Step-by-Step Companion Toolkit

Continuum of Care Model: Caring for Elders during Disasters
A Guide for Community-Based Planning

About The Step-by-Step Companion Toolkit

This toolkit is a companion to a larger document, *Continuum of Care Model: Caring for Elders during Disasters – A Guide for Community-Based Planning.* The Guide and this Step-by-Step Companion Toolkit are products of a three-year project funded by the Florida Department of Health's Bureau of Preparedness and Response through a grant from the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. The project, formally titled "Healthcare Systems Needs Analysis for Elders during Disasters," identified the many stakeholders involved in providing healthcare and support services for elders and considered ways to better integrate planning to ensure care of elders during disasters. Through a series of regional stakeholder workshops and other activities, a continuum model for healthcare and support services for elders was developed and used as the framework for the community-based planning process described in the Guide and outlined in this Step-by-Step Companion Toolkit.

In the following pages, readers are provided with step-by-step guidance for organizing and conducting a community-based workshop that engages the full representation of a community's continuum of healthcare and support services for elders. Included at the end of this companion toolkit are EXAMPLES used during the project, including forms, agendas, PowerPoints and other handouts and tools.

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Source: Caring for Elders during Disasters, a project funded by the Florida Department of Health, 2014, available on the web at
http://www.floridahealth.gov/preparedness-and-response/healthcare-system-preparedness/

For More Information or Assistance: The *Continuum of Care Model: Caring for Elders during Disasters – A Guide for Community-Based Planning,* and the *Step-by-Step Companion Toolkit* are available from the Florida Department of Health, Bureau of Preparedness and Response, or by contacting Ray Runo, Caring for Elders during Disasters Project Director, at rayruno@gmail.com.

Step 1: Getting Started

As a general recommendation, communities will benefit from using the following planning and workshop sequence, varying as needed to reflect the complexity of the community. Larger communities where there is a significant elder population will likely need to expand the general schedule and structure.

Community-Based Planning Model - Planning & Workshop Sequence

- **➔Concept & Objectives Meeting (EM, ESF8, AAA)**
  - First meeting of the Lead Team (EM, ESF8, AAA); typically 75 minutes
  - Goal: Brief the lead team; develop tentative timeline; identify CPT members
- **➔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 the local continuum of care and explore solutions
- **➔Post-Workshop Planning Session(s)**
  - Debriefing ~~ action plans ~~next-steps
  - Additional meetings as needed
  - Goal: Identify next steps, assignments and dates for follow-up
- **➔Incorporate Action Plans – Sustain the Process**
  - Incorporate action plans into EM's preparedness and response system
  - Incorporate action plans into the plans of key partners/stakeholders (e.g., AAAs)
  - Goal: Comprehensive and integrated community-based planning where care of elders during disasters is always a consideration

The Concept and Objectives Meeting

It is expected that in most communities, the local office of emergency management or county health department will be the initiator of community-based emergency management planning for their community's elder population. In addition, a representative from the area agency on aging / aging and disability resource center serving the community is another critical partner. These three entities are the *essential leadership partners* for the preliminary planning meeting where the concept of objectives for the work ahead will be discussed.

The primary objective of the Concept and Objectives Meeting is to discuss the community-based planning process and to identify experts representing the major elder and emergency management stakeholder groups in your community. These individuals will become the Core Planning Team (CPT) and will provide invaluable information and perspectives regarding emergency preparedness and response for your community's elder population.

If your community already has an active Healthcare Preparedness Coalition, it will provide an excellent foundation for both identifying CPT members and analyzing your community's level of preparedness to care for elders during a disaster event. To find out if your

community has a Coalition, contact your local county health department. In absence of a coalition, a viable COAD (Community Organizations Active in Disasters) or VOAD (Voluntary Organizations Active in Disaster), could provide a good starting point.

The CPT should include a representative from the community's key stakeholder groups. The following list reflects common stakeholder groups providing healthcare and support services to elders. Each community must consider its own unique characteristics as there may be additional key stakeholder groups not reflected in the list below, and in smaller communities, not all will be represented. At a minimum, however, all communities in Florida will have a corresponding emergency management office, county health department, and area agency on aging / aging and disability resource center.

Key Stakeholders Groups
Comprising the Healthcare & Support System for Elders

Varies by Community

- ✯ **County Emergency Management***
- ✯ **County Health Department / ESF8***
- ✯ **Area Agency on Aging (AAA) / Aging & Disability Resource Center***
- 2-1-1 agencies (information and referral network)
- Alzheimer's caregiver services & support organizations
- Behavioral health providers / mental health
- Councils on Aging / Senior Centers / other aging network provider organizations
- Dialysis centers
- Emergency Medical Services (EMS) & other first responders
- Energy providers / other utility providers
- Geriatric care managers
- Healthcare (Preparedness) Coalitions / COAD / VOAD (varies with the community)
- Home health agencies
- Hospitals
- HUD housing / senior housing (independent living)
- Nursing homes, assisted living facilities and continuing care retirement communities
- Govt. partners (e.g., Dept. of Elder Affairs, Agency for Health Care Admin., Adult Protective Serv./Dept. of Children & Families, Veterans Affairs)
- Red Cross & volunteer groups
- *And other groups* ***important in the healthcare continuum for elders in a given community***

✯ *Essential Leadership Partner*

EXAMPLES PROVIDED:
Concept & Objectives Meeting Agenda;
PowerPoint; Guidance for Establishing the CPT

Step 2: Convene the Core Planning Team (CPT) for a Pre-Workshop Conference

The Concept and Objectives Meeting will result in a roster of stakeholder representatives which will comprise your Core Planning Team (CPT). These individuals will be invited by the essential leadership partners to serve on the CPT and to attend the Pre-Workshop Conference. This important meeting has several key objectives:

- Discuss the purpose and role of the CPT and Community-Based Planning Process for care of elders during disasters.
- Confirm the members as key stakeholders in the healthcare and support continuum for elders during disasters. Stakeholder introductions and brief explanations of their respective roles during disasters will serve as the foundation for establishing the group's identity as the CPT.
- Establish the list of invitees to attend the Community-Based Workshop.
- Finalize the Community-Based Workshop Agenda, including subject matter experts to provide education and data to support the workshop's goals.
- Confirm a date and venue for the Community-Based Workshop
- Establish a meeting schedule for follow-up CPT meetings (post-workshop planning meetings).

The CPT Pre-Workshop Conference is typically a three-hour meeting that includes education about the need for communities to prepare to care for elders during disasters, followed by a focused discussion to plan and organize the Community-Based Workshop. Some communities may prefer to conduct two pre-workshop conferences, one focused on education about the issues, followed by a second conference to plan and organize the Community-Based Workshop. Others may wish to conduct an abbreviated two-hour session, which may work well if the CPT is a mature group. For example, if the CPT is an extension of an existing planning group or coalition, this meeting could be conducted in two hours because most attendees will already know one another, at least at some level.

EXAMPLES PROVIDED:
Pre-Workshop Conference invitation; agenda; PowerPoint

Step 3: Conduct the Community-Based Workshop (CBW)

The Community-Based Workshop (CBW) is a one-day program typically scheduled within 45 days of the pre-workshop conference and is attended by representative stakeholders identified by the CPT. The agenda includes education and information provided by SMEs in the morning and scenario-based discussions in the afternoon. The CBW concludes with a facilitated review of the gaps identified for care of elders during disasters and possible solutions.

The objectives of the CBW are:

- To bring key stakeholders together to discuss how elders will be cared for during disasters (present and future)
- To identify gaps in the continuum of healthcare for elders during disasters
- To enhance the integration of elder healthcare and support stakeholders into the community's emergency management preparedness and response system

A signature feature of the Community-Based Workshop is the use of scenario-based discussions to identify gaps that may exist in the community's continuum of healthcare and support services for elders. The four planning considerations explained in the morning's educational session with subject matter experts will serve as an important foundation for discussing the unfolding scenario.

Planning Considerations

(1) Characterizing the Elder Population;
(2) Disaster Risks and Vulnerabilities for Elder Populations;
(3) Continuum of Healthcare and Support Systems for Elders; and
(4) Community Preparedness and Response Planning for Elder Populations – Integrated and Comprehensive Planning

Workshop participants will consider their respective dependencies and interdependencies within the context of pre- and post-storm impacts for a discussion of:

- Stakeholder roles and responsibilities, with respect to the continuum of healthcare and support services
- Current resources, capabilities, and plans for caring for elders during disasters
- Desired state of preparedness, response, and mitigation capabilities for elders
- Specific gaps between the current capabilities of the continuum, and the desired state

EXAMPLES PROVIDED:
Workshop registration form, agenda, scenario handout, Power Point and other workshop materials.

Step 4: Post-Workshop Planning Session (Follow-up meeting(s) of the CPT

The Post-Workshop Planning Session is typically a three-hour meeting that reconvenes the CPT on the day following (or within several days following) the Community-Based Workshop. The purpose of the post-workshop planning session is to:

- Review the results of the CBW in terms of gaps, resources and possible solutions
- Develop action plans, timelines, and responsibilities for filling identified gaps
- Evaluate the effectiveness of the Community-Based Planning process.
- Discuss sustainability strategies for on-going planning and partnerships.

The post-workshop action planning process should include the development of specific time frames and responsibilities for accomplishing planning/task items which will enhance the community's ability to care for elders during disasters. This process enhances the community's emergency management preparedness and response system by integrating elder healthcare and support stakeholders into the preparedness and response cycle.

One example of a post-workshop activity might be to survey stakeholders (see example provided) to obtain more detailed information than was gleaned during the workshop. In addition, further follow-up with selected stakeholders for a more intensive discussion, interview style, of their capabilities, roles and responsibilities before, during or after disasters, would also be a valuable post-workshop activity.

EXAMPLES PROVIDED:
Stakeholder survey tool; key informant telephone interview questions; CBW participant feedback form.

Step 5: Sustaining the Process – Care of Elders during Disasters

Sustaining the integration of elder healthcare and support stakeholders within a community's emergency management preparedness and response system requires the CPT's continued investment and commitment. The ongoing role of the CPT is to ensure that the needs of elders are integrated into the community's emergency management planning process. Examples include:

- Collaborative planning among stakeholders using the continuum model for community-based planning. At a minimum, conduct an annual Caring for Elders during Disasters Community-Based Workshop (May is national Older Americans Month and would be an appropriate time to schedule the annual workshop).
- Expanded exercise and training programs inclusive of the broader stakeholder group identified as part of the community's continuum for healthcare and support services
- Representation on the community's Healthcare Preparedness Coalition.

EXAMPLES

Examples included in this Companion Toolkit are organized by step; to return to this list of examples, click on the link at the bottom of each page. All examples listed are contained within this PDF document. Examples listed as "PowerPoint Handouts" are also available in PPT format from the Florida Department of Health, Bureau of Preparedness and Response, or by request to Ray Runo, Caring for Elders during Disasters Project Director, at mailto:rayruno@gmail.com.

❖ STEP 1: Getting Started

- Guidance: Establishing the Core Planning Team – Key Stakeholder List
- Example: Concept & Objectives (C & O) Meeting Agenda
- Example: Invitation to Attend the Concept & Objectives (C & O) Meeting
- Example: PowerPoint Handout for Concept & Objectives Meeting)

❖ STEP 2: Convene the Core Planning Team

- Example: Invitation to the CPT to Participate in the Pre Workshop Conference
- Example: Core Planning Team Pre-Workshop Conference Agenda – 3-hour Format
- Example: PowerPoint Handout for the CPT Pre-Workshop Conference)

❖ STEP 3: Conduct the Community-Based Workshop

- Example: Invitation to Register for the Community-Based Workshop
- Example: The Community-Based Workshop Agenda
- Example: Participant Scenario Worksheets
- Example: Community-Based Workshop - Participant Feedback Form
- Example: Community-Based Workshop Registration Form
- Example: PowerPoint Handout - Community-Based Workshop
- Example: Community-Based Workshop Scenario Booklet
- Example: Blank Continuum - Fill-in-the-Bank

❖ STEPS 4 & 5: Post-Workshop Planning & Sustaining the Process

- Example: Stakeholder Survey (Tool for Analyzing Stakeholder Roles, Responsibilities and Identifying Continuum Gaps)
- Example: Key Informant Telephone Interview Tool
- Example: Community-Based Workshop - Participant Feedback Form

[CLICK HERE TO RETURN TO THE LIST OF EXAMPLES PROVIDED]

GUIDANCE

Establishing the Core Planning Team (CPT)

A community's Core Planning Team (CPT) will be well-served by including a representative from each of the following key stakeholder groups. Note that not all communities will have an organization of each type, but at a minimum, all communities in Florida have a corresponding emergency management office, county health department, and area agency on aging. These three stakeholders are essential to the success of the community-based planning process and are considered ***essential leadership partners***.

The following list reflects common stakeholder groups providing healthcare and support services to elders, but it is not an exhaustive list. Each community must consider its own unique characteristics as there may be additional key stakeholder groups not reflected in the list below which should be included for a particular geographic area.

Key Stakeholders Groups
Comprising the Healthcare & Support System for Elders

Varies by Community

- ✯ **County Emergency Management***
- ✯ **County Health Department / ESF8***
- ✯ **Area Agency on Aging (AAA) / Aging & Disability Resource Center***
- 2-1-1 agencies (information and referral network)
- Alzheimer's caregiver services & support organizations
- Behavioral health providers / mental health
- Councils on Aging / Senior Centers / other aging network provider organizations
- Dialysis centers
- Emergency Medical Services (EMS) & other first responders
- Energy providers / other utility providers
- Geriatric care managers
- Healthcare (Preparedness) Coalitions / COAD / VOAD (varies with the community)
- Home health agencies
- Hospitals
- HUD housing / senior housing (independent living)
- Nursing homes, assisted living facilities and continuing care retirement communities
- Govt. partners (e.g., Dept. of Elder Affairs, Agency for Health Care Admin., Adult Protective Serv./Dept. of Children & Families, Veterans Affairs)
- Red Cross & volunteer groups
- *And other groups* ***important in the healthcare continuum for elders in a given community***

✯ *Essential Leadership Partner*

[CLICK HERE TO RETURN TO THE LIST OF EXAMPLES PROVIDED]

EXAMPLE: Concept & Objectives Meeting Agenda

Key Issue: How does a community care for elders during disasters?

Attendees: Representatives from the three essential leadership partners
- Emergency Management
- County Health Department / ESF8
- Area Agency on Aging / Aging & Disability Resource Center

Meeting Purpose & Expected Outcomes:

1) Discuss the Concept and Objectives for Community-Based Planning for the Care of Elders During Disasters
2) Identify an initial Core Planning Team (CPT) and select a meeting date/location

Discussion Agenda (one-hour meeting)

1. Discuss the Concept and Objectives for the Community-Based Planning Workshop
   a. Identifying a community's ability to care of elders during disasters
   b. Use of community resources (e.g., subject matter experts)
   c. Identifying gaps and solutions.
2. The Community-Based Planning Process
   a. Establish a Core Planning Team (CPT) Role and Purpose of the CPT.
      - Role and purpose of the CPT.
      - Develop a list of local leaders; identify prospective CPT members.
      - Assign people to place personal phone calls to prospective members.
      - Follow-up immediately with a standard e-invitation & fact sheet.
   b. Conduct a CPT Pre-Workshop Conference
      - Review Sample Pre- Workshop Conference Agenda
   c. Conduct the Community-Based Workshop
      - Review Sample Workshop Agenda
      - Discuss use of Scenario-Based Discussions
   d. Follow-Up After the Community-Based Workshop
      - Reconvene the CPT
      - Present/discuss key findings from the Community-Based Workshop (gaps, etc.)
      - Develop an Integrated After Action Process and Action Plans (across stakeholders)
   e. Sustaining the Process: Care of Elders During Disasters
      - Plan ~~ Train ~~ Exercise ~~ Evaluate
3. Your Next Steps
   a. Agreement on the initial CPT Members
   b. How and when will the CPT members be invited to participate?
   c. Select date and location for the 2-3 hour face-to-face meeting of the CPT.
   d. Finalize the CPT Pre-Workshop Conference Agenda (example provided).
      - Identify topics and corresponding SMEs needed (if they are not at the Concept and Objectives Meeting, who will invite them and request a presentation?)
4. Comments and Questions

[CLICK HERE TO RETURN TO THE LIST OF EXAMPLES PROVIDED]

EXAMPLE: MEETING INVITATION – Concept & Objectives Meeting

This example is from Pinellas County (December 2013).
Normally, the C & O Meeting is held face-to-face. In this example, it was held virtually to accommodate out of town project consultants.

Subject: Concept & Objectives Meeting - Pinellas Co. Caring for Elders Workshop
Location: Online - Go To Meeting

Start: Tue 12/10/2013 10:00 AM
End: Tue 12/10/2013 11:00 AM

Recurrence: (none)

Meeting Status: Meeting organizer

Organizer: April Henkel, Project Manager, FHCA

Required Attendees: Amber Boulding and Gayle Guidash, ESF 8
Jason Martino, AAA
Debbie Peck and Doug Meyer, EM
Project Team Members (consultants): April Henkel, Ray Runo, Robin Bleier

TO: Essential Leadership Partners (ESF 8, AAA, EM)

FR: April Henkel, Project Manager, Florida Health Care Association

RE: Concept & Objectives Meeting - Pinellas Co. Caring for Elders Workshop

Good afternoon everyone,

This is the meeting invitation for next week's Concept & Objectives Meeting, which will be held via Go-To-Meeting on Tuesday, December 10th at 10am. Below is the log-in information for the virtual meeting, and the phone # to dial for the audio portion. Note: If you will only be participating via audio and need a copy of the PPT, please let me know and I'll send a copy to you in advance.

Let us know if you have any questions -- we look forward to talking with you next week.

1. **Please join the meeting.** (Insert virtual meeting link, e.g., GoToMeeting)

2. **Join the conference call:** (insert toll-free telephone #)

-- April

April Henkel, M.S., Project Manager – Quality Team
Florida Health Care Association
Tele. 850.224.3907 | Direct Line 850.701-3547 | Cell 850.228.6493 | Fax 850.224-9155
Email ahenkel@fhca.org Website: www.FHCA.org
Representing the Long Term Care Community

[CLICK HERE TO RETURN TO THE LIST OF EXAMPLES PROVIDED]

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.

