

## 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.*

# National Center for Disaster Medicine and Public Health



**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.

Hurricane Irma - VIIRS - I-Band 5 - 11 $\mu$ m  
10 September 2017, 3:40 am EDT



NCDMPH



# Unique Position

**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
- Navy War College, Brown University, Harvard Humanitarian Initiative, U.N. OCHA – Civilian-Military Humanitarian Assistance
- 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.

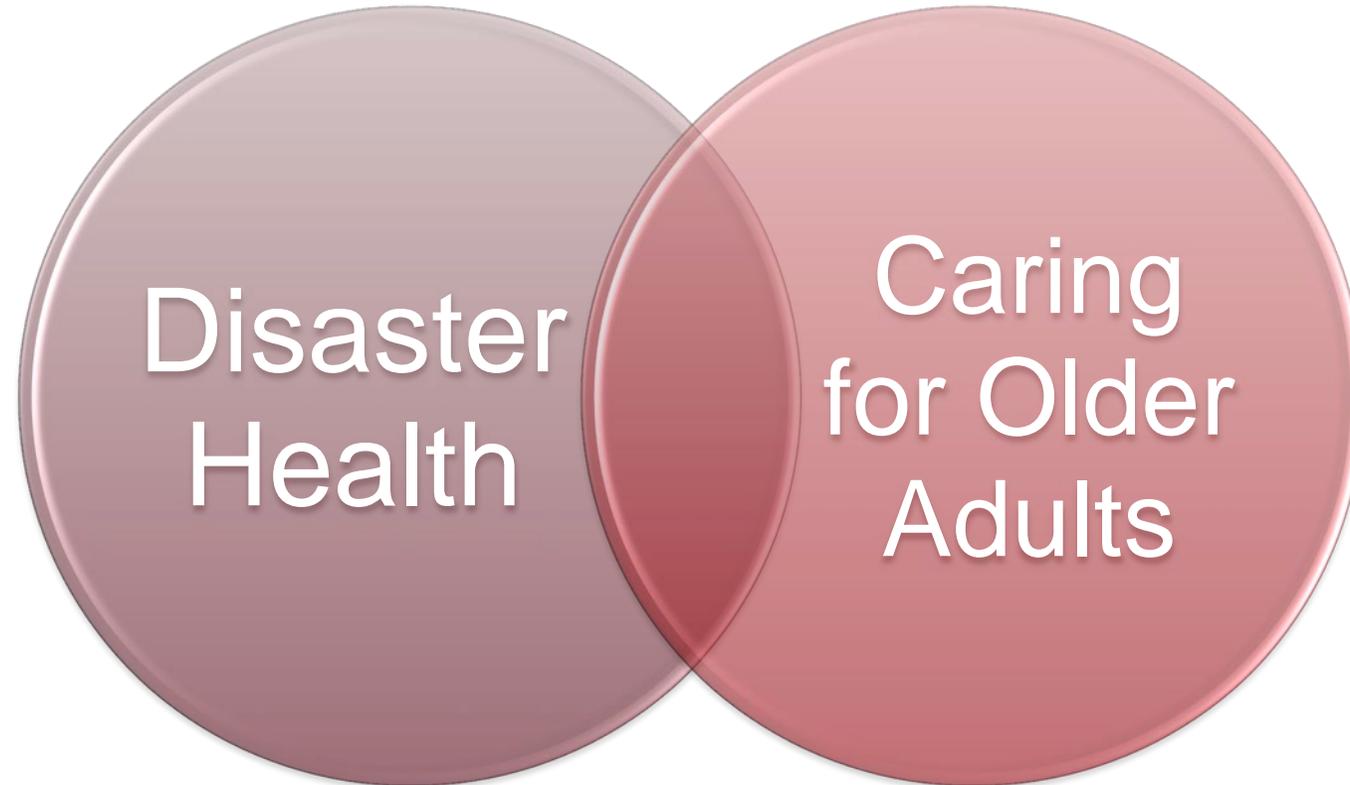
Enactment of the “Emergency Environmental Control for Nursing Homes” rules in Florida

