies for Disaster Medicine and Public Health

• Published in 2012 in the *Disaster Medicine and Public Health Preparedness* (DMPHP) journal

• 11 core competencies (and 36 sub-competencies) identified as the common or "core" competencies that could be reasonably expected of all potential Emergency Support Function #8 health system responders
Core Competencies, Continued

• Developed to address the education and training needs of all health professionals who may respond in a disaster

• Collaboratively generated with subject matter experts from a variety of professional backgrounds

• ASPPH and CDC developed public health preparedness competencies with these as part of the foundation
Conceptual Framework to Organize Learning within the Discipline

CORE COMPETENCIES
for all health professionals
Curriculum Structure

7 modules, 24 lessons

Module 1: Curriculum overview and background on the older adult population

Module 2: Conditions present in the older adult population that impact their disaster preparedness, response, and recovery

Module 3: Disaster types: Special considerations for the older adult population in disasters

Module 4: Caring for older adult populations during the disaster cycle

Module 5: Setting: Special considerations for the older adult population

Module 6: Ethical legal: Special considerations for the older adult population

Module 7: Capstone activity of planning a meeting in your setting to address issues of concern to older adults in disasters
Curriculum Structure

Learning objectives
Estimated time to complete
Detailed content outline
Learner activities
Readings and resources
Learner evaluation strategies

Available at https://www.usuhs.edu/ncdmph/older-adult-curriculum and on

Public Health Foundation TRAIN ID: 1059666
White Paper: Evidence-Informed Expert Recommendations

Addressing the Gaps: 25 Evidence-Informed Expert Recommendations to Improve Disaster Preparedness, Response and Recovery for Older Adults Across the United States

To be released in September, 2019.
Policy Round Table & White Paper

American Red Cross Scientific Advisory Council Preparedness and Disaster Health Sub-Council partners with the American Academy of Nursing Expert Committee on Ageing convened experts.

**Recommendation Categories**

- Older Adults and Caregivers (9)
- Community-Based Programs and Agencies (3)
- Health Care Professionals and Emergency Response Personnel (2)
- Care Institutions (2)
- Policy/Legislative Reform Recommendations (6)
- Research (3)
Questions?

https://www.usuhs.edu/ncdmph

https://www.facebook.com/ncdmph1/

@NCDMPH

National Center for Disaster Medicine and Public Health
Tools to Help Care for Older Adults in Disasters

Presented by ASPR and NCDMPH
May 29, 2019
New Toolkit from HHS/ASPR:
Capacity-Building Toolkit for Including the Aging & Disability Networks in Emergency Planning

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ASPR Mission

Save Lives and Protect Americans from 21st Century Health Security Threats
HHS/ASPR Legal Authorities

ASPR was established in 2006, in the wake of Hurricane Katrina, to lead the nation in preventing, preparing for, and responding to adverse health effects of public health emergencies and disasters whether deliberate, accidental, or natural.

The Public Health Service Act (PHSA) forms the foundation of HHS’ legal authority for responding to public health emergencies as amended by the 2006 Pandemic and All Hazards Preparedness Act (PAHPA), the 2013 Pandemic and All-Hazards Preparedness Reauthorization Act (PAHRA), and (draft) 2019 Pandemic and All-Hazards Preparedness and Advancing Innovation Act.

✓ Authorize ASPR
✓ Authorize public health and medical preparedness programs
  • Biomedical Advanced Research and Development Authority (BARDA) and Medical Countermeasures
  • Emergency Support Function (ESF) #8: Public Health and Medical Response
  • Situational Awareness: Surveillance and Credentialing
  • Grants
  • National Health Security Strategy (NHSS)
  • Address the Access and Needs of At-Risk Individuals
  • Education and Training
Why use the term “access and functional needs”?  

What are “access and functional needs”? 

People with “access and functional needs” (AFN) require assistance due to any condition (temporary or permanent) that limits their ability to take action.