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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

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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

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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

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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

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Planning for the care of elders during disasters begins with an understanding of the community's

Healthcare and Support Continuum for Elders

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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

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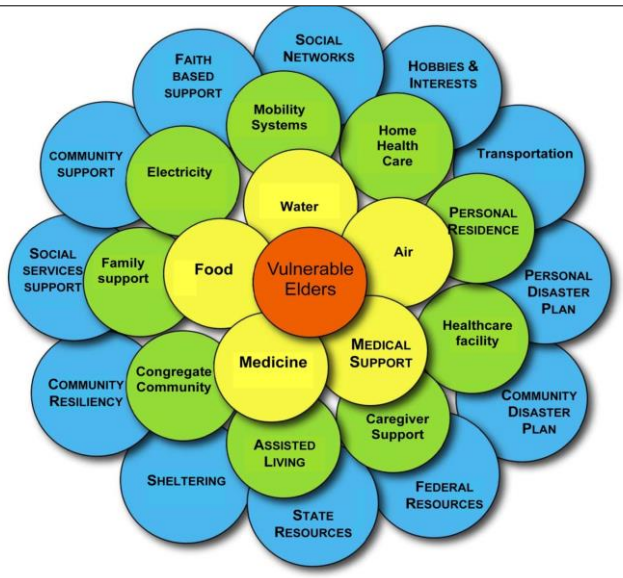
Continuum of Healthcare & Support for Elders

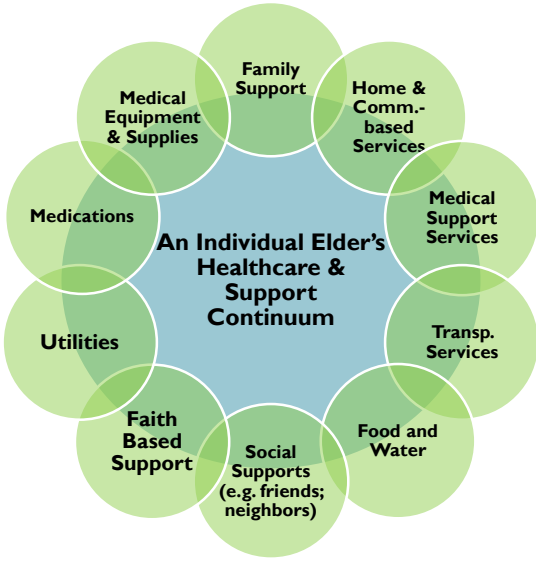
~~ A Complex System ~~



10

Continuum of Healthcare

~~ Normal (Sunny) Day ~~



Green = OK
Yellow = Reduced
Red = Off-line

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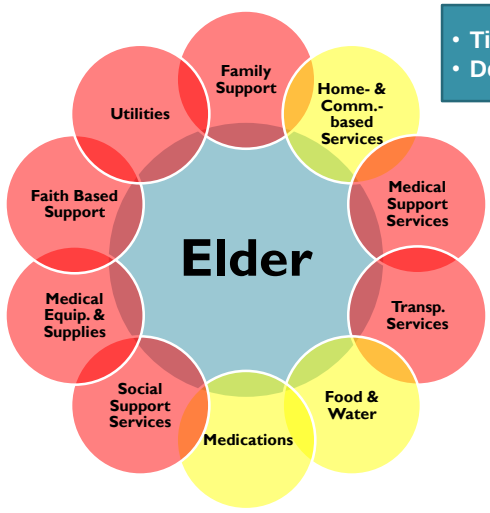
Continuum of Healthcare

~~ Disaster (Rainy Day) ~~

- Time Progression
- Decompensation



Green = OK
Yellow = Reduced
Red = Off-line

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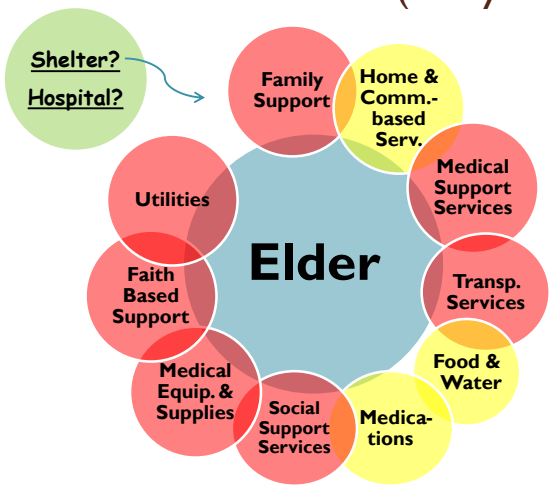
Continuum of Healthcare

~~ Disaster (Rainy Day) ~~



- 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

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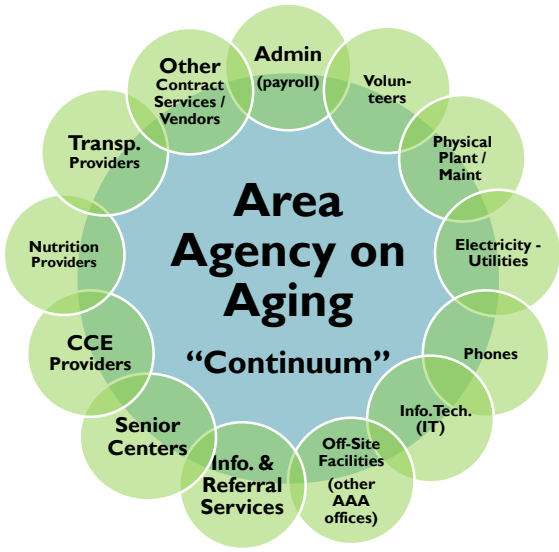
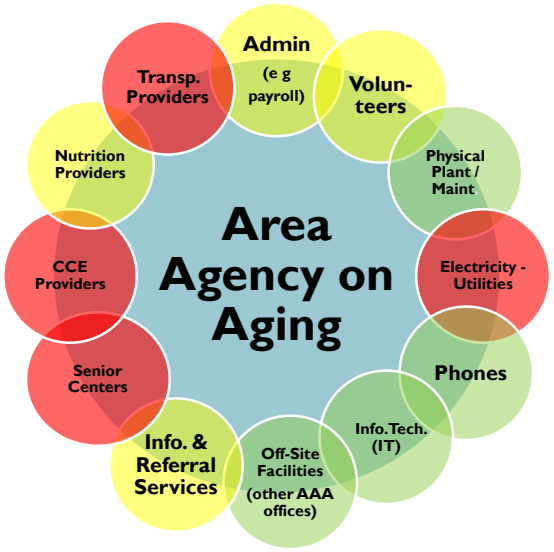
The Continuum Model: A Stakeholder Example

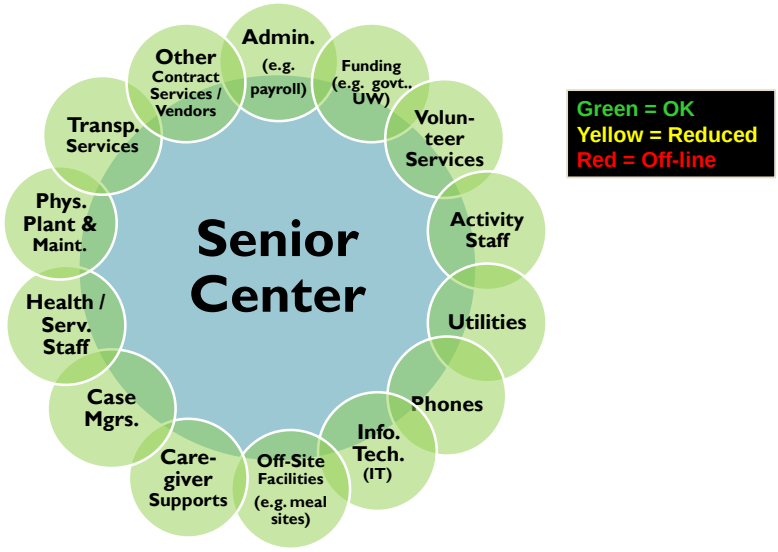


Green = OK
Yellow = Reduced
Red = Off-line

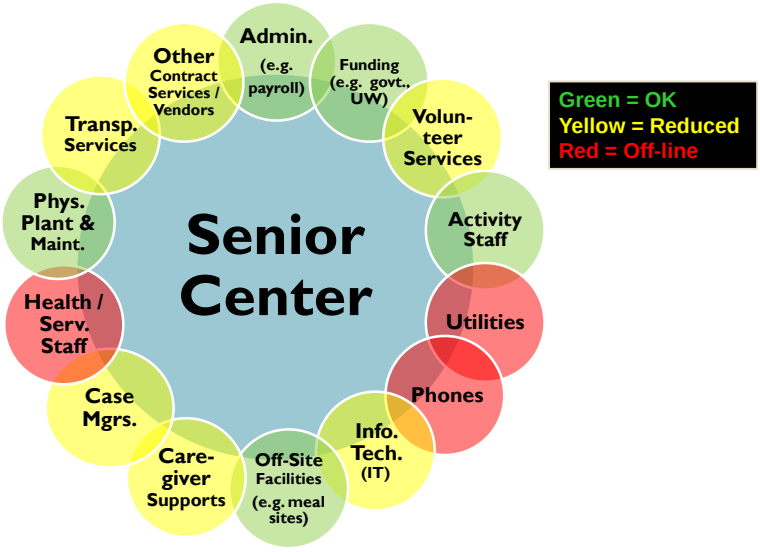
Hurricane Impacts:
Essential Systems Reduced or Off-Line



The Continuum Model:
Another Stakeholder Example



The Continuum Model: Another Stakeholder Example



Pyramid Concept

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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

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The Foundation:

The Core Planning Team (CPT)

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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

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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

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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)

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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**

25

Workshop Overview (Morning Topics)

Part 1: Education

Welcome, Workshop Briefing and Stakeholder Introductions

Project Purpose & Rationale

- Planning Considerations for Care of Elders during Disasters
- 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)

26

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

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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

28

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

29

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?

30

~ Thank You ~

Questions – Comments:

Ray Runo (rayruno@gmail.com)
Robin Bleier (robin@rbhealthpartners.com)
April Henkel (ahenkel@fhca.org)

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EXAMPLE: MEETING INVITATION

Invitation to Participate in the CPT Pre-Workshop Conference

This example is from Pinellas County (February 2014)

The invitation should be sent by one of the essential leadership partners (EM, ESF 8 or the AAA / ADRC). In this example, the invitation was sent by ESF 8. An existing group, the ESF 8 Working Group, served as the foundation for the CPT.

Dear ESF-8 Partner:

At our last ESF-8 Working Group Meeting on January 27th, we discussed the opportunity to conduct community-based planning focused on caring for elders during disasters in our county. There was agreement among the partners to move forward, with the first step being to convene a meeting of a Core Planning Team (CPT) to guide the process. For those who may have missed the meeting, attached is an overview of this opportunity.

The first meeting of the CPT will be conducted via webinar on Thursday, February 13th, from 10am - 12pm. The webinar will be led by Ray Runo and his project team, who will be our consultants for the community-based workshop. The following are the objectives of the webinar meeting:

- Discuss the purpose and role of the CPT, and the community-based planning workshop for the care of elders during disasters.
- Develop a list of stakeholders to invite to participate in the Pinellas County Community-Based Workshop on April 8, 2014.
- Discuss the workshop agenda and format, including local subject matter experts to provide information and data to support the planning process and workshop goals.
- Discuss next steps for the Core Planning Team.

Please RSVP by Feb. 10: Please reply to this electronic meeting invitation by Monday, February 10th to confirm your participation. Those who accept the invitation will receive the webinar link, instructions and the agenda for the meeting.

If you have any questions about this invitation to participate in the Core Planning Team's webinar meeting on February 13, please let me know.

We look forward to a great kick-off on February 13th to this important work!

Thank you,

Florida Department of Health-Pinellas County

[CLICK HERE TO RETURN TO THE LIST OF EXAMPLES PROVIDED]

EXAMPLE: AGENDA (3-hr. format) CPT Pre-Workshop Conference

The following agenda example is for a 3-hour face-to-face conference (meeting). Depending upon the maturity of the CPT, this meeting could be conducted in two hours. The maturity of the CPT is largely a function of whether it is an extension of a pre-existing planning group. If so, a two-hour meeting may be adequate.

Start Time	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? **Presenters: Who will be the Subject Matter Experts (SMEs)?** **Materials: What materials are needed?** Review examples from consultants What else is needed for YOUR community? **After the Workshop – What Next?** Post-workshop meeting of the CPT Review gaps identified Develop plan/method for integrated, community-wide planning
11:45 am	15 min.	**Assignments & Next Steps** (all are local decisions) Workshop Date & Location Lunch (Food/Beverage) – will it be on your own? Sponsored? Fee? If sponsored, who will secure it? Set the date for the CPT's post-workshop meeting
12:00 pm		**Meeting Adjourns**

[CLICK HERE TO RETURN TO THE LIST OF EXAMPLES PROVIDED]

EXAMPLE

Core Planning Team (CPT)

Pre-Workshop Conference

"Caring for Elders During Disasters"

Photo courtesy of The Baton Rouge Advocate / 2005.

Welcome & Introductions

- **Planning Partners & Hosts**
  - **Debbie Peck**, Emergency Management Coordinator
    Pinellas County Office of Emergency Management
  - **Jason Martino**, Emergency Coordinating Officer
    Area Agency on Aging of Pinellas & Pasco
  - **Amber Boulding**, Public Health Preparedness Manager
    Florida Department of Health - Pinellas County
- **Project Team**
  - **Ray Runo**, Project Director
    Disasters, Strategies, & Ideas Group (DSI)
  - **Robin Bleier**, President
    RB Health Partners
  - **April Henkel**, Project Manager
    Florida Health Care Association
- **CPT Partners**

2

Meeting Purpose

- Provide an overview of the project
- Define the purpose & role of the Core Planning Team
- Review the Community-Based Planning Process and the continuum framework
- Establish a list of workshop invitees
- Review the workshop agenda & identify local SMEs to support the workshop's goals
- Confirm the workshop date and venue
- Establish a CPT post-workshop meeting schedule

3

Project Overview

"Healthcare Systems Needs Analysis for Elders During Disasters"

A project funded by the Fla. Dept. of Health

4

Project Origin and Purpose

- **Our History and Experience**
  Project Rationale & Need for the Project
- **Vision…** During disasters, the complex health and medical needs of Florida's elder population will be met.
- **Mission…** To develop and implement a comprehensive methodology for identifying and codifying disaster roles and responsibilities for the many stakeholders comprising the continuum of healthcare for Florida's elder population during disasters.

5

Three Year Project

- Identification of Elder Care Stakeholders
  - Established a Core Planning Team
  - Conducted regional stakeholder workshops
  - Analyzed stakeholder roles & responsibilities
- Developed Continuum of Healthcare for Elders During Disasters & Planning Considerations (and tested the model)
- Preparing Communities to Care for Elders During Disasters – the Community-Based Process

6

The Core Planning Team (CPT)

7

The Role the Core Planning Team

- Provides 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 gaps identified through community-based planning
- Actively facilitates integration of elder healthcare and support stakeholders into a local community's emergency management, preparedness, response and recovery system

Elder Care Continuum Stakeholders

- **County Emergency Management (EM) & 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, VA)
- 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; Veterans' Affairs)
- Transportation providers
- OTHER groups important in the healthcare continuum for elders in the local community

9

The Community-Based Planning Process & Continuum Framework

10

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

11

Why is this approach needed?

- Emergency planners often lack awareness of the vulnerability and complex care requirements of many elders
- The scope of healthcare stakeholders for elders is broad and complex with many dependent and interdependent roles and responsibilities to coordinate and 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

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Expected Outcomes…

- Gain knowledge and understanding of current community resources, capabilities & plans for care of elders, across the healthcare and support continuum
- Identify the desired state of preparedness, response, & mitigation capabilities for elder care
- Identify gaps between the current capabilities & the desired state
- Develop action plans, timelines & responsibilities for filling gaps
- Develop sustainment strategies for on-going planning & partnerships

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Planning & Workshop Sequence

☑ **Concept & Objectives Meeting (EM, ESF8, AAA)**
- First meeting of the Lead Team (EM, ESF8, AAA); typically 75 minutes
- Goal: Brief the lead team; develop tentative timeline; identify CPT members

☑ **CPT Pre-Workshop Conference**
- Typically a 2 to 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)

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The Framework: Healthcare & Support Continuum for Elders during Disasters

15

Planning for the care of elders during disasters begins with an understanding of the community's

Healthcare and Support Continuum for Elders

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Continuum of Care - Assumptions

- Individuals are unique - common care & support services.
- Condition and needs will change over the term of the disaster (decompensation).
- In a disaster environment, healthcare, services and support will be limited, temporarily unavailable, or absent.
- Expect negative outcomes when the continuum is disrupted or broken.
- Community Resiliency: Augmentation or Replacement Strategies

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Elder-Focused Planning Considerations

Elders require a comprehensive approach to disaster-based planning considerations:

#1 Elder community profile – what are the characteristics of your elder population and who are the stakeholders that serve them?

#2 Risk identification and management – how vulnerable are your elders?

#3 Continuum of healthcare and support systems for elders – who are your stakeholders and what are their roles?

#4 Community preparedness & response planning for elder populations – how integrated and comprehensive are your stakeholders' emergency plans (your continuum's stakeholders)?