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

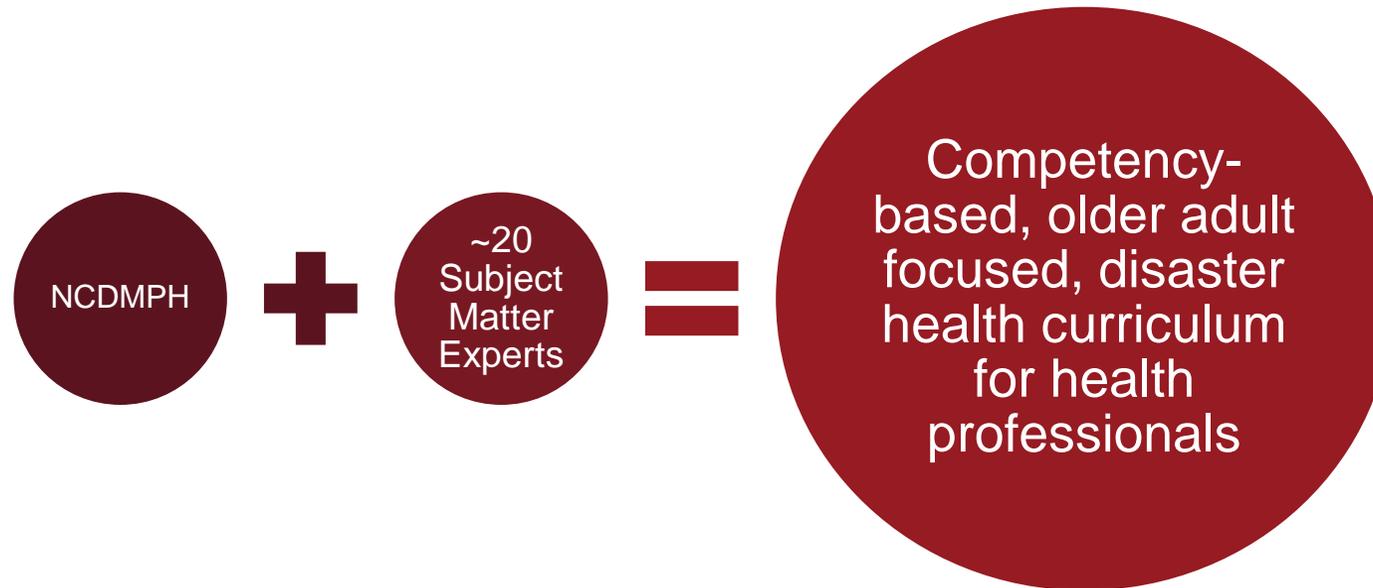


Residents in Texas nursing home during Hurricane Harvey  
Photo retrieved from:  
<http://time.com/4917743/la-vita-bella-nursing-home-dickinson-texas-photo/>

# Caring for Older Adults in Disasters



# Caring for Older Adults in Disasters



Available at <https://www.usuhs.edu/ncdmp> 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