- **Access-based Needs**
  - “Ensures resources are accessible to all individuals, such as social services, accommodations, information, transportation, medications to maintain health,” etc.

- **Function-based Needs**
  - “Restrictions or limitations an individual may have that require assistance before, during, and/or after a disaster or public health emergency”

Access and functional needs may overlap.
Capacity-Building Toolkit

- HHS: ASPR & ACL
- National Association of County and City Health Officials (NACCHO)
- Association of State and Territorial Health Officials (ASTHO)
ACL’s Aging & Disability Networks

Aging Network Partners
• Area Agencies on Aging (AAAs)
• State Units of Aging (SUAs)

Disability Network Partners
• Centers for Independent Living (CILs)
• Statewide Independent Living Councils (SILCs)
• Developmental Disability Councils (DD Councils)
• Protection and Advocacy Systems (P&As)
• University Centers for Excellence in Developmental Disabilities (UCEDDs)
• State Grants for Assistive Technology (AT) Programs
Purpose of the Capacity-Building Toolkit

Ensure equal access to our nation’s emergency preparedness, response and recovery resources

• Provide information and resources for the Aging and Disability Networks to become more engaged in emergency planning (CBO Readiness)
• Advance whole community planning and supporting consumers (Consumer Planning)
• Develop partnerships with emergency management and public health officials (Partnership)
Emergency Planning for Organizations

• Identify hazards
  ✓ Conduct risk assessments
• Create an Emergency Operations Plan
• Understand the Incident Command System (ICS)
• Understanding the Emergency Support Functions (ESF)
• Participate in trainings and exercises
• Engage in consumer advocacy
  ✓ Participation in exercises
  ✓ Inclusion in emergency plans

Figure 1 – The Phases of Emergency Management

Preparedness
Preparing to handle and emergency

Mitigation
Minimizing the effects of an emergency

Response
Responding to an emergency

Recovery
Recovering from an emergency
Emergency Planning for Consumers

• Establish effective communication with consumers
  ✓ Discuss emergency plans
  ✓ Identify the support that may be needed in the event of an emergency
  ✓ Discuss the emergency services that will likely be provided

• Support consumers with
  ✓ Preparing emergency kits
  ✓ Understanding safety checks
  ✓ Navigating disaster assistance
CBO Partnering with Local Responders

• Share situational awareness
• Role as emergency planning
  SME on access and functional needs
  ✓ Sheltering in place/evacuations
  ✓ Accessible transportation
  ✓ Access to services and support
• Leverage CBO data in lieu of local registries
Data & Tools

- **Consumer data**
  - CBO database
  - HHS emPOWER Program

- **Demographic data**
  - Census/American Community Survey
    - Age
    - Disability
    - Transportation
    - Living arrangements

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*Graph: Figure 9: Percentage of Persons age 65 and Over with a Disability, 2016*

- Independent living difficulty: 15%
- Self-care difficulty: 8%
- Ambulatory difficulty: 23%
- Cognitive difficulty: 9%
- Vision difficulty: 7%
- Hearing difficulty: 15%
- Any disability: 35%

*Percentage of persons age 65 and over with a disability, 2016. Census/SCS*
Effective Communication

1. CBOs partner with local responders
2. Communication Outreach Information Network (COIN)
   - CBOs as trusted entities to distribute messages
3. Establish effective & accessible communication with consumers
   - Discuss disaster plans
   - Identify the support that may be needed in the event of a disaster
   - Discuss the disaster services that will likely be provided
Evacuation & Transportation

- Promoting comprehensive evacuation planning
- Understanding transportation coordination in evacuation (ESF #1 Transportation)
  - Reviewing MOU/MOAs with transportation providers
- Including CBOs in state and local evacuation plan development, training, and exercises

*Four Elements of Evacuation Information*

1. Notification (What is the emergency?)
2. Way finding (Where is the way out?)
3. Use of the way (Can I get out by myself or do I need help?)
   - Self
   - Self with device or service animal
   - Self with assistance
4. Assistance (What kind of assistance might I need?)