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Planning Consideration

#1 Characterizing the Elder Population

- Elder demographics and locations
  - Residential Areas/Mapping
  - Service Providers (stakeholder groups)
  - Elders living "independently"
- Elder Population Vulnerabilities
  - Morbidity and mortality issues
  - Behavior during disasters
  - Decompensation

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Planning Consideration

#2 Risk Identification and Management

- Community hazards and vulnerabilities
- Specific hazard impacts on elders
- Clinical risk factors
  - Strategies for managing elder risk factors
- Elder healthcare system demands versus community capabilities
- Community resilience considerations

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Planning Consideration

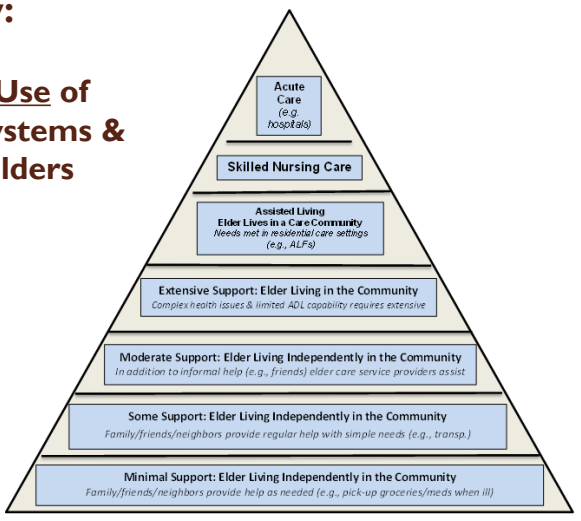
#3 Continuum of Healthcare Systems for Elders During Disasters

- Population demographics (demand) and local stakeholder capabilities (supply) drive the continuum
- Identify healthcare, community, and social support systems present on a "sunny day"
- Building your continuum
  - Visual and descriptive tools

21

On a Sunny Day… in a Typical Community:

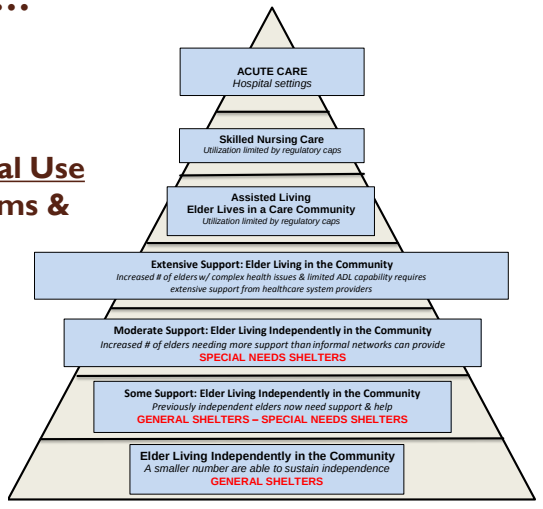
Proportional Use of Healthcare Systems & Supports by Elders



22

On a Rainy Day… in a Typical Community:

Shifts in Proportional Use of Healthcare Systems & Supports by Elders



23

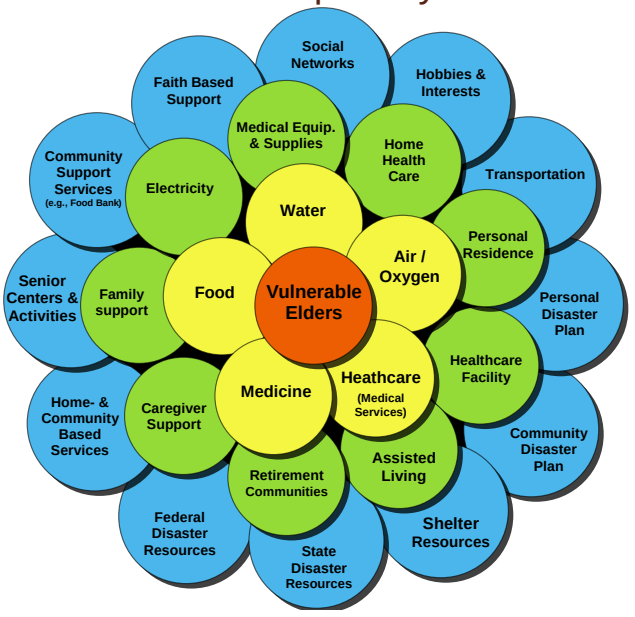
The "Continuum" Framework

- 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

24

Continuum of Healthcare & Support for Elders

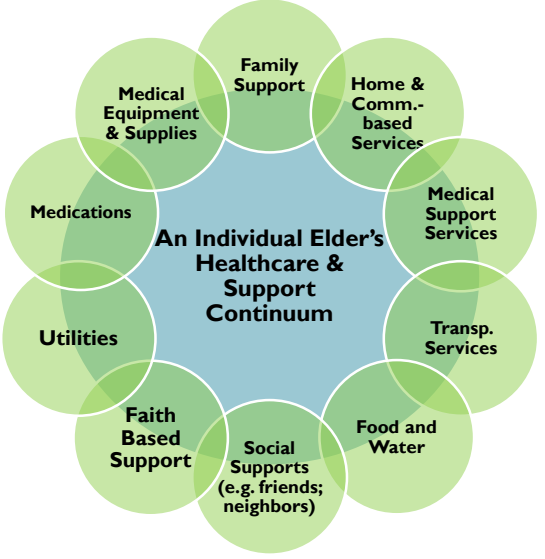
~~ A Complex System ~~



25

Continuum of Healthcare

~~ Normal (Sunny) Day ~~

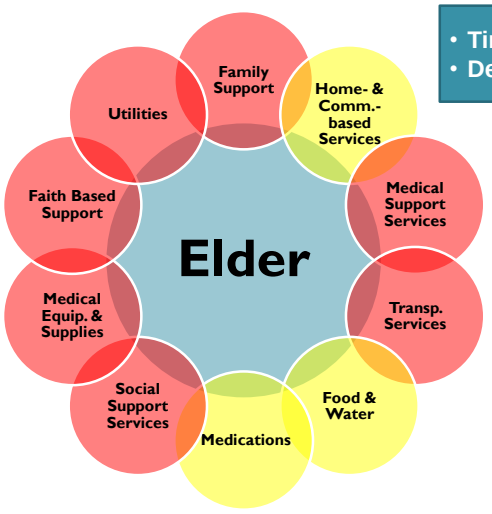


Green = OK
Yellow = Reduced
Red = Off-line

26

Continuum of Healthcare

~~ Disaster (Rainy Day) ~~



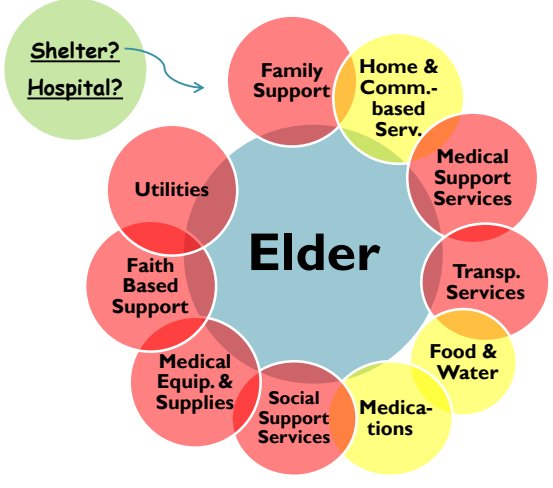
- Time Progression
- Decompensation

Green = OK
Yellow = Reduced
Red = Off-line

27

Continuum of Healthcare

~~ Disaster (Rainy Day) ~~



- 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

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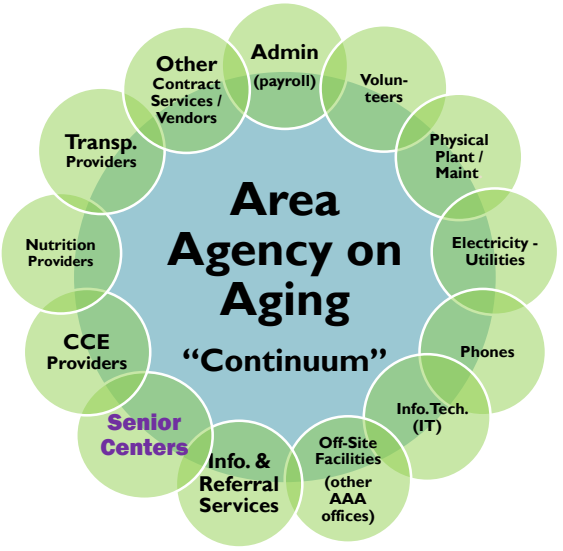
A Stakeholder Example



Green = OK
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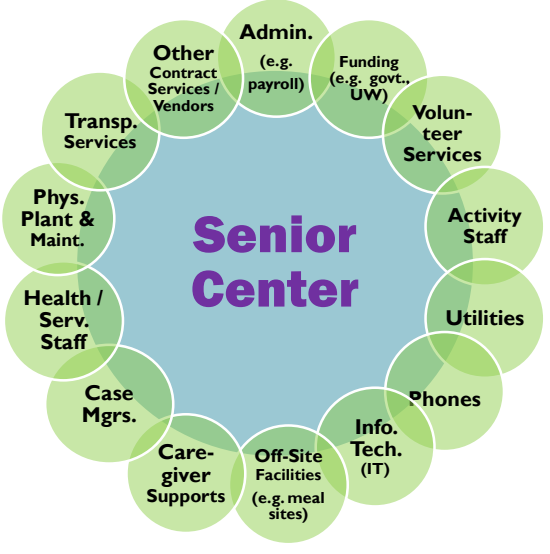
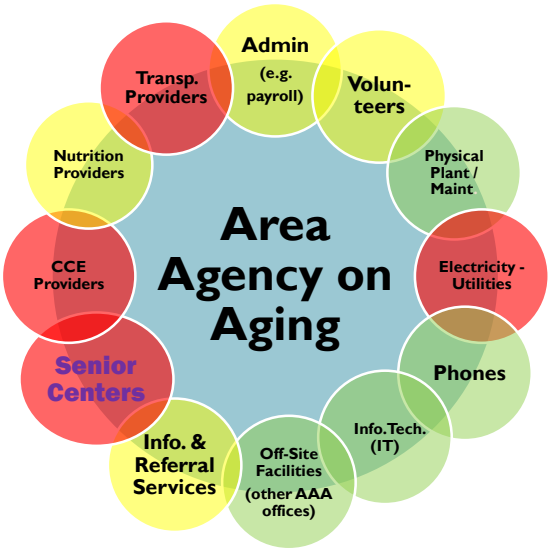
Another Stakeholder Example

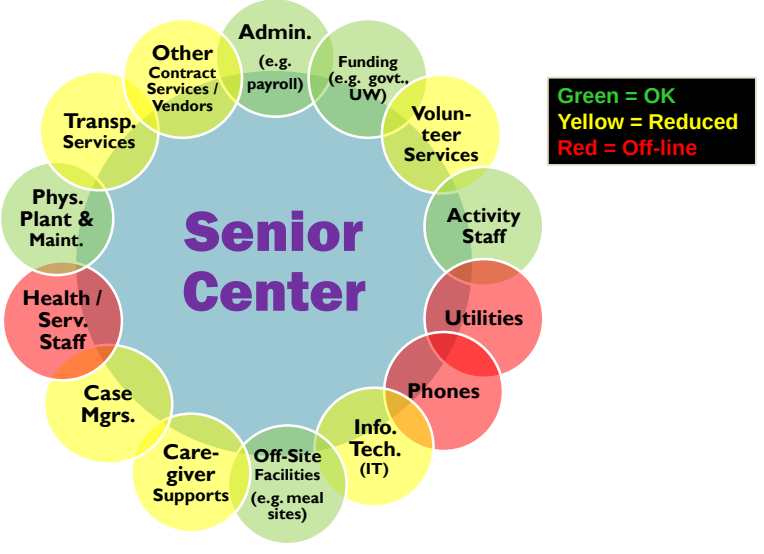


Green = OK
Yellow = Reduced
Red = Off-line

Hurricane Impacts:
Essential Systems Reduced or Off-Line



Another Stakeholder Example



Planning Consideration

#4 Community Preparedness & Response

- Planning for Elder Populations
  - Planning requirements – legislative & others
  - Planning guidance – tools and resources
  - Response triggers and contingency plans
- Identification, involvement, and integration of community partners
  - What service and support systems exist?
- Integration into local EM and ESF 8 planning, training, and exercise programs

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Applying the Planning Considerations:

The Community-Based Workshop

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Pinellas County Community-Based Workshop

"Caring for Elders During Disasters"

Tuesday, April 8, 2014 ~~ 8:30am – 4:30pm

Mid-County Health Department
Conference Center
8751 Ulmerton Road, Largo

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Workshop Agenda

Start Time: 8:30 a.m.
End Time: 4:30 p.m.

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Agenda – Morning Topics

Part 1: Overview

Welcome, Workshop Briefing and Stakeholder Introductions

Project Purpose & Rationale

- Planning Considerations for Care of Elders during Disasters
- 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 by the CPT as resources for information (e.g., EM, ESF8 & AAA).

- Community Profile: Characterizing the Elder Population (People and Stakeholder Roles & Responsibilities) **SMEs:** _____
- Disaster Risks and Vulnerabilities for Elder Population **SMEs:** _____
- Continuum of Healthcare and Support Systems for Elders **SMEs:** _____
- Community Preparedness and Response Planning for Elder Populations **SMEs:** _____

Part 3: 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)

37

Agenda – Afternoon Topics

Part 4: Scenario-Based Group Discussion (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 Discussion (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

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Workshop Outcomes & Next Steps

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

CPT's Next Steps:

- Action plans, timelines & responsibilities for filling gaps.
- Sustainment strategies for on-going planning & partnerships

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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

40

Today's Decisions:

- Decide who will be invited to the workshop (stakeholders)
- Select subject matter experts
- Post-workshop CPT meeting (?)

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Who should attend?

- Maximum # of attendees - 40
- Invitees:
  - CPT Members (you!)
  - Other stakeholders (Who else?)

(See next slide for ideas…)

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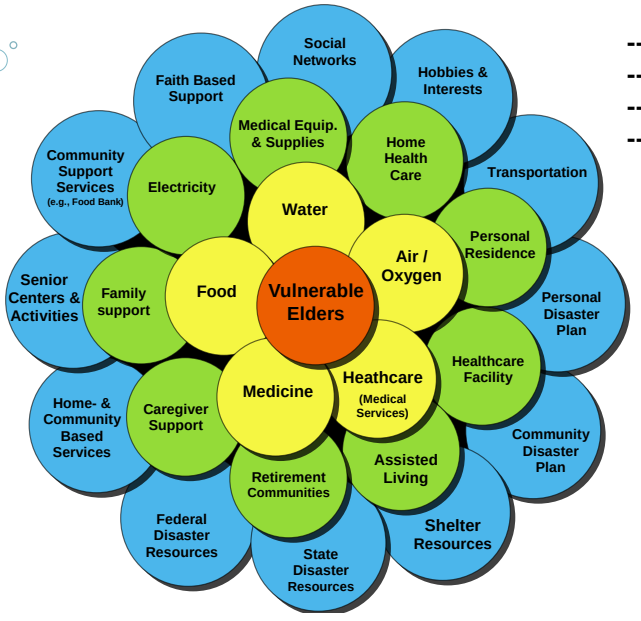
Pinellas County Stakeholders



--Seniors?
--Primary Care?
--V.A.?
--Who else?

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Elder Care Continuum Stakeholders

- **County Emergency Management (EM) & 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
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- Home health agencies & geriatric care managers
- Hospitals & other healthcare providers (e.g., clinics, medical equipment, VA)
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- 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; Veterans' Affairs)
- Transportation providers
- OTHER groups important in the healthcare continuum for elders in the local community

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Subject Matter Experts (local)

- Elder population profile: _____
- Related risks & vulnerabilities: _____
- Pinellas County's continuum: _____
- Preparedness & response planning: _____

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Post-workshop CPT Meeting?

- Meet morning of April 9?
- Meet at a later date via phone?
- Other Options?

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Comments & Questions

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~ For More Information ~

Ray Runo (rayruno@gmail.com)
April Henkel (ahenkel@fhca.org)
Robin Bleier (robin@rbhealthpartners.com)

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EXAMPLE: COMMUNITY-BASED WORKSHOP INVITATION

Invitation to Participate in the Caring for Elders during Disasters Workshop

This example is from a Duval County Workshop held in April 2014.

Sent via email by one of the lead partners (EM, ESF8 or the AAA / ADRC)

Dear [INSERT NAME]:

The Florida Department of Health in Duval County, Duval County Emergency Management, and ElderSource/Aging & Disability Resource Center (Area Agency on Aging) are hosting an important community-based planning workshop on April 22nd concerning the care of elders during disasters. Elder healthcare and support services stakeholders serving seniors in Duval County are being invited to participate.

The goal of the workshop is to identify gaps in the continuum of healthcare services and supports for elders during disasters in Duval County, and possible solutions for addressing the gaps. As a representative of one of the key stakeholder groups, your participation will be integral to the success of the workshop and we sincerely hope that you will make every effort to participate.

The "Duval Co. Caring for Elders during Disasters Planning Workshop" will be held as follows:

Date/time: Tuesday, April 22nd ~~ 8:30 a.m. to 4:30 p.m.
Location: Jacksonville (training site TBA)
Lunch: Lunch will be on your own. A map of local restaurants will be provided.
To Register: Please register by **CLICKING HERE** and completing the online form by April 15th. You will receive an email confirming your registration with information about the training location. [Note: Registration can be processed via an online tool such as SurveyMonkey (www.surveymonkey.com), or with a hard-copy form returned to one of the leadership partners. In this example, registration was processed online. A copy of the registration form used during the project is also included in the examples]

This Planning Workshop is associated with a project funded by the Florida Department of Health described in the attached briefing document. Also in this attachment is an overview of the workshop for your information and consideration.

If you have any questions about the Caring for Elders during Disasters Planning Workshop or your invitation to participate as a representative for a key stakeholder group, please contact Theresa Isaac, Director of the Office of Emergency Preparedness, Department of Health in Duval County, by email at Theresa.Isaac@flhealth.gov , or April Henkel, Project Consultant at ahenkel@fhca.org.

We sincerely hope you will be able to participate and look forward to seeing you on April 22nd.

[CLICK HERE TO RETURN TO THE LIST OF EXAMPLES PROVIDED]

EXAMPLE AGENDA: Community-Based Workshop (Duval Co. Example)

DUVAL COUNTY COMMUNITY-BASED WORKSHOP
Planning for the Care of Elders during Disasters
Tuesday, April 22, 2014 ~~ 8:30 a.m. – 4:30 p.m.