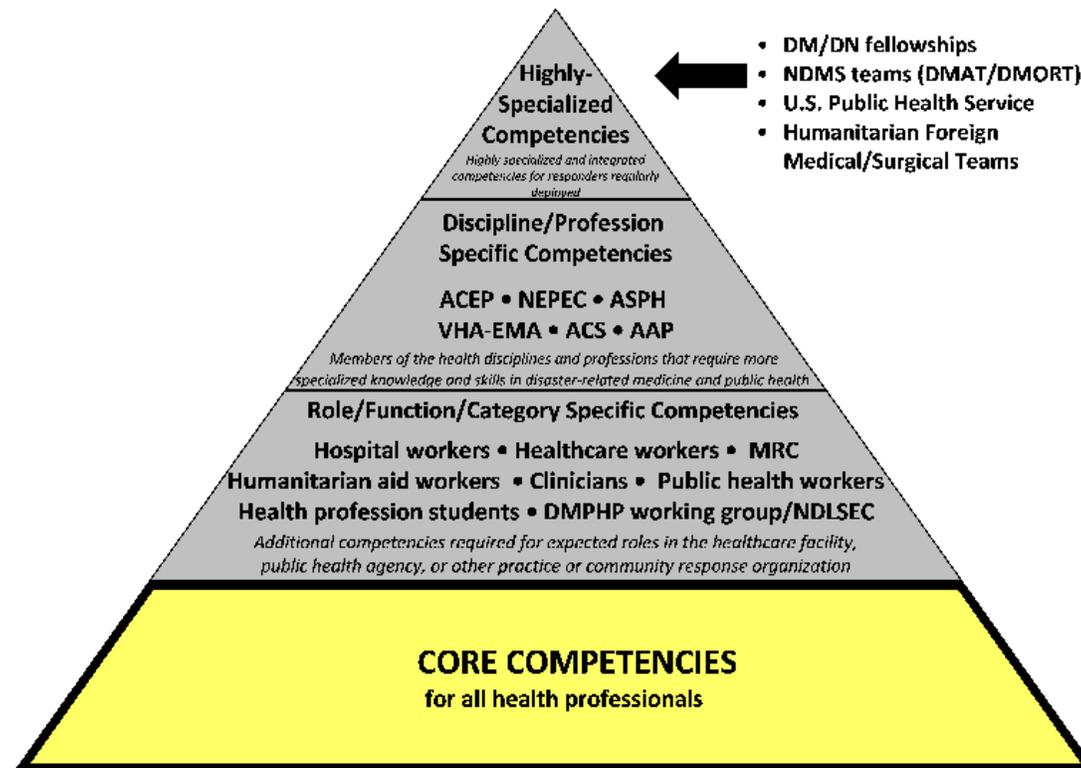
# Core Competencies for Disaster Medicine and Public Health

- 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



# 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/ncdmp/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/ncdmp>



<https://www.facebook.com/NCDMPH1/>



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National Center for Disaster  
Medicine and Public Health



NCDMPH



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**ASPR**

# **Tools to Help Care for Older Adults in Disasters**

**Presented by ASPR and NCDMPH  
May 29, 2019**



**ASPR**

**New Toolkit from HHS/ASPR:  
Capacity-Building Toolkit for Including the Aging &  
Disability Networks in Emergency Planning**

**Cheryl A. Levine, PhD  
Senior Advisor for At-Risk Individuals  
Assistant Secretary for Preparedness  
and Response (ASPR)  
US Department of Health and Human Services (HHS)**