Sheltering and Accessibility

- Helping consumers prepare for emergency sheltering
- ADA compliance in sheltering
- Access and functional needs for level of care and shelter type

<table>
<thead>
<tr>
<th>SWiFT Level</th>
<th>Explanation</th>
<th>Preparatory Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cannot perform at least one basic ADL (activities of daily living: eating, bathing, dressing, toileting, walking, continence) without assistance</td>
<td>Evacuate early rather than late, depending on the circumstance. If possible, keep with family member, companion, or caregiver. Receives assistance in gathering all assistive devices, including eyeglasses, walkers, hearing aids, list of medications, names of doctor(s), family contact telephone numbers, and important papers, so they are accessible.</td>
</tr>
<tr>
<td>2</td>
<td>Trouble with instrumental activities of daily living (i.e. finances, benefits management, assessing resources)</td>
<td>Gather, with assistance if necessary, all assistive devices, including eyeglasses, walkers, hearing aids, list of medicines, names of doctor(s), family contact telephone numbers, and important papers so they are accessible.</td>
</tr>
<tr>
<td>3</td>
<td>Minimal assistance with ADL and instrumental activities of daily living</td>
<td>Advise individuals to have all assistive devices, including walkers, eyeglasses, hearing aids, list of medicines, names of doctor(s), family contact telephone numbers, and important papers together and accessible.</td>
</tr>
</tbody>
</table>

Baylor College of Medicine, Recommendations for the Best Practices in the Management of Elderly Disaster Victims, Seniors without Families Triage Tool (SWIFT) assessing ADLs
Legal Requirements

Disaster and Emergency Specific
• Public Health Services Act of 1944
• Robert T. Stafford Disaster Relief and Emergency Assistance act of 1988
• Post-Katrina Emergency Reform Act of 2006
• Pets Evacuation and Transportation Standards Act of 2006
• Executive Order 13347: Individuals with Disabilities in Emergency Preparedness of 2004

Not Waived in Disasters or Emergencies
• Rehabilitation Act of 1973
• Privacy Act of 1974
• Age Discrimination Act of 1975
• Americans with Disabilities Act of 1990
• Health Insurance Portability and Accountability Act of 1996
• Developmentally Disabled Assistance and Bill or Rights of 2000
• Section 1557, Affordable Care Act of 2016
Role of CBO in Recovery

- **CBO**
  - ✓ Assess operational and financial impacts
  - ✓ Assess impacts to staff
  - ✓ Eligibility for FEMA Public Assistance or SBA disaster assistance loans
  - ✓ Develop lessons learned

- **CBO & Local Responders**
  - ✓ Provide lessons learned
  - ✓ Contribute to hot wash and after action report
  - ✓ Update Emergency Operations Plan to reflect lessons learned
Recovery—Supporting Consumers

✔ Return home or receive appropriate temporary housing (transition/discharge planning)
✔ Applying for FEMA Individual Assistance
✔ Assessing health and behavioral health needs
✔ Accessing services through the Aging and Disability Networks
Summary: CBOs New to Emergency Planning or Enhance Capabilities

Capacity Building Toolkit for Including Aging & Disability Networks in Emergency Planning

• Highlights relevant resources and describes activities
  ✓ Explains emergency planning to CBOs
  ✓ Builds capabilities for supporting consumers
  ✓ Introduces emergency managers and public health officials to CBO/Aging and Disability Networks

• Each module
  ✓ Resources in every module
  ✓ Additional Resources and Tools

• Appendices
  ✓ Templates
  ✓ Worksheets
  ✓ Checklists
  ✓ Terms
Available Through NACCHO

Capacity Building Toolkit for Including Aging & Disability Networks in Emergency Planning

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ASPR on the Web

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