Hosted by Florida Health in Duval County
in partnership with Duval County Emergency Management &
ElderSource / Aging & Disability Resource Center

9:00 a.m.....Welcome, Overview & Introductions

- Welcome & Introductions..... Theresa Isaac, Duval County Health Department
  - The Lead Team
  - The Project Team
  - Stakeholders
- Workshop Purpose; Overview of the Continuum Framework ..... Ray Runo, Project Director, DSI

10am: 15-minute break

10:15 a.m.....The Community-Based Planning Process & Framework - The Continuum Model

- Planning Considerations
- Local Perspectives:
  - Characterizing the Elder Population
  - Disaster Risks and Vulnerabilities
  - Community Preparedness & Response Planning

11:30 a.m.....Using the Continuum of Healthcare and Support Systems

- Diagram Individual Stakeholder Continuums
- Discussion

12:00 p.m. -- 75 minutes -- Lunch on Your Own (list of area restaurants available)

1:15 p.m. .....Scenario-Based Discussion (Pre-Landfall)

- Pre-Landfall: Foreseeable Consequences and Impacts
- Group Analysis – Community Level

15 minute break at 2:30 p.m.

2:45 p.m. .....Scenario-Based Discussion (Post-Landfall)

- Post-Landfall: Known Consequences & Impacts
- Group Analysis – Community Level

3:45 p.m. .....Summary & Workshop Evaluation

- What were the today's key findings (gaps – issues – stakeholders)
- How will Duval County Sustain Today's Momentum?
- Workshop Evaluation & Final Comments

4:30pm .....Workshop Ends

[CLICK HERE TO RETURN TO THE LIST OF EXAMPLES PROVIDED]

EXAMPLE – Participant Scenario Worksheets

Name: _____
Organization: _____

Module 1 (48 hrs. to Landfall)
PARTICIPANT WORKSHEET

ANALYSIS	NOTES
1. What are my organization's key concerns, with regard to: • The vulnerability and location of our clients/patients/constituents? • Our ability to maintain services to our clients/patients/constituents? • Integration with other continuum of care stakeholders & partners in the delivery of services? • The adequacy of our current plans /contingency plans? • Evacuation or sheltering in place? • Other?	
2. What actions are we taking, with regard to: • Preparing our clients/patients/constituents for pre- -landfall stabilization and care? • Behavioral health needs of staff, clients, and constituents? • Maintaining our continuum of care • Maintaining our continuity of operations? • Implementing our emergency response plan? • Ensuring the safety and availability of staff? • What resources will we need to take these actions? • Evacuation or sheltering in place? • Other?	
3. What are our major communication priorities, with regard to: • With clients/patients/constituents and/or their families? • With staff and organization's leadership. • With Emergency Management and ESF8 (as appropriate) • Resource providers • Evacuation or sheltering in place? • Other?	
4. What, if any, are the <u>potential</u> unresolved issues, with regard to: • Contingency planning? • Long-term recovery? • Sustainability of services (COOP)? • Is Pinellas County prepared? Yes/No-Discuss • Does your organization have planning gaps? • Other?	

[CLICK HERE TO RETURN TO THE LIST OF EXAMPLES PROVIDED]

Module 2 (48 hrs. Post-Landfall)
PARTICIPANT WORKSHEET

Name: _____
Organization: _____

ANALYSIS	NOTES
1. What are my organization's key concerns, with regard to: • How the storm has impacted, and where are our clients/patients/constituents? • Our ability to maintain services to our patients/clients/patients/constituents? • Integration with other continuum of care stakeholders & partners in the delivery of services? • The adequacy of our current plans /contingency plans? • Evacuation or sheltering in place? • Other?	
2. What actions are we taking, with regard to: • Contacting our clients/patients/constituents for post-landfall stabilization and care? • Behavioral health needs of staff and clients/patients/constituents? • Maintaining our continuity of operations? • Filling gaps in our continuum of care? • Implementing our emergency response plan? • Implementing our recovery plan? • Ensuring the safety and availability of staff? • What resources will we need to take these actions? • Evacuation or sheltering in place? • Other?	
3. What are our major communication priorities, with regard to: • With clients/patients/constituents and/or their families? • With staff and organization's leadership. • With Emergency Management and ESF8 (as appropriate) • Evacuation or sheltering in place? • Acquiring needed resources? • Other?	
4.What are the <u>potential</u> unresolved issues, with regard to: • Contingency planning? • Long-term recovery? • Sustainability of services (COOP)? • Is Pinellas County prepared? Yes/No-Discuss • Does your organization have planning gaps? • Other?	

[CLICK HERE TO RETURN TO THE LIST OF EXAMPLES PROVIDED]

EXAMPLE: Workshop Participant Feedback Form

Community-Based Workshop
Caring for Elders during Disasters

Workshop Date / Location: _____

Name:	
Organization:	
Title:	

1. **What did you find most useful in today's workshop?**

1.	
2.	
3.	
4.	

2. **What would you have liked more of?**

1.	
2.	
3.	
4.	

3. **From what you have experienced and learned today, what are your recommendations for improving your organization's preparedness, response, and recovery capabilities?**

	Improvement Action
1.	
2.	
3.	
4.	

4. **List the specific plans and procedures that should be reviewed, revised, or developed to better prepare your county to care for elders during disasters.**

	Plan, or Procedure for Review
1.	
2.	
3.	
4.	

[CLICK HERE TO RETURN TO THE LIST OF EXAMPLES PROVIDED]

5. **Based on your experience in today's workshop, what suggestions would you recommend for improving the workshop's format or content?**

1.	
2.	
3.	
4.	

6. **Please rate, on a scale of 1 to 5, your overall assessment of the workshop relative to the statements provided below. 1 = strong disagreement and 5 = strong agreement.**

Assessment Factor	Strongly Disagree				Strongly Agree
The workshop was well structured and organized.	1	2	3	4	5
The workshop was helpful in identifying ways to enhance our community's ability to care for elders during disasters.	1	2	3	4	5
The facilitators were knowledgeable about the topics and kept the workshop on target.	1	2	3	4	5
The workshop materials provided enhanced my knowledge of caring for elders during disasters.	1	2	3	4	5
Participation in the workshop was appropriate for someone in my position.	1	2	3	4	5
The participants included the right people in terms of level, mix of disciplines, and organizations.	1	2	3	4	5
After this workshop, I believe my organization will be better prepared to care for elders during disasters.	1	2	3	4	5

Please provide any additional recommendations, comments, or suggestions:

Please leave on the table or fax to: _____

Thank you!

[CLICK HERE TO RETURN TO THE LIST OF EXAMPLES PROVIDED]

EXAMPLE Registration Form - Community-Based Workshop

Thank you for your interest in participating in the Pinellas County "Caring for Elders during Disasters" Workshop. While there is no charge to attend the workshop, registration is required so that we may plan adequately for materials and seating.

Workshop At-A-Glance: Caring for Elders during Disasters

►Date: Tuesday, April 8th

►Time: 8:30am – 4:30pm

►Location: Mid-County Health Dept. Conference Center, 8751 Ulmerton Road, Largo

►Workshop Purpose: To begin a community-based planning process to help Pinellas County analyze its capability to care for elders during disasters, identify gaps, and develop/enhance emergency preparedness plans.

Please click the NEXT button to continue online registration.

Thank you.

QUESTIONS?
Please contact Amber Boulding at Amber.Boulding@flhealth.gov, or April Henkel at ahenkel@fhca.org.

Pinellas County Community Workshop:
Caring for Elders During

1. Please provide your complete contact information:

First Name:	
Last Name:	
Position/Title:	
Organization/Facility/Agency:	
Address:	
City:	
State:	
Zip:	
Telephone:	
Fax:	
E-mail:	
County:	

Pinellas County Community Workshop:
Caring for Elders During

2. Many different types of stakeholders provide healthcare and support services to older people. Please review the following alphabetical list of stakeholders and select the one that best describes the organization you will be representing at the workshop:

- ◯ 2-1-1 Agency (Information & Referral)
- ◯ Acute Care / Hospital
- ◯ Adult Day Health Services Provider
- ◯ Agency for Persons with Disabilities (APD)
- ◯ Alzheimer's Disease / Caregiver Support Services
- ◯ American Red Cross
- ◯ Area Agency on Aging
- ◯ Assisted Living Facility
- ◯ Association / Advocacy Group (e.g., AARP)
- ◯ CARES (Comprehensive Assessment & Review for LTC Services / DOEA)
- ◯ Community Care for the Elder (CCE)
- ◯ Continuing Care Retirement Community (CCRC)
- ◯ Council on Aging
- ◯ Durable Medical Equipment & Supplies (DME)
- ◯ Emergency Management (EM)
- ◯ Faith-Based Organization
- ◯ First Responder (fire, police or emergency medical services)
- ◯ Geriatric Care Management Agency
- ◯ Government Partner (regulatory, policy, planning)
- ◯ Health Department (ESF-8)
- ◯ Home & Community-based Services Provider (private organization OR government)
- ◯ Home Health Care Agency
- ◯ Hospice
- ◯ HUD Housing for Seniors
- ◯ Meals on Wheels Agency
- ◯ Medical Clinic / Doctor's Office
- ◯ Mental Health / Behavioral Health Services Provider
- ◯ PACE (Program of All-Inclusive Care for the Elderly)
- ◯ Pharmacy Provider
- ◯

Pinellas County Community Workshop:
Caring for Elders During

- ◯ Renal Dialysis Center
- ◯ Respiratory Therapy Service Provider
- ◯ Salvation Army
- ◯ Senior Center
- ◯ Senior Living / Residential Community (i.e., independent living)
- ◯ Skilled Care Facility / Rehabilitation Center
- ◯ Transportation Services
- ◯ Utility Provider
- ◯ Other Stakeholder (please specify)

EXAMPLE

Community-Based Workshop

"Caring for Elders During Disasters"

Photo courtesy of The Baton Rouge Advocate / 2005.

Welcome & Introductions

Lead Team:

- **Theresa Isaac, Director**
  Office of Emergency Preparedness
  Duval County Health Department
- **Captain J. Stephen Grant**
  Health & Medical Coordinator
  Jacksonville Fire & Rescue Department
- **Linda Levin, Executive Director**
  ElderSource / Aging & Disability Resource Center

2

- **Project Team:**
  - **Ray Runo, MPA**, Project Director
    Disaster, Strategies, & Ideas Group
  - **Shirley Hunziker,** RN, LHRM
    Clinical Risk Specialist, RB Health Partners
  - **April Henkel**, Project Manager
    Florida Health Care Association
  - **Virginia Walker**, Project Assistant
    RB Health Partners

3

Elder Care Stakeholders

- Introductions Around the Table
  - Your Name & Organization
  - In a couple of sentences, what does your organization do to support/serve seniors in Duval County?

4

Workshop Purpose

- Identify elder care stakeholder roles & responsibilities in providing healthcare for elders during disasters
- Describe stakeholder dependencies & interdependencies
- Provide planning resources and tools to community stakeholders
- Support the integration of elder healthcare and support stakeholders into local emergency management communities
- Provide a tool for developing a local continuum of elder care (examples, directions)

Project Purpose & Overview

"Healthcare Systems Needs Analysis for Elders During Disasters"

A project funded by the Fla. Dept. of Health

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Project Origin and Purpose

- **Our History and Experience**
  Project Rationale & Need for the Project
- **Vision…** During disasters, the complex health and medical needs of Florida's elder population will be met.
- **Mission…** To develop and implement a comprehensive methodology for identifying and codifying disaster roles and responsibilities for the many stakeholders comprising the continuum of healthcare for Florida's elder population during disasters.

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Three Year Project

- Identification of Elder Care Stakeholders
  - Established a Core Planning Team
  - Conducted regional stakeholder workshops
  - Analyzed stakeholder roles & responsibilities
- Developed Continuum of Healthcare for Elders During Disasters & Planning Considerations (and tested the model)
- Preparing Communities to Care for Elders During Disasters – the Community-Based Process

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Elder Care Continuum Stakeholders

- **County Emergency Management (EM) & 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, VA)
- 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; Veterans' Affairs)
- Transportation providers
- OTHER groups important in the healthcare continuum for elders in the local community

9

The Community-Based Planning Process & Continuum Framework

10

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

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Why is this approach needed?

- Emergency planners often lack awareness of the vulnerability and complex care requirements of many elders
- The scope of healthcare stakeholders for elders is broad and complex with many dependent and interdependent roles and responsibilities to coordinate and 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

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Planning for the care of elders during disasters begins with an understanding of the community's

Healthcare and Support Continuum for Elders

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Continuum of Care - Assumptions

- Individuals are unique - common care & support services.
- Condition and needs will change over the term of the disaster (decompensation).
- In a disaster environment, healthcare, services and support will be limited, temporarily unavailable, or absent.
- Expect negative outcomes when the continuum is disrupted or broken.
- A community's resiliency depends largely upon its augmentation and/or replacement strategies.

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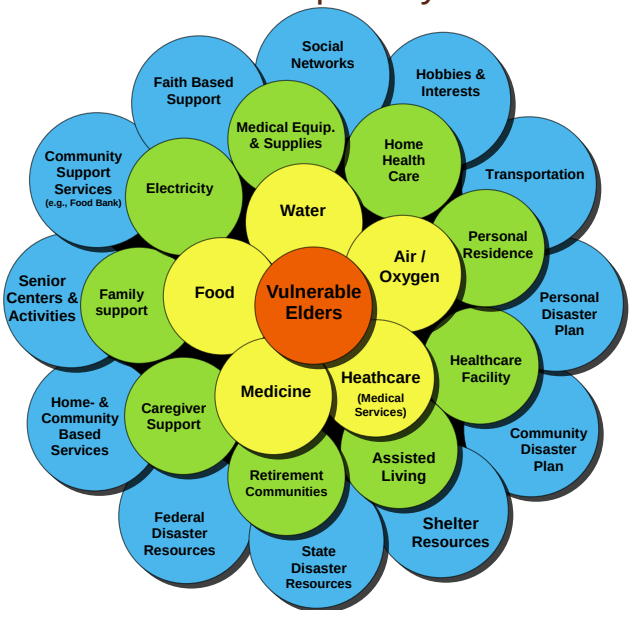
Continuum of Healthcare & Support for Elders

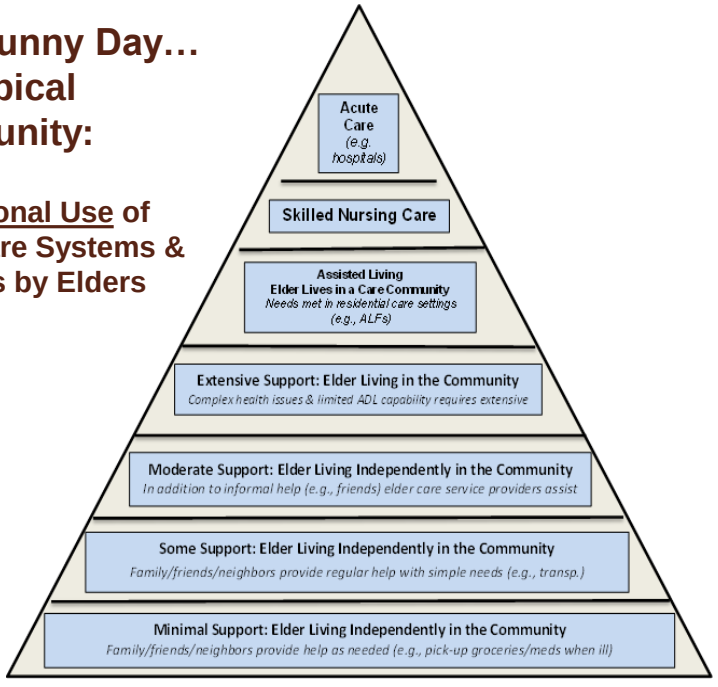
~~ A Complex System ~~



15

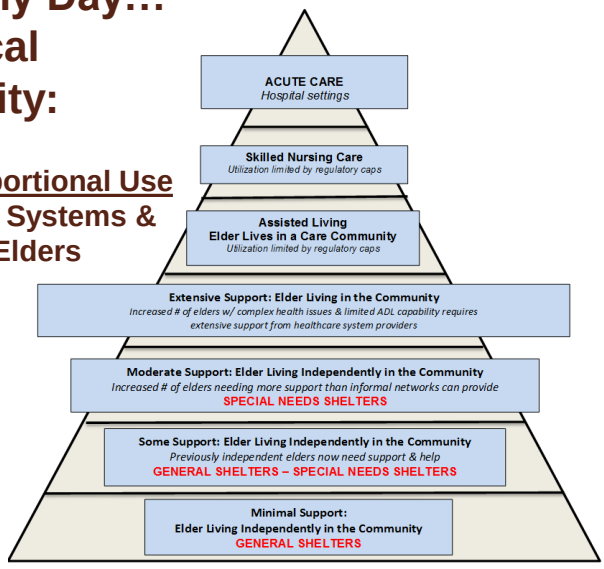
On a Sunny Day… in a Typical Community:

Proportional Use of Healthcare Systems & Supports by Elders



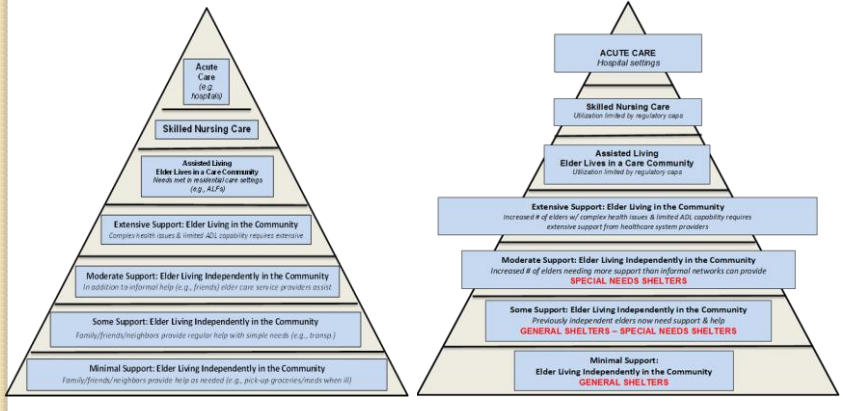
On a Rainy Day… in a Typical Community:

Shifts in Proportional Use of Healthcare Systems & Supports by Elders



17

Proportional Shifts in Care & Support Event Duration, Scope, and Severity



18

Elder-Focused Planning Considerations

Elders require a comprehensive approach to disaster-based planning considerations:

#1 Elder community profile – what are the characteristics of your elder population and who are the community stakeholders that serve them?