**[Cheryl.Levine@hhs.gov](mailto:Cheryl.Levine@hhs.gov)**

**202-731-2240**

# ASPR Mission

**Save Lives  
and Protect  
Americans from  
21st Century  
Health Security  
Threats**



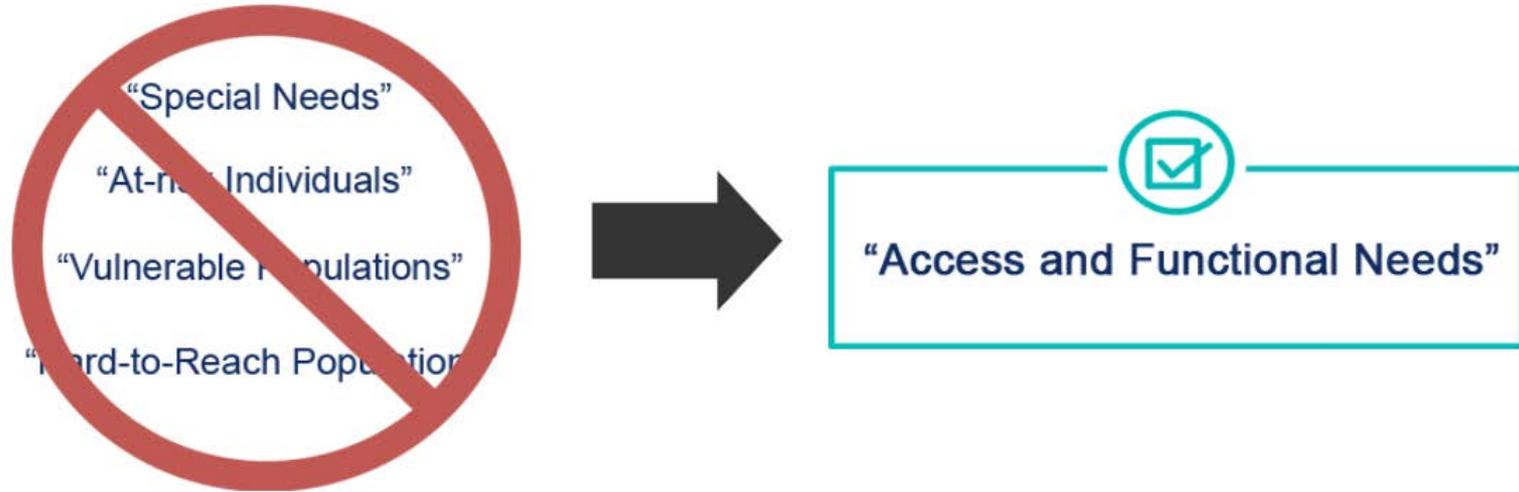
# HHS/ASPR Legal Authorities

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

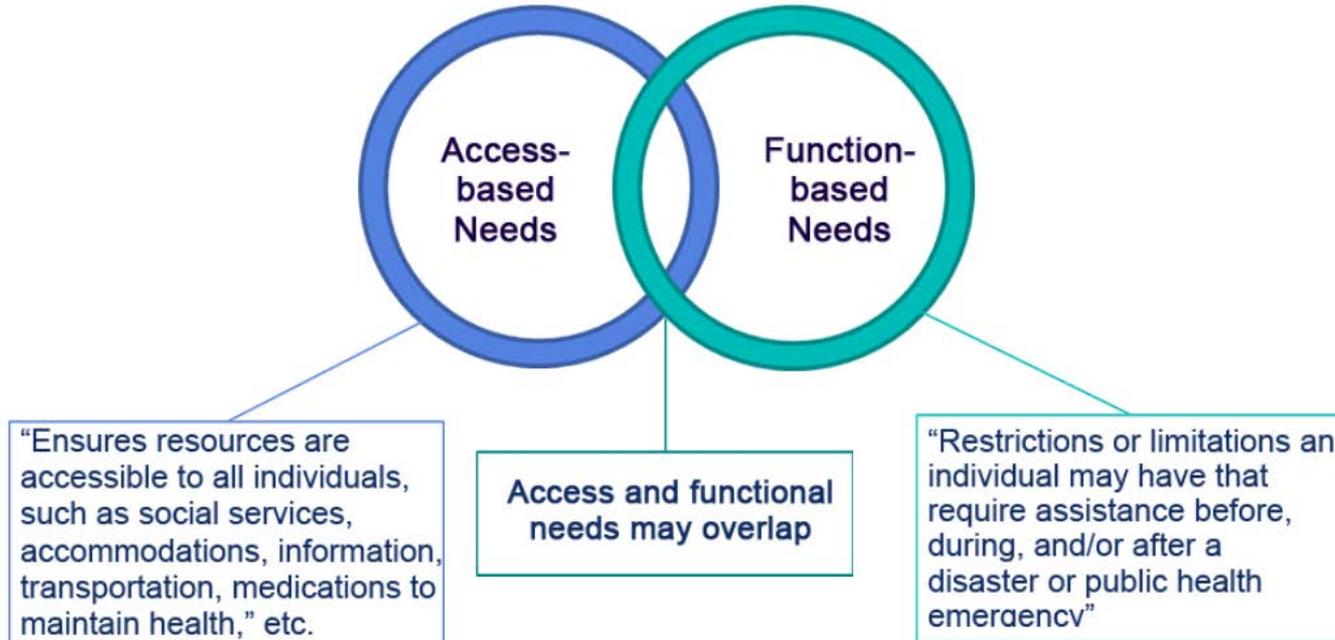
# Why use the term “access and functional needs”?