#2 Risk identification and management – how vulnerable are your elders?

#3 Continuum of healthcare and support systems for elders – who are your stakeholders and what are their dependencies, and interdependencies?

#4 Community preparedness & response planning for elder populations – how integrated and comprehensive are your stakeholders' emergency plans (your continuum's stakeholders)?

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Planning Consideration

#1 Characterizing the Elder Population

- Elder demographics and locations
  - Residential Areas/Mapping
  - Service Providers (stakeholder groups)
  - Elders living "independently"
- Elder Behavior during Disasters
  - Evacuation behavior ("Don't move my cheese!")
  - Use of healthcare services & supports
- Elder healthcare system demands versus community capabilities

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Planning Consideration

#2 Risk Identification and Management

- Community hazards and vulnerabilities
- Specific hazard impacts on elders
- Clinical risk factors for elders
  - Morbidity and mortality issues
  - Decompensation
- Strategies for managing elder risk factors

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Planning Consideration

#3 Continuum of Healthcare Systems for Elders During Disasters

- 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

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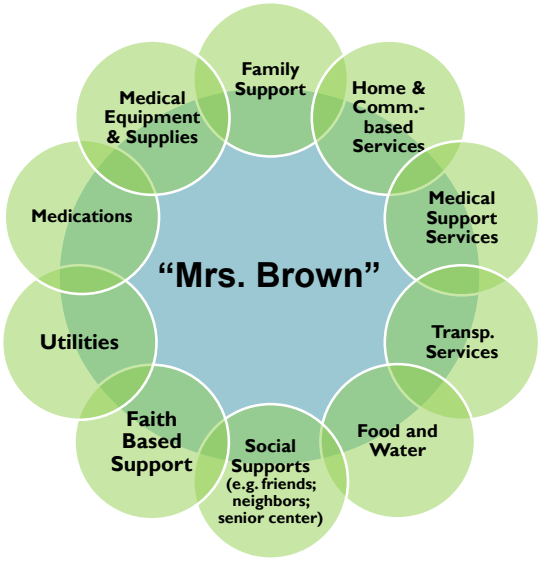
Continuum of Healthcare

~~ Normal (Sunny) Day ~~



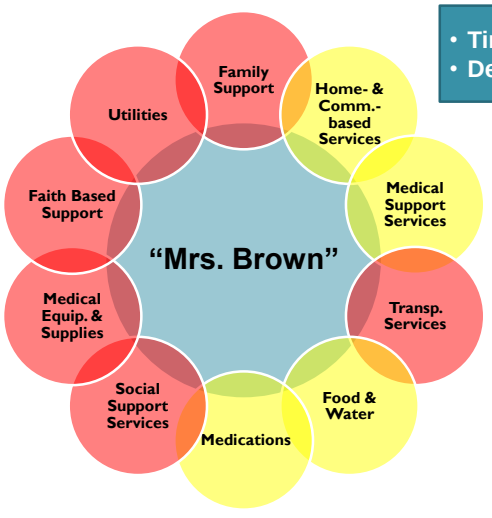
Green = OK
Yellow = Reduced
Red = Off-line

23

Continuum of Healthcare

~~ Disaster (Rainy Day) ~~

- Time Progression
- Decompensation

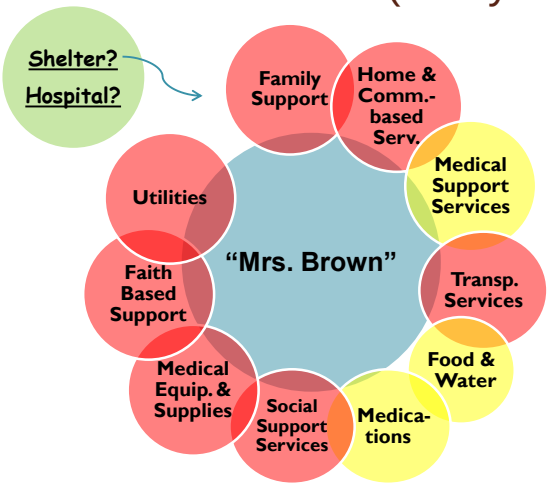


Green = OK
Yellow = Reduced
Red = Off-line

24

Continuum of Healthcare

~~ Disaster (Rainy Day) ~~



- 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

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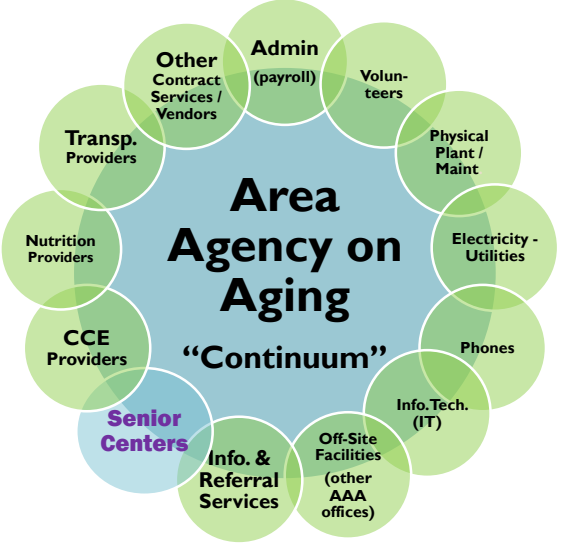
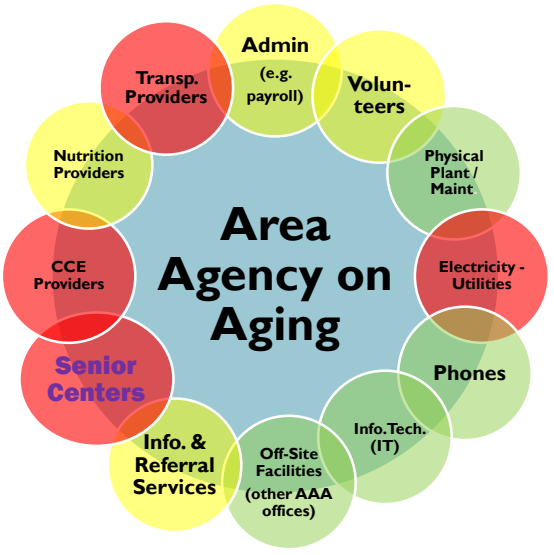
A Stakeholder Example

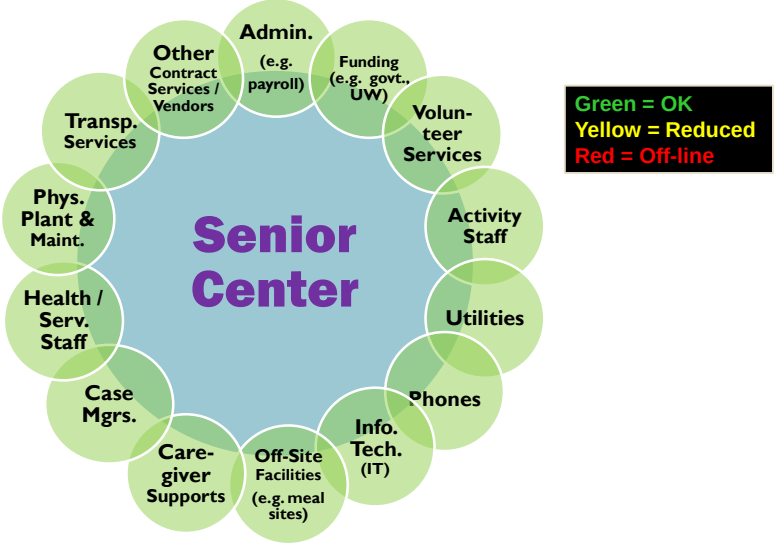


Green = OK
Yellow = Reduced
Red = Off-line

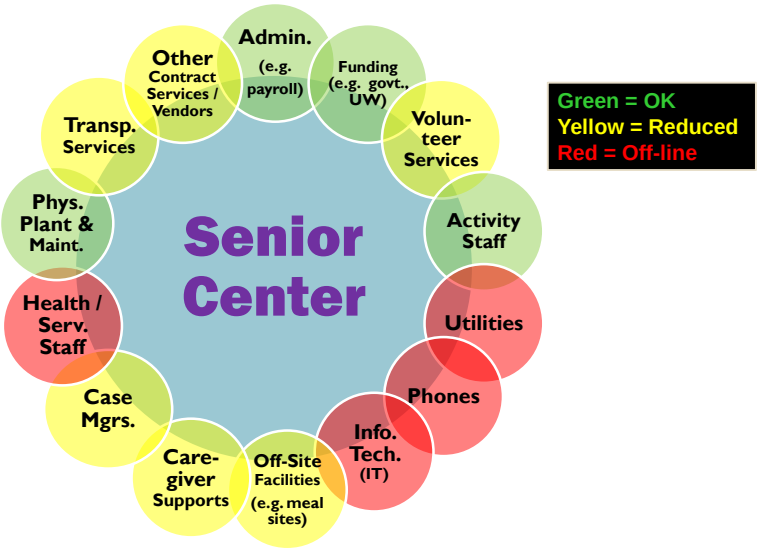
Hurricane Impacts:
Essential Systems Reduced or Off-Line



Another Stakeholder Example



Another Stakeholder Example



Planning Consideration

#4 Community Preparedness & Response

- Planning for Elder Populations
  - Planning requirements – legislative & others
  - Planning guidance – tools and resources
  - Response triggers and contingency plans
- Identification, involvement, and integration of community partners
  - What service and support systems exist?
- Integration into local EM and ESF 8 planning, training, and exercise programs

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Local Perspectives

- Characterizing the Elder Population in Duval County
- Disaster Risks & Vulnerabilities
- Community Preparedness & Response Planning

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Using the Healthcare & Support Systems Continuum

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Individual Stakeholder Continuums

20 minutes – Stakeholder Analysis

- Individually or in Stakeholder Groups
- Write your organization's name in the center
- Outer petals – who/what does your organization depend upon to deliver services?
- Discussion:
  - Surprises?
  - What's Missing?
  - Who's Missing?

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LUNCH

ON YOUR OWN

SEE LIST OF NEARBY OPTIONS

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Scenario-Based Discussion Module 1

Pre-Landfall
Foreseeable Consequences and Impacts

~~~ Booklet ~~~

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Scenario-Based Discussion Module 2

Post-Landfall
Known Consequences and Impacts

~~~ Booklet ~~~

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Summary

- What were the today's key findings (gaps – issues – stakeholders)
- How will Duval County sustain today's momentum?
  - Planning
  - Training
  - Exercising
  - Evaluating

37

Where do we go from here?

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Duval County Work Group Facilitates the Planning Process by…

- Providing ongoing guidance and direction for the community-based planning process
- Identifying additional key stakeholders involved in the Duval County healthcare and support continuum for elders
- Developing integrated after action plans to resolve gaps
- Actively facilitating the integration of stakeholders into the Duval County emergency management system

Workshop Evaluation

- What was the value of today's workshop?
- How can we improve on the workshop format/content?
- Other comments/questions?

(please complete the feedback form)

40

~ For More Information ~

Duval County Lead Team:
Theresa Isaac (Theresa.Isaac@flhealth.gov)
Stephen Grant (Grant@coj.net)
Linda Levin (Linda.Levin@myeldersource.org)

Project Team:
Ray Runo (RayRuno@gmail.com)
April Henkel (Ahenkel@fhca.org)
Robin Bleier (Robin@rbhealthpartners.com)

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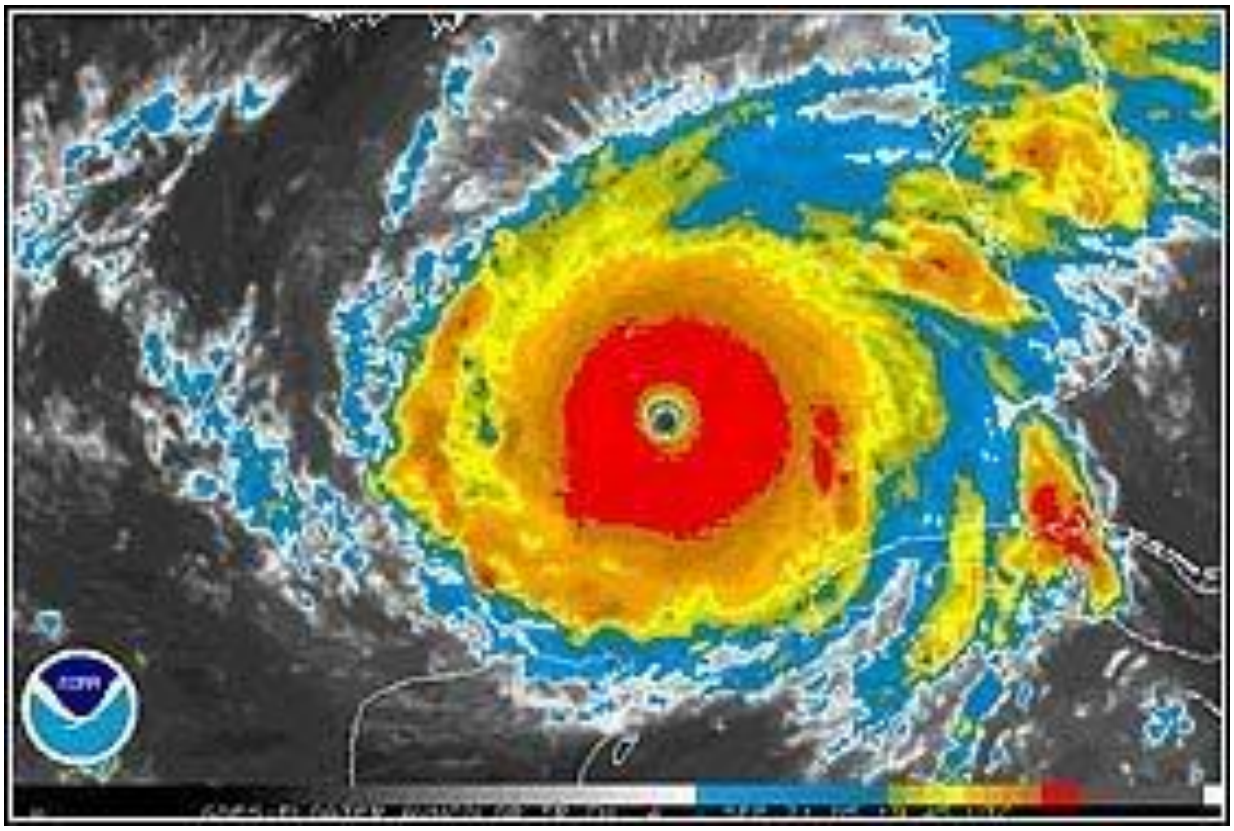
Community Based Workshop

Caring for Elders during Disasters

Scenario-Based Discussion

Hurricane Albert



Booklet Contents

Overview

Scenario-Based Discussion

The focus of today's discussion is not on how we will respond to the scenario, but rather to utilize it to identify the key issues, actions, needs, and gaps that will be the foundation for further planning for the care of elders during disasters.

Discussion Outline: Hurricane Albert

- Module 1 -- Pre-landfall (48 hours to landfall)
    - Foreseeable Consequences and Impacts
    - Group Analysis - Community Level

- Module 2: Post-landfall (48 hours after landfall)
    - Known Consequences and Impacts
    - Group Analysis - Community Level

Wrap-Up:

- Review and discuss gaps identified
- Discuss strategies for filling gaps (prospective partners and methods)
- Evaluation and final comments

Let's Get Started …

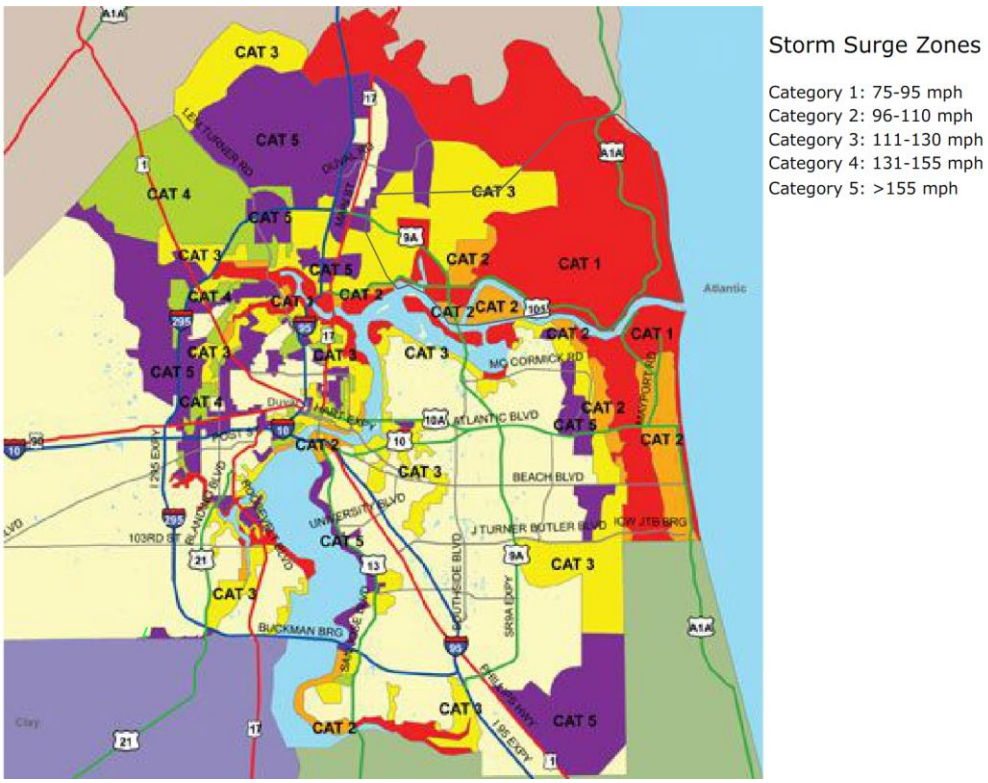
Module 1 Scenario

48 Hours Pre-Landfall

Hurricane Albert

National Hurricane Center Statement

- Hurricane Albert is 450 miles ESE of Jacksonville, FL moving WNW at 10 mph.
- Albert is a Category 4 hurricane with a wind speed of 135 mph & may strengthen in the next 24 hours.
- Hurricane force winds extend out 75 miles from the center with TS winds extending out 150 miles in all directions.
- Florida's northeast coast is under a hurricane watch and projected to be under a warning and should expect the onset of TS/hurricane force winds within the next 24 hours.
- Landfall is projected within 20 miles north or south of Jacksonville, FL.



Pre-Landfall: Foreseeable Consequences & Impacts

1. Due to the potential for significant damage to the electric power grid, there will be extended power outages from several days to 4-6 weeks
2. Water and sewage systems could become contaminated or go off-line.
3. Significant fuel (gasoline) shortages
4. Extreme and catastrophic damage to residential areas, particularly mobile homes and retirement communities.
5. Catastrophic flooding along the coast, Jacksonville Beaches, Downtown, low lying areas to the east and northeast, and other areas along the St. Johns River (water up to 3-5ft. deep)
6. Storm surge will go substantially inland, particularly along rivers and creeks.
7. Large numbers of roadway washouts and flooding.
8. Elder residents on the upper floors of condominiums on the coast may not evacuate in large numbers.
9. EMS response will be limited or not available in many areas due to debris or flooding.
10. Special needs and general shelters will likely overflow prior to landfall.
11. The acuity level of clients in the Special Needs and General Shelters will increase post landfall; healthcare providers may not be available to provide care in their facilities.
12. Many healthcare workers may evacuated the area; and will be unable or unavailable to report to work
13. Healthcare systems in Duval and the surrounding counties will suffer catastrophic damage/impacts.
14. Many pharmacies will suffer significant damage, taking them off-line.
15. Medical equipment providers may not be able to service their clients.
16. Elders who remain in their homes and are electrically dependent will decompensate at a rapid rate.
17. Many dialysis centers will be off-line due to damage, lack of power, or water.
18. Mail delivery may be unavailable for several weeks.
19. Catastrophic damage to healthcare infrastructure (e.g., hospitals, nursing homes, primary care, pharmacies).
20. Healthcare systems and support services: reduced or unavailable for a sustained period.
21. Fire, EMS, and law enforcement vehicles and staff along the coast are being evacuated.
22. Hospitals and nursing homes have begun evacuations; competition for transportation is causing delays.
23. Some hospitals/nursing homes have chosen to shelter in place.
24. Healthcare surge throughout the County may overwhelm the available healthcare providers.
25. A significant number of primary care physicians, walk-in clinics, specialty clinics, and labs, will be off-line due to damage to their facilities or lack of power.
26. Approximately 50% of home health care patients will stay at home rather than evacuate pre-storm to be with family or in a shelter.
27. Healthcare facility generators may fail at a 25% rate.

Group Analysis

Pre-Landfall Foreseeable Consequences and Impacts on Duval County's Elder Population

Instructions: For this discussion, we'll be referencing the pre-landfall foreseeable consequences and impacts on both the community and your respective organization. Take notes using the worksheet provided.

Resources: Information from the morning session (your organization's continuum) and the Discussion References and Resources section in this booklet.

Discussion Topics:

1. What are the key pre-landfall concerns in Duval County with regard to elders?

2. What type of actions should be taken by healthcare and support stakeholders?

3. What are the pre-landfall communication priorities?

4. What are the potential planning gaps?

Module 1 (48 hrs. to Landfall)
ANALYSIS WORKSHEET

Name: _____
Organization: _____
County: _____

1. Pre-landfall, what are my organization's key concerns? *Some areas of consideration…* • *Vulnerability and location of our clients/patients/constituents* • *Ability to maintain services to our clients/patients/constituents* • *Integration with other stakeholders & partners in the delivery of services* • *Adequacy of our current plans / contingency plans*	
2. What actions are we taking, pre-storm? *Some areas of consideration…* • *Preparing our clients/patients/constituents for pre-landfall stabilization and care* • *Implementing our emergency response plan* • *Implementing our recovery plan* • *Behavioral health needs of staff, clients, and constituents* • *Maintaining our continuum of care* • *Maintaining our continuity of operations* • *Ensuring the safety and availability of staff* • *Ensuring the availability of essential resources and supplies*	
3. What are our major communication priorities? *Some areas of consideration…* • *With clients/patients/constituents and/or families* • *With staff and organization's leadership* • *Public information and messaging (who needs to know what and when do they need the information?)* • *With Emergency Management and ESF8 (as appropriate)* • *With stakeholders in my continuum*	
4. What are the potential planning gaps? *Some areas of consideration…* • *Our contingency plans (back-up plans, A-B-C)* • *Our short- and long-term recovery plans* • *Gaps in the continuum of services and supports for elders (other stakeholders)*	

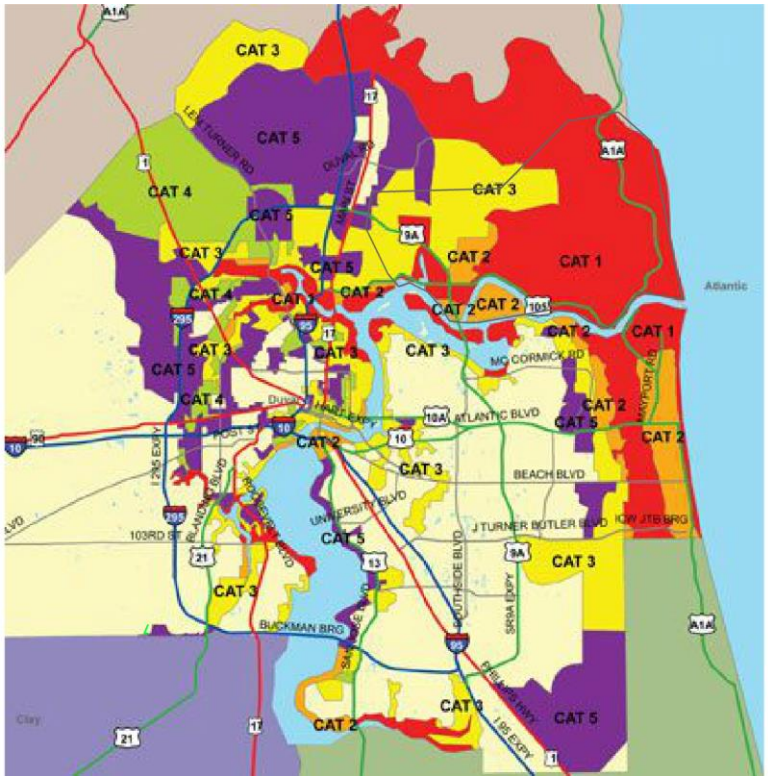
Module 2 Scenario

48 Hours Post-Landfall

Hurricane Albert

National Hurricane Center Statement

- Hurricane Albert made landfall 48 hours ago just north of Jacksonville Beach, FL in Duval County causing catastrophic damage along the northeast coast of FL.
- Wind speeds exceeded 135 mph with gusts to 155 mph.
- The area received from 12-18 inches of rainfall.
- Storm surge of 10-17 ft. has been reported in Duval County.
- Surge flooding has extended well inland over Duval County and up to 10 miles inland along the rivers and creeks.
- Several tornadoes were reported in the area.



Post-Landfall: Known Consequences & Impacts

1. Transportation systems are not able to operate due to flooding, debris, or infrastructure damage (mass transit, cabs, vehicles for hire)
2. EMS capability is significantly diminished, with difficulty accessing many areas plus overwhelming calls for service. Service along the beaches is not available.
3. The Special Needs Shelters in North Duval suffered severe roof damage and clients have been temporarily shifted to another facility. All shelters are exceeding capacity and need staffing and supplies.
4. The acuity level of clients in the Special Needs and General Shelters is increasing rapidly, but healthcare system resources are not available (e.g., clinics, hospitals).
5. The flooding issue has caused hundreds of homes to be rendered inaccessible leaving residents (mostly seniors) temporarily homeless. Medically stable residents are using shelters for respite and sleeping, causing the shelter census to swell each evening. It is anticipated that the numbers will grow over the next several days as more come to the shelters.
6. The complex co-morbidities of the elder population are exacerbated by reduced healthcare and support systems and elders' reluctance to leave their homes.
7. Meals on wheels & other home- and community-based services are having difficulty reaching clients.
8. Mail delivery has been suspended for at least a week or longer. Elders receiving medications by mail will not receive them, and only 10% of the pharmacies are operational.
9. Boil water notices are in effect for much of the affected areas and the sewage treatment infrastructure is still operating at a reduced capacity.
10. Power is out for most of the county – power restoration will range from several days to 4-6 weeks.
11. Oxygen-dependent citizens are now decompensating due to lack of power and durable medical equipment (DME) resupply. Half of the DME companies in the county are off-line.
12. Dialysis: Patients who were dialyzed pre-landfall now need dialysis in large numbers. Dialysis centers are only able to meet 10% of normal demand.
13. Most hospitals that did not evacuate have sustained infrastructure damage ranging from minor to catastrophic. Several are fully operational, but most are operating at limited capacity. AHCA will be needed to inspect healthcare facilities.
14. Most of the nursing homes that sheltered-in-place have sustained damage, some catastrophic and now must evacuate. Many are inaccessible due to debris, flooding, or road washouts.
15. Home health: many providers are unable to reach a significant number of clients due to flooding & debris.
16. Some healthcare facility generators are beginning to fail.
17. Fuel availability is very limited – several providers are running on generators, but are overwhelmed with demand for fuel.
18. Healthcare staff are having difficulty getting to work due to flooding, debris, or inaccessible roads.
19. Only 15% of primary care physicians, walk-in clinics, specialty clinics, and labs, are operational at this time. Many will be off-line for a significant amount of time due to infrastructure damage or flooding.
20. Healthcare surge is overwhelming those facilities that are still operational.
21. Elders residing in high rise condominiums who did not evacuate are now stranded with no power or access to essential supplies. Many will decompensate rapidly.

Group Analysis

Post-Landfall Known Consequences & Impacts on Duval County's Elder Population

Instructions: For this discussion, we'll be referencing the post-landfall known consequences and impacts on both the community and your respective organization. Take notes using the worksheet provided.

Resources: Information from the morning session (your organization's continuum) and the Discussion References and Resources section in this booklet.

Discussion Topics:

1. What are the key post-landfall concerns in Duval County with regard to elders?

2. What type of actions should be taken by healthcare and support stakeholders?

3. What are the post-landfall communication priorities?

4. What are the potential unresolved issues (planning gaps)?

Module 2 (48 hrs. Post-Landfall)
ANALYSIS WORKSHEET

Name: _____
Organization: _____
County:

1. Post-landfall, what are my organization's key concerns? *Some areas of consideration…* • *Storm impact on our clients/patients/constituents* • *Ability to maintain services to our clients / patients / constituents* • *Status of stakeholders & partners in the delivery of services (the continuum of healthcare & support)* • *Adequacy of our current plans /contingency plans*	
2. What actions are we taking? *Some areas of consideration…* • *Contacting clients/patients/constituents for post-landfall stabilization and care* • *Behavioral health needs of staff and clients/patients/constituents* • *Maintaining our continuity of operations* • *Filling gaps in our continuum of care* • *Adapting our emergency response plan* • *Implementing our recovery plan* • *Ensuring the safety and availability of staff* • *Locating essential resources & supplies*	
3. What are our major communication priorities? *Some areas of consideration…* • *With clients/patients/constituents and/or families* • *With staff and organization's leadership* • *Public information and messaging (who needs to know what and when do they need the information?)* • *With Emergency Management and ESF8 (as appropriate)* • *With stakeholders in my continuum* • *Communicating the availability of our services and locations (if service locations have changed)*	
4. What are the potential planning gaps? *Some areas of consideration…* • *Our contingency plans (back-up plans, A-B-C)* • *Our short- and long-term recovery plans* • *Gaps in the continuum of services and supports for elders (other stakeholders)*	

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Discussion References & Resources

I. Saffir-Simpson Scale

II. Continuum of Care for Elders - Planning Considerations

III. Disaster Risks and Vulnerabilities for Elders during Hurricanes

IV. Florida Department of Elder Affairs:
-- 2013 Florida County Profiles
-- Demographic and health behavior characteristics among persons age 60 and older

V. Duval County – Active Healthcare Provider Beds (# of licensed beds)

I. Saffir-Simpson Scale of Categories

Damage Potential

[Source: The National Hurricane Center]

Category	Winds
1	74 - 95 mph
2	96 - 110 mph
3 -Major	111 - 129 mph
4 Major	130 - 156 mph
5 Major	greater than 157 mph

Category 1: Very dangerous winds will produce some damage: Well-constructed frame homes could have damage to roof, shingles, vinyl siding and gutters. Large branches of trees will snap and shallowly rooted trees may be toppled. Extensive damage to power lines and poles likely will result in power outages that could last a few to several days.

Category 2: Extremely dangerous winds will cause extensive damage: Well-constructed frame homes could sustain major roof and siding damage. Many shallowly rooted trees will be snapped or uprooted and block numerous roads. Near-total power loss is expected with outages that could last from several days to weeks.

Category 3 – Major: Devastating damage will occur: Well-built framed homes may incur major damage or removal of roof decking and gable ends. Many trees will be snapped or uprooted, blocking numerous roads. Electricity and water will be unavailable for several days to weeks after the storm passes.

Category 4 – Major: Catastrophic damage will occur: Well-built framed homes can sustain severe damage with loss of most of the roof structure and/or some exterior walls. Most trees will be snapped or uprooted and power poles downed. Fallen trees and power poles will isolate residential areas. Power outages will last weeks to possibly months. Most of the area will be uninhabitable for weeks or months.

Category 5 – Major: Catastrophic damage will occur: A high percentage of framed homes will be destroyed, with total roof failure and wall collapse. Fallen trees and power poles will isolate residential areas. Power outages will last for weeks to possibly months. Most of the area will be uninhabitable for weeks or months.

II. Continuum of Care for Elders Planning Considerations

Characterizing the Elder Population

- Elder demographics and locations
  - Residential Areas/Mapping
  - Service Providers (stakeholder groups)
  - Elders living "independently"
- Elder Behavior during Disasters
  - Evacuation behavior ("Don't move my cheese!")
  - Use of healthcare services & supports
- Elder healthcare system demands versus community capabilities

Risk Identification and Management

- Community hazards and vulnerabilities
- Specific hazard impacts on elders
- Clinical risk factors for elders
  - Morbidity and mortality issues
  - Decompensation
- Strategies for managing elder risk factors

Continuum of Healthcare Systems for Elders During Disasters

- 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

Community Preparedness and Response

- Planning for Elder Populations
  - Planning requirements – legislative & others
  - Planning guidance – tools and resources
  - Response triggers and contingency plans
- Identification, involvement, and integration of community partners
- What service and support systems exist?
- Integration into local EM and ESF 8 planning, training, and exercise programs

III. Disaster Risks and Vulnerabilities for Elders during Hurricanes

- Elders are a diverse group in terms of their physical and mental health, and vulnerability cannot be characterized by age alone. Complex variations in the health status, living environments, and social situations of elders also make it hard to protect this population during emergencies. For example, an independent older adult who lives on the 18th floor of a high-rise building may suddenly become vulnerable if the electricity goes out during a hurricane, shutting down the building's elevators.

- Elders are at increased risk of disease and death during emergencies because of factors such as the following:
    - A higher prevalence of chronic conditions, physical disability, cognitive impairment, and other functional limitations.
    - Dependence on support systems for medical care, medication, food, and other essential needs.
    - Potential limitations in their mobility, their access to transportation, or other aspects of functional autonomy.

- In addition to the direct relationship between age and the prevalence of chronic conditions, nearly 82% of Medicare beneficiaries have at least one chronic condition, and 64% have multiple conditions. The treatment of these conditions may require daily medications, specialized equipment, or care coordination.

- If elders are not able to get the medications, equipment, or special care they need, they can be at increased risk of complications and death during an emergency. In addition to the above challenges, Kilijanek and Drabek (1999) noted that the elderly do not seek financial support after disasters for a variety of reasons, including:
    - They feel others may need the help more than they do.
    - They do not like "welfare" handouts.
    - They tend to seek insurance payouts and reconstruction of damaged property later than other adults, leaving their homes at risk from subsequent storms.

- Additionally, in the wake of Hurricanes Katrina and Rita, it became clear that the elderly are disproportionately vulnerable to hurricanes. In fact, of the 1,330 people known to have died along the Gulf Coast, 71% of those in Louisiana were older than 60years, 47% were over 75 years, and at least 68 persons died in nursing homes.

- Unfortunately, community disaster planning frequently fails to allow for the needs of older citizens before, during, and after hurricanes. In December 2005, the American Association of Retired Persons (AARP) convened a conference of governmental, scientific, and public sector experts to discuss ways to improve disaster preparedness for the elderly. The report which was issued after the conference noted several factors that predispose the elderly to morbidity and mortality from hurricanes (Gibson 2006). They include:
    - The elderly frequently suffer from multiple comorbidities.
    - They have functional limitations, including sensory, physical, and cognitive impairments.