[Consistent: DHS Lexicon Terms and Definitions 2017 Edition – Revision 2 Issue Date – October 16, 2017, Access and Functional Needs Accommodation](#)

# 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.



# Capacity-Building Toolkit

- **HHS: ASPR & ACL**
- **National Association of County and City Health Officials (NACCHO)**
- **Association of State and Territorial Health Officials (ASTHO)**
- <https://www.naccho.org/uploads/downloadable-resources/Capacity-Building-Toolkit-for-Aging-and-Disability-Networks-2-5-19.pdf>

Capacity-Building  
Toolkit  
for including  
Aging & Disability  
Networks  
in  
Emergency Planning



Developed by the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response

AUTHORED BY THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO) AND THE ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS (ASTHO) IN COLLABORATION WITH THE HHS OFFICE OF THE ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE (ASPR) AND THE HHS ADMINISTRATION FOR COMMUNITY LIVING (ACL)

# 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



# 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

**MAKE A PLAN**  
Include your specific health and safety needs when creating your emergency plan.

The infographic features a central title 'MAKE A PLAN' and a subtitle 'Include your specific health and safety needs when creating your emergency plan.' Below this, a horizontal line with a central circle branches out to six icons: a dog in a blue vest, two batteries, a wheelchair, a medicine bottle with pills, a pair of glasses, and a first aid kit. The first aid kit icon has the text '+ IN CASE OF EMERGENCY:' written on it. At the bottom left is the 'Ad Council Ready.' logo, and at the bottom right is the URL 'READY.GOV/MYPLAN'.

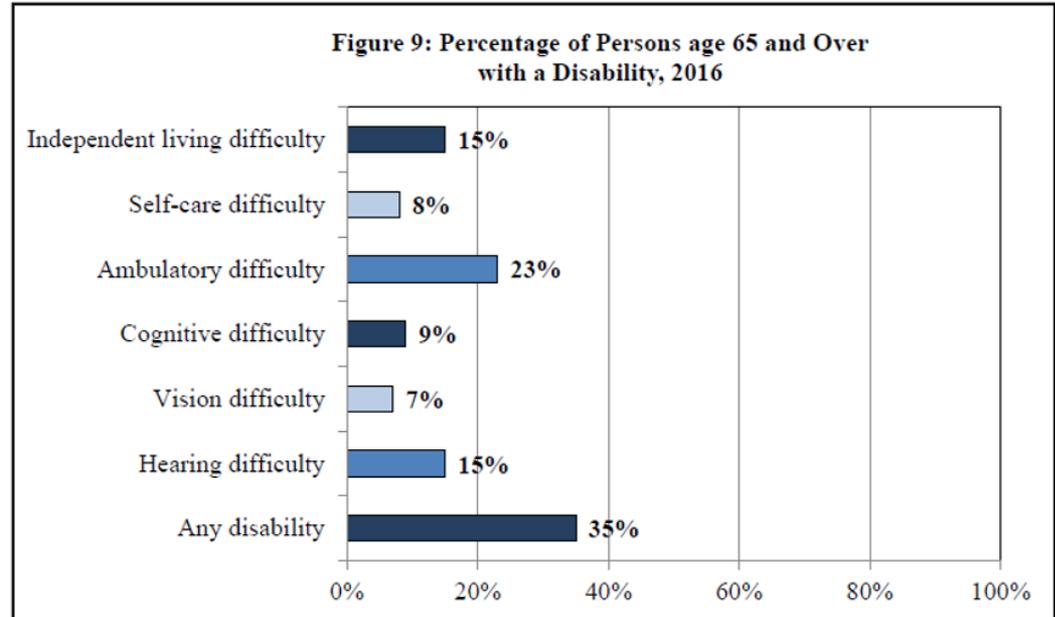
# CBO Partnering with Local Responders

- 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



\*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

How Effectively Do You Communicate?