- Visual impairment affects 13.9% of adults aged 65–74 19.1% of those aged 74–84, and 30.3% of those aged 85 and over.
- Hearing loss affects 31.4% of adults aged 65–74, 43.9% of those aged 74–84, and 58% of those aged 85 and over.
- Elderly people often suffer from loss of taste, smell, and/or touch sensation, which leaves them more at risk for nutritional deficiencies and danger from fire or gas leaks.
- Aging tends to diminish the efficiency of both sensory and muscular systems, rendering the elderly more at risk in disasters because of prolonged reaction.
- They often take multiple medications and medications can increase risk for hypotension, falling, and confusion.
- Sudden cessation of medication (e.g., running out of medications after a disaster and no physicians' offices or pharmacies are open to refill) can lead to life-threatening consequences.
- They usually rely on caregivers for assistance.
- Many suffer from generalized "frailty," which can best be understood as a lack of biological reserve and resilience.
- Older citizens are much more susceptible to extremes of heat and cold that often accompany disasters (e.g., extreme heat in the hurricane season in Florida).
- Many suffer from social isolation, especially those living alone and in rural areas.
- After disasters, there can be significant worsening of health issues as a result of the compounding loss of loved ones and friends, loss of income, loss of shelter (e.g., destroyed homes), loss of social status, etc.
- As a general rule, elderly people are much less likely to seek mental health counseling because they perceive mental illness as "weakness."
- They may be less likely to evacuate, leaving their homes, belongings, and healthcare and support systems.

Clinical Risk Management

- Clinical risk management is a process that assists professionals to recognize foreseeable risks which could result in consequence and likelihood of probable events that if not, identified, planned for, and addressed could cause undesired outcomes up to harm.

- Using a systematic approach which includes assessment and risk reducing related to the medical, physical, emotional, psychosocial, sensory awareness, and environmental factors have a direct relationship to resilience and survival. The ability for the Elderly to prepare for, respond to, and recover from a disaster hinges on a variety of factors that often are not under their immediate control.

- The most common characteristic of aging to be planned for is the deterioration of physical ability. This relates to activities of daily living (ADLs) as evidenced by impaired balance, decreased motor strength, poor exercise tolerance, functional limitations, etc. Physical disabilities often are intensified by medical co-morbidities, active medical diagnosis, complications from medical treatments, and use of medications.

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IV. Florida Department of Elder Affairs

2013 Florida County Profile

Duval County

Available on the web at:

2013 Florida County Profiles – Duval County:

http://elderaffairs.state.fl.us/doea/pubs/stats/County_2013Projections/Counties/Duval.pdf

Table 15: Demographic and health behavior characteristics among persons aged 60 and older, Florida and Duval County, Behavioral Risk Factor Surveillance System, 2010:

http://elderaffairs.state.fl.us/doea/pubs/stats/FINAL_2010/Counties/BRFSS.pdf

(See following pages for copies of these documents)

Duval

Population by Age Category		
All Ages	869,388	100.0%
Under 60	714,803	82.2%
60+	154,585	17.8%
65+	106,589	12.3%
70+	70,046	8.1%
75+	44,967	5.2%
80+	27,518	3.2%
85+	13,740	1.6%

Population by Race (60+)		
White	112,463	72.8%
Non-White	42,122	27.2%
Black	32,824	21.2%
Other Minorities	9,298	6.0%

Population by Ethnicity (60+)		
Total Hispanic	5,947	3.8%
White	3,389	2.2%
Non-White	2,558	1.7%
Total Non-Hispanic	148,638	96.2%
Total Minorities*	45,511	29.4%

Population by Gender (60+)		
Male	67,734	43.8%
Female	86,851	56.2%

Financial Status (60+, % 60+)		
Below Poverty Guideline	14,797	9.6%
Below 125% of Poverty Guideline	21,808	14.1%
Minorities Below Poverty Guideline	7,323	4.7%
Minorities Below 125% of Poverty Guideline	9,881	6.4%

Medically Underserved (65+)	
Total Medically Underserved	12,514
Medically Underserved Populations - Living in Areas Defined as Having Medically Underserved Populations	7,580
Medically Underserved Areas - Living in Medically Underserved Areas	4,934

Living Situation (60+)	
Living Alone	40,441

Grandparents (60+)	
Total 60+ Living With Own Grandchildren (Under Age 18)	9,778
Grandparent Responsible for Own Grandchildren (Under Age 18)	3,505
Grandparent Not Responsible for Own Grandchildren (Under Age 18)	6,273
60+ Not Living With Own Grandchildren (Under Age 18)	141,341

Skilled Nursing Facility Utilization	
SNF Beds	3,895
Community Beds	3,815
Sheltered Beds	80
Veterans Administration Beds	0
Other Beds	0
SNFs With Beds	33
Community Beds	32
Sheltered Beds	1
Veterans Administration Beds	0
Other Beds	0
SNFs With Community Beds	32
Community Bed Days	1,527,565
Community Patient Days	1,358,459
Medicaid Patient Days	852,211
Occupancy Rate	88.9%
Percent Medicaid	62.7%

Adult Day Care	
Facilities	11
Capacity	275

Adult Family Care Homes	
Homes	24
Beds	113

Home Health Agencies	
Agencies	74
Medicaid Certified Agencies	14
Medicare Certified Agencies	42

Homemaker & Companion Service Companies	
Companies	101

Ambulatory Surgical Centers	
Facilities	15
Operating Rooms	57
Recovery Beds	141

Duval (Continued)

Rural Designation	
Rural (Yes/No)	NO

Assisted Living Facilities	
Total Beds	2,206
OSS Beds**	758
Non-OSS Beds	1,448
Total Facilities	76
Facilities With ECC License***	11
Facilities With LMH License****	33
Facilities With LNS License*****	28

Hospitals	
Hospitals	12
Hospitals With Skilled Nursing Units	2
Hospital Beds	3,587
Skilled Nursing Unit Beds	92

Medical Professionals	
Medical Doctors	
Licensed	2,822
Limited License	2
Critical Need Area License	4
Restricted	0
Medical Faculty Certificate	2
Public Heath Certificate	0
Specialties	
Licensed Podiatric Physicians	51
Licensed Osteopathic Physicians	186
Licensed Chiropractic Physicians	164
Registered Nurses	
Licensed Registered Nurses	10,094

Driver's License	
Drivers With Florida Driver's License - All Ages	236,165
Drivers With Florida Driver's License - Age 60+	61,660
Percent of Drivers With Florida Driver's License - Age 60+	20.5%

Food Stamps (60+)	
Participants (60+)	13,239
Potentially Eligible	21,808
Food Stamp Participation Rate (60+)	60.7%

Registered Voters	
Registered to Vote in Florida - All Ages	567,730
Registered to Vote in Florida - Age 60+	142,260
Percent of Population Registered to Vote in Florida - Age 60+	25.1%

Households With Cost Burden Above 30% and Income Below 50% Area Median Income (65+) (2010)	
Elder Households	69,062
Percent of All Households	18.5%

Median Household Income (All Ages)	
2007-2011	$49,964

Medicaid & Medicare Eligibility	
Medicaid Eligible - All Ages	234,777
Medicaid Eligible - 60+	21,355
Dual Eligible - All Ages	29,554
Dual Eligible - 60+	18,076

Veterans	
Total	97,038
Age 45-64	41,391
Age 65-84	24,507
Age 85+	4,221

Disability Status (60+)	
With One Type of Disability******	22,600
Hearing	17,329
Vision	10,116
Cognitive	13,824
Ambulatory	34,843
Self-Care	12,681
Independent Living	21,267
With Two or More Disabilities	28,345
With No Disabilities	106,436
Probable Alzheimer's Cases*******	12,161

English Proficiency (60+)	
With Limited English Proficiency	4,383

** OSS beds: Optional State Supplementation beds
*** ECC License: Extended Congregate Care License
****LMH License: Limited Mental Health License
*****LNS License: Limited Nursing Services License
******With One Type of Disability: 65+ people who have only one type of disability
******* Probable Alzheimer's Cases = (65-74 Population x 0.0136) + (75-84 Population x 0.1822) + (85+population x 0.4098)

Duval (Continued)

Cost of Living	Annual Expenses*
Single Elders	
Owner without Mortgage	$17,220
Renter, one bedroom	$21,984
Owner with Mortgage	$26,280
Elder Couple	
Owner without Mortgage	$26,856
Renter, one bedroom	$31,620
Owner with Mortgage	$35,916

* Annual expenses include: housing, including utilities, taxes, insurance; food; transportation; health care, based on good health; and miscellaneous.

Note: Wider Opportunities for Women Elder Economic Security Standard™ Index (Elder Index) measures the incomes workers and retired elders need to achieve economic security. Data as of March 2013.

Useful Websites

County Chronic Disease Profile (Duval)
Florida Housing Data Clearinghouse (Duval)
Behavioral Risk Factors (BRFSS) (Duval)

Sources

- Population: Florida Population by County, Age, Race, Ethnicity and Gender provided by Florida Legislature, Office of Economic and Demographic Research
- Financial Status & Living Situation: Department of Elder Affairs calculations based on Florida Population data and 2007-2011 American Community Survey
- Medically Underserved Population: Florida Department of Health
- Grandparents: Department of Elder Affairs calculations based on Florida Population data and 2007-2011 American Community Survey, Special Tabulation on Aging
- Skilled Nursing Facility Utilization, Adult Day Care, Adult Family Care Home, Ambulatory Surgical Centers, Assisted Living Facilities, Home Health Agencies, Homemakers & Companion Service Companies, Hospitals: Florida Agency for Health Care Administration
- Rural Designation: Based on the definition of Rural Designation by Rural Economic Development Initiative
- Medical Professionals: Florida Department of Health
- Driver's License: Florida Department of Highway Safety & Motor Vehicles
- Food Stamps: Florida Department of Children and Families
- Registered Voters (Data as of 2/28/2013) : Florida Department of State
- Households with Cost Burden Above 30% and income below 50% Area Median Income: The Shimberg Center for Housing Studies
- Median Household Incomes: U.S. Census Bureau: State and County QuickFacts
- Medicaid & Medicare Eligibility and Medicaid Eligibility: Florida Agency for Health Care Administration
- Veterans Demographics: Florida Department of Veterans' Affairs
- Disability Status: Department of Elder Affairs calculations based on Florida Population data and 2009-2011 American Community Survey Data
- DOEA Calculation based on the 2012 Population and Alzheimer's by Age in 2011 Alzheimer's Disease Facts and Figures report at http://www.alz.org/documents_custom/Facts_2011/ALZ_FL.pdf?type=interior_map&facts=undefined&facts=facts
- English Proficiency: 2007-2011 American Community Survey, Special Tabulation on Aging
- Cost of Living: Wider Opportunities for Women Elder Economic Security Standard™ Index (Elder Index) at http://www.basiceconomicsecurity.org/EI/

Table 15: Demographic and health behavior characteristics among persons age 60 and older, Florida and Duval County, Behavioral Risk Factor Surveillance System, 2010.

Variable	Florida Overall (n=18,588)	Duval County (n=237)
	Percent	**Percent**
Demographics		
Age		
60-64	25.1	35.1
65-69	20.8	20.7
70-74	16.2	18.0
75-79	17.5	8.1
80-84	13.4	9.4
85+	7.0	8.7
Gender		
Female	54.8	53.2
Race/ethnicity		
White, non-Hispanic	82.8	79.3
Black, non-Hispanic	6.6	15.7
Hispanic	8.3	0.9
Other, non-Hispanic	2.3	4.1
Education		
<High school	8.1	7.2
High school	27.9	27.8
Some college	28.4	32.7
College	35.6	32.4
Income		
$19,999 or less	16.7	17.0
$20,000 - $24,999	9.8	10.5
$25,000 - $34,999	11.0	17.3
$35,000 - $49,999	12.9	10.9
$50,000 or more	30.7	30.3
Missing	19.0	14.0
Veteran Status		
Served on active duty	27.1	27.7
Marital Status		
Married	61.9	62.8
Divorced	11.8	16.2
Widowed	20.8	16.7
Separated	0.9	0.4
Never married	3.6	3.5
Unmarried couple	1.2	0.5
Has child(ren) under 18 years old in household	4.7	3.9
Health and Personal Characteristics		
General health		
Excellent, very good, or good	76.0	69.0
Emotional support		
Always or usually receive support needed	79.7	78.6
General life satisfaction		
Very satisfied or satisfied	95.7	94.0
Limited Activities[1]	32.7	41.0
Special Equipment[2]	17.4	23.3
Person with disability	37.1	43.0

Body Mass Index		
Not overweight or obese	34.3	30.7
Overweight	41.6	42.2
Obese	24.1	27.1
Told by a health professional that you have:		
Arthritis	56.5	59.7
Asthma	12.3	10.5
Diabetes	19.2	19.2
High blood pressure	58.6	67.6
High cholesterol	59.7	59.3
Heart attack	12.4	11.4
Coronary heart disease	13.1	13.4
Stroke	7.2	7.2
Health Behavior		
Participation in physical activity or any exercise	72.8	68.0
Smoking status		
Smokes everyday	7.7	11.7
Smokes some days	2.5	4.5
Former smoker	46.1	38.9
Never smoked	43.7	44.6
Heavy Drinker[3]	4.8	4.2
Binge drinker[4]	5.1	5.3
Had checkup in past year	87.1	85.6
Tested for HIV / AIDS[5]	27.2	34.6
Had mammogram[6]	96.7	97.5
Had pap test[6]	96.3	96.8
Immunization		
Influenza	61.3	59.9
Pneumonia	61.0	54.2
Has personal doctor	94.7	95.8
Any health insurance coverage	94.9	96.9
Could not see a doctor because of cost	7.0	9.4

1. Respondent asked if they are limited in any way in any activities because of physical, mental, or emotional problems
2. Respondent asked if they now have any health problem that requires them to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (Including occasional use or use in certain circumstances.)
3. Defined as adult man having more than two drinks per day or adult woman having more than one drink per day
4. Defined as males having five or more drinks on one occasion or females having four or more drinks on one occasion
5. Not asked of anyone age 65 and over
6. Only asked of women

INTRODUCTION

According to the U.S. Census bureau, Florida was projected to have the second highest population of older adults 60 and over (4,411,301) in 2010, second only to California (6,149,653). In addition, Florida was projected to have the highest proportion of older adults 60 and over in the nation (23.4%) (U.S. Census Bureau, 2012). Older Americans experience an increased disease burden, and often have special needs. In order to better understand and serve this large and important segment of Florida's population, the Florida Office on Disability and Health, in conjunction with the Florida Department of Elder Affairs, produced a snapshot of demographic, health characteristics, and health behavior characteristics of Floridians aged 60 and over. The 2007 Florida Behavioral Risk Factor Surveillance System (BRFSS) provides a unique opportunity to describe the characteristics of Florida's older population at both the state and county level because of a very large survey sample in 2010.

The BRFSS is an annual telephone survey which collects demographic, health behavior, health outcome, and health care access data from randomly dialed non-institutionalized adults age 18 and over in the United States and its territories. It consists of a core section of questions administered nationally and separate modules that states may choose to use (Gentry, 1985; Remington 1988). The survey is administered through state and territorial health agencies with assistance from the CDC. The data are weighted so respondents represent the population of their state based on gender, race, and age, making results generalizable to the entire state.

In 2010, Florida had 35,109 respondents to the annual BRFSS, of which 52.9% (n=18,588) were aged 60 and older. The respondents were sampled by county to allow for county-level public health data. For this report, the majority of counties have older adult respondent samples between 200 and 400 persons: the smallest is Union County with 196 participants aged 60 and over. Only two counties have samples larger than 400: Sarasota (428) and Volusia (511). While these county-level surveys are very useful for providing population estimates of health and behaviors, these are relatively small sample sizes when compared to the statewide BRFSS numbers. The small number of people who were surveyed in counties (the "denominator") can lead to our providing descriptive percentage estimates based on small or undetectable frequencies. This does not mean that our older adults in these areas do not experience a health event we report on, but that the sample size was not sufficient to statistically detect or estimate the small frequencies. As such, the estimates provided in this report should not be compared across counties without caution, since the precision of each statistic varies by the size of the group of respondents.

Tables 1 through 67 provide estimates of individual county demographic, health characteristics and behaviors for adults aged 60 and over and compares county data results to the results based on the combined state sample of older adults.

REFERENCES

Gentry EM, Kalsbeek WD, Hogelin GC, et al. The behavioral risk factor surveys: II. Design, methods, and estimates from combined state data. Am J Prev Med. 1985;1:9-14.

Remington PL, Smith MY, Williamson DF, Anda RF,Gentry EM, Hogelin GC. Design, characteristics, and usefulness of state-based behavioral risk factor surveillance: 1981-87. Public Health Rep. 1988;103:366-375.

United States Census Bureau, 2010 American Community Survey. American FactFinder. Retrieved from: http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml.