# 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?)

\*National Fire Protection Agency. (2016) [Emergency Evacuation Guide for People with Disabilities](#)

# Sheltering and Accessibility

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

SWiFT Level	Explanation	Preparatory Steps
1	Cannot perform at least one basic ADL (activities of daily living: eating, bathing, dressing, toileting, walking, continence) without assistance	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.
2	Trouble with instrumental activities of daily living (i.e. finances, benefits management, assessing resources)	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.
3	Minimal assistance with ADL and instrumental activities of daily living	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.

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 of Rights of 2000
- Section 1557, Affordable Care Act of 2016

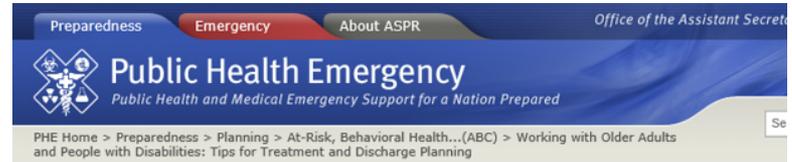


# Role of CBO in Recovery

- 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



## Working with Older Adults and People with Disabilities: Tips for Treatment and Discharge Planning

Public health emergencies, like Hurricanes Irma and Maria, impact older adults and people with disabilities because they strain critical home and community-based services. As a responder or health care provider, you may encounter patients from these groups who do not reside in institutional settings (i.e. nursing homes), but still need additional supports. Sometimes, as a result of post-disaster circumstances (i.e. no access to medication), these individuals became sick or ill. It's important that these older adults and people with disabilities are not inappropriately placed in an institutional setting.

Individual self-determination and independence are important aspects of planning during the recovery phase. To ensure patients meet the requirements for safe discharge planning, they may need access to supports or medical care that exist in a more institutional setting before returning to independent living in the community. However, the ultimate goal for these individuals is to be placed in the least restrictive environment.

### Important things to consider:

- ▶ You are treating people who until recently, did not need support in a clinical setting (i.e. did not come from an institution).
- ▶ Because of unmet needs, these patients are requiring care in a hospital/clinical setting and may need temporary care/respite.
- ▶ These patients need a safe discharge plan – they may not be able to go home and maintain their health if there is structural damage or limited access to essential resources such as water, power, communication, or transportation.
- ▶ These patients should not be institutionalized inadvertently. All people should be able to live in the least restrictive setting. Planning must focus on appropriate settings, but it may take time because necessary home and community supports need to fully recover in order to support independent living.

# 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

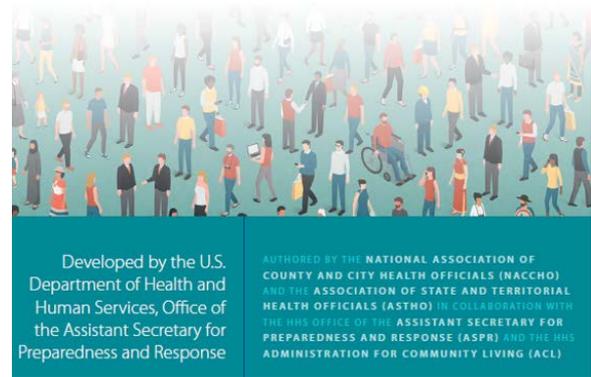
# Available Through NACCHO

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

Visit link:

<https://www.naccho.org/uploads/downloadable-resources/Capacity-Building-Toolkit-for-Aging-and-Disability-Networks-2-5-19.pdf>

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