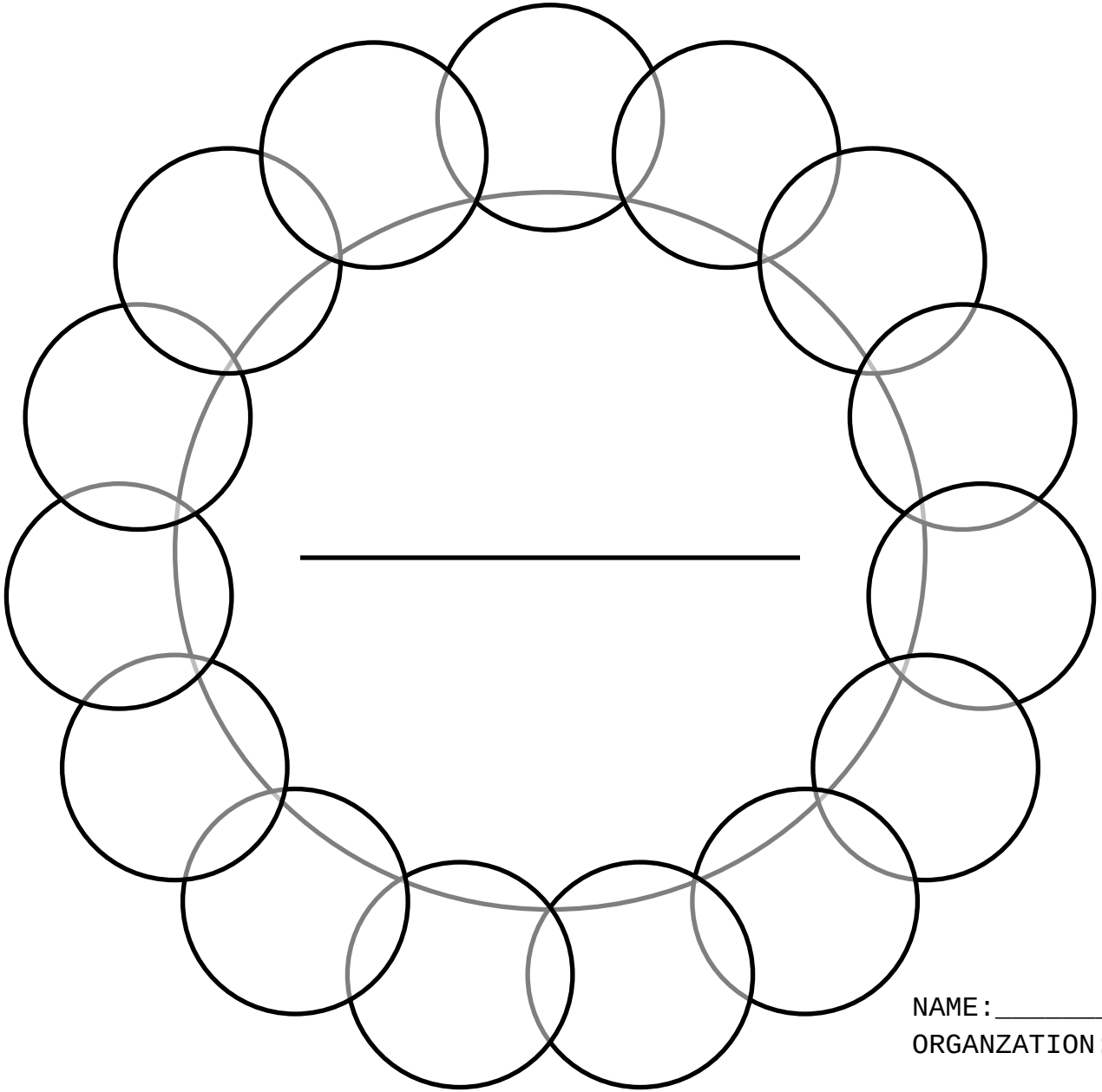
DUVAL County

Active Providers = 1,111 Beds = 11,289

Source: Agency for Health Care Administration

ABORTION CLINIC	Providers = 4	Beds = 0
ADULT DAY CARE CENTER	Providers = 13	Beds = 317
ADULT FAMILY CARE HOME	Providers = 22	Beds = 105
AMBULATORY SURGICAL CENTER	Providers = 15	Beds = 0
ASSISTED LIVING FACILITY	Providers = 90	Beds = 2,838
BIRTH CENTER	Providers = 2	Beds = 0
CLINICAL LABORATORY	Providers = 185	Beds = 0
COMM MENTAL HLTH-PART HOSP PGM	Providers = 3	Beds = 0
COMPREHENSIVE OUTPATIENT REHAB FACILITY	Providers = 1	Beds = 0
CRISIS STABILIZATION UNIT	Providers = 5	Beds = 82
END-STAGE RENAL DISEASE	Providers = 21	Beds = 0
EXCLUSIVE PROVIDER ORGANIZATN	Providers = 2	Beds = 0
HCC - EXEMPTIONS	Providers = 282	Beds = 0
HEALTH CARE CLINICS	Providers = 75	Beds = 0
HEALTH CARE RISK MANAGER	Providers = 71	Beds = 0
HEALTH CARE SERVICES POOL	Providers = 19	Beds = 0
HEALTH PLANS	Providers = 1	Beds = 0
HOME HEALTH AGENCY	Providers = 73	Beds = 0
HOME MEDICAL EQUIPMENT	Providers = 46	Beds = 0
HOMEMAKER & COMPANION SERVICES	Providers = 106	Beds = 0
HOSPICE	Providers = 2	Beds = 0
HOSPITAL	Providers = 12	Beds = 3,673
INTERMEDIATE CARE FACILITY	Providers = 6	Beds = 108
NURSE REGISTRY	Providers = 6	Beds = 0
NURSING HOME	Providers = 30	Beds = 3,895
ORGAN AND TISSUE PROCUREMENT	Providers = 2	Beds = 0
PORTABLE X-RAY	Providers = 2	Beds = 0
PRESCRIBED PEDIATRIC EXT CARE	Providers = 3	Beds = 140
REHAB AGENCY	Providers = 7	Beds = 0
RESIDENTIAL TREATMENT CENTER	Providers = 1	Beds = 39
SKILLED NURSING UNIT	Providers = 2	Beds = 92

SUNNY DAY



NAME:_____

ORGANZATION:_____

Representative Stakeholder Profile Survey

Dear Representative Stakeholder:

Thank you for taking time to complete this Representative Stakeholder Profile as a part of the "Healthcare Systems Needs Analysis for Elders During Disasters" project, funded by the Florida Department of Health.

About the Representative Stakeholder Profile:

►It will take approximately 10-15 minutes to complete the profile.

►Please answer questions from the perspective of the stakeholder community you are representing. If you represent more than one stakeholder community, we request that you please complete more than one profile. For example, if your organization operates an adult day care center and an assisted living facility, please complete a stakeholder profile for each one.

►The information collected in this survey does not represent any organization's disaster plan.

►The information you provide will be used for the project's purpose of cataloging stakeholder community groups and their general capabilities for supporting the complex needs of elders during disasters. It is expected that this information will be extremely helpful in identifying gaps that may exist along the continuum of care for elders during disasters.

►Please complete the survey no later than May 17, 2012.

If you have questions about completing the Stakeholder Profile or the project in general, please contact April Henkel at ahenkel@fhca.org, or by phone, 850-224-3907.

Thank you.

****

PROJECT PURPOSE:

►This project will identify and examine stakeholder roles and responsibilities as well as the interdependent and independent functional relationships for providing care and support for elders during disasters. Through this project, a comprehensive planning, training, and exercise framework for preparedness and response will be developed for identifying and enhancing state and local capabilities to support the complex needs of the vulnerable elder population during disasters.

TERMS & DEFINITIONS:

►Stakeholder - Any agency, facility, association, business, or organization that provides services, support, or commodities/supplies to elders on a normal/routine basis and/or during disaster conditions.

►Stakeholder Community – A Stakeholder Community is a group of stakeholders providing common services, supports, or commodities/supplies. For example, senior centers are stakeholders, belonging to the Senior Center Stakeholder Community; medical equipment suppliers are stakeholders, belonging to the DME Stakeholder Community.

►Representative Stakeholder (RS) – A Representative Stakeholder is an individual identified to represent a stakeholder community (e.g., the senior center stakeholder community) and participate in regional workshops conducted for this project. Representative Stakeholders will be asked to provide information about their respective stakeholder communities as part of the process of identifying and codifying the continuum of healthcare system stakeholders for elders during disasters.

Representative Stakeholder Profile Survey

1. Please provide your contact information:

First Name:	
Last Name:	
Facility/Agency/Organization	
Address:	
City:	
State:	
Zip (5-digit):	
(Area Code) Phone Number	

2. Please provide an email address for providing future information to you about this project and resources available:

3. What is your title/position?

Representative Stakeholder Profile Survey

4. Please check the county in which your organization is located:

- ◯ Alachua
- ◯ Baker
- ◯ Bay
- ◯ Bradford
- ◯ Brevard
- ◯ Broward
- ◯ Calhoun
- ◯ Charlotte
- ◯ Citrus
- ◯ Clay
- ◯ Collier
- ◯ Columbia
- ◯ Dade
- ◯ De Soto
- ◯ Dixie
- ◯ Duval
- ◯ Escambia
- ◯ Flagler
- ◯ Franklin
- ◯ Gadsden
- ◯ Gilchrist
- ◯ Glades
- ◯ Gulf
- ◯ Hamilton
- ◯ Hardee
- ◯ Hendry
- ◯ Hernando
- ◯ Highlands
- ◯ Hillsborough
- ◯ Holmes
- ◯ Indian River
- ◯ Jackson
- ◯ Jefferson
- ◯ Lafayette
- ◯ Lake
- ◯ Lee
- ◯ Leon
- ◯ Levy
- ◯ Liberty
- ◯ Madison
- ◯ Manatee
- ◯ Marion
- ◯ Martin
- ◯ Monroe
- ◯ Nassau
- ◯ Okaloosa
- ◯ Okeechobee
- ◯ Orange
- ◯ Osceloa
- ◯ Palm Beach
- ◯ Pasco
- ◯ Pinellas
- ◯ Polk
- ◯ Putnam
- ◯ St. Johns
- ◯ St. Lucie
- ◯ Santa Rosa
- ◯ Sarasota
- ◯ Seminole
- ◯ Sumter
- ◯ Suwannee
- ◯ Taylor
- ◯ Union
- ◯ Volusia
- ◯ Wakulla
- ◯ Walton
- ◯ Washington

5. If your organization has a website, please provide the address:

Representative Stakeholder Profile Survey

6. Please check the county(ies) in which your organization provides services:

- [ ] STATEWIDE (serve all counties)
- [ ] Alachua
- [ ] Baker
- [ ] Bay
- [ ] Bradford
- [ ] Brevard
- [ ] Broward
- [ ] Calhoun
- [ ] Charlotte
- [ ] Citrus
- [ ] Clay
- [ ] Collier
- [ ] Columbia
- [ ] Dade
- [ ] De Soto
- [ ] Dixie
- [ ] Duval
- [ ] Escambia
- [ ] Flagler
- [ ] Franklin
- [ ] Gadsden
- [ ] Gilchrist
- [ ] Glades
- [ ] Gulf
- [ ] Hamilton
- [ ] Hardee
- [ ] Hendry
- [ ] Hernando
- [ ] Highlands
- [ ] Hillsborough
- [ ] Holmes
- [ ] Indian River
- [ ] Jackson
- [ ] Jefferson
- [ ] Lafayette
- [ ] Lake
- [ ] Lee
- [ ] Leon
- [ ] Levy
- [ ] Liberty
- [ ] Madison
- [ ] Manatee
- [ ] Marion
- [ ] Martin
- [ ] Monroe
- [ ] Nassau
- [ ] Okaloosa
- [ ] Okeechobee
- [ ] Orange
- [ ] Osceloa
- [ ] Palm Beach
- [ ] Pasco
- [ ] Pinellas
- [ ] Polk
- [ ] Putnam
- [ ] St. Johns
- [ ] St. Lucie
- [ ] Santa Rosa
- [ ] Sarasota
- [ ] Seminole
- [ ] Sumter
- [ ] Suwannee
- [ ] Taylor
- [ ] Union
- [ ] Volusia
- [ ] Wakulla
- [ ] Walton
- [ ] Washington

- [ ] NOT APPLICABLE (please comment)

Representative Stakeholder Profile Survey

7. From the list below, please check the location(s) best describing where your organization's services are provided (check all that apply):

- [ ] Healthcare Facility (e.g., hospital, skilled care facility, rehab facility)
- [ ] Senior Living/Residential non-healthcare facility (e.g., assisted living, independent living)
- [ ] Home setting (e.g., single family home, apartment, condominium, mobile home)
- [ ] Senior Activities Center (e.g., senior center, adult day services center)
- [ ] Other location - please describe:

8. Which of the following stakeholder categories best describe your organization (you'll have an opportunity to describe the services you provide in following questions):

- ◯ Association/Advocacy Group Partner
- ◯ Emergency Management
- ◯ First Responder
- ◯ Government Partner (regulatory, policy, planning)
- ◯ Home- & Community-based Services Provider (private organization or government)
- ◯ Healthcare Facility (e.g., hospital, skilled care facility, rehab facility)
- ◯ Senior Living/Residential non-healthcare facility (e.g., assisted living, independent living)
- ◯ Other Stakeholder

Representative Stakeholder Profile Survey

9. If your organization is a home- and community-based services provider, please choose up to three of the provider types listed below to further describe your organization (you'll have an opportunity to describe the services you provide in a subsequent question):

- [ ] Adult Day Health Care Center
- [ ] Aging and Disability Resource Center
- [ ] Area Agency on Aging
- [ ] Alzheimer Caregiver Support Organization
- [ ] C.A.R.E.S. (Comprehensive Assessment & Review for Long Term Care Services)
- [ ] Care Management Provider
- [ ] Community Care for the Elderly Lead Agency
- [ ] Council on Aging
- [ ] County Health Department
- [ ] Dialysis Center
- [ ] Durable Medical Equipment & Supply (DME)
- [ ] Home Health Care Provider
- [ ] Hospice
- [ ] Meals on Wheels Provider
- [ ] Memory Disorder Clinic
- [ ] Medical Clinic/Doctor's Office
- [ ] Respiratory Therapy Service Provider
- [ ] Senior Center
- [ ] Other Home- & Community-based Provider (please state type of provider - you'll have an opportunity to describe the services you provide in a subsequent question):

Representative Stakeholder Profile Survey

10. If your organization is a healthcare facility (i.e., hospital, skilled nursing facility, or hospice, as defined by the National Fire Protection Association), please choose up to three of the provider types listed below to further describe your organization (you'll have an opportunity to describe the services you provide in a subsequent question):

- [ ] Hospice House (24-hour)
- [ ] Hospital, Acute Care
- [ ] Hospital, Psychiatric
- [ ] Hospital, Long Term Acute Care
- [ ] Nursing Facility, Skilled Nursing Facility (SNF)
- [ ] Nursing Facility
- [ ] Other type of healthcare facility (please state type of provider - you'll have an opportunity to describe the services you provide in a subsequent question):

11. If your organization is a senior living community, please choose up to three of the types listed below to further describe your organization (you'll have an opportunity to describe the services you provide in a subsequent question):

- [ ] Assisted Living Facility, standard license
- [ ] Assisted Living Facility, ECC license
- [ ] Assisted Living Facility, LNS license
- [ ] Assisted Living Facility, LMH license
- [ ] Condominium
- [ ] Continuing Care Retirement Community (CCRC)
- [ ] Planned Retirement Community
- [ ] Senior Housing (e.g., senior apartments)
- [ ] Other Senior Living Community - (please state type of community - you'll have an opportunity to describe the services you provide in a subsequent question):

Representative Stakeholder Profile Survey

12. If you selected "Other Stakeholder," please choose up to three descriptions from the list below to further describe your organization (you'll have an opportunity to describe the services you provide in a subsequent question):

- [ ] American Red Cross
- [ ] Business & Industry
- [ ] COAD or VOAD (Community/Voluntary Organizations Active in Disasters)
- [ ] Faith-Based Organization
- [ ] Food Service/Caterer
- [ ] Information and Referral Organization (2-1-1)
- [ ] Ombudsmen
- [ ] Salvation Army
- [ ] Transportation System
- [ ] Utility Provider, water – sewer
- [ ] Utility Provider, power (electric, gas)
- [ ] Volunteer Florida
- [ ] Other Stakeholder (please state type of provider - you'll have an opportunity to describe the services you provide in a subsequent question):

13. On a normal day-to-day basis, please briefly describe the services, supplies or functions your organization provides to elders, or on behalf of elders:

Representative Stakeholder Profile Survey

14. Does your organization provide services, supplies or functions to non-elder polulations?

- ◯ No
- ◯ Yes: please describe the populations your organization serves:

15. Would you expect the services your organization provides to change during a disaster event?

- ◯ Yes
- ◯ No
- ◯ Don't Know

Please explain your answer:

16. What are your standard hours of operation on a normal day-to-day basis:

- ◯ Monday-Friday, 8/9am to 5/6pm
- ◯ 24/7
- ◯ Other - please describe:

Representative Stakeholder Profile Survey

17. Would you expect the days or hours of operation to vary during a disaster event?

- ◯ Yes
- ◯ No
- ◯ Don't Know

Please explain your answer:

18. How often do the individuals served by your organization receive services/support (check all that apply):

- ☐ 24/7
- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ By request
- ☐ Customized to each individual served

Please provide additional comments, if needed;

Representative Stakeholder Profile Survey

19. If the kinds of services your organization provides were unavailable during a disaster, please describe the potential impact this could have on elders served (e.g., inability to obtain food, water, oxygen, medication).

20. Please list the types of services or stakeholders YOUR ORGANIZATION DEPENDS ON to serve your constituents/clients. For example, if you provide meals through a food services provider, please list "food services."

Representative Stakeholder Profile Survey

21. Would you expect that these services or stakeholders would be available to your organization during a disaster?

- ◯ Yes
- ◯ No
- ◯ Don't Know

Please explain your answer:

22. Please list the types of organizations or stakeholders that DEPEND ON YOUR ORGANIZATION for services on a day-to-day basis. For example, if you provide transportation services, what types of organizations or stakeholders depend upon your services?

Representative Stakeholder Profile Survey

23. Would you expect that your organization would be able to provide its services to these other organizations or stakeholders during a disaster?

- [ ] Yes
- [ ] No
- [ ] Don't Know

Please explain your answer:

24. If there is any additional information about your stakeholder community that you feel would be important for emergency management planning purposes, please share it in the space below:

Thank you for completing this Representative Stakeholder Profile.

EXAMPLE: Key Informant Telephone Interview Questions

***1. What is the name of your organization?**

2. What County is the organization located in?

3. Respondent #1 Name and Title

#1 Name

Title

4. Respondent #2 Name and Title

#2 Name

Title

5. Does your organization have a written "disaster plan" / emergency plan / all-hazards disaster plan (we assume this answer will always be "yes", but not all are required to have a plan as this interview includes non-health care stakeholders)?

- ◯ Yes
- ◯ No
- ◯ I don't know / uncertain

Any Comments:

6. Who within your organization is the primary author of the plan?

- ◯ I am the author
- ◯ I don't know
- ◯ Name & title of the plan author(s)

7. How do you communicate the plan to others in your organization?

8. Is your organization required to follow any rules or regulations to develop your plan?

- ◯ Yes
- ◯ No
- ◯ Not sure

Comments

9. Tell me about the regulations that you have to follow for your disaster planning -- who requires them and what are they called (is there a federal, state or county statute or rule number?)?

10. Could you please email a copy of the requirements you have to follow? Send them to Ahenkel@fhca.org. If you don't have a copy, can you tell us who to contact to obtain the information?

- ◯ Yes
- ◯ No
- ◯ Maybe (e.g., not sure if they can locate a copy, etc.)

Comments

11. Does your plan have to be approved by any outside entity? If yes -- who must approve it? (check all that apply)

- [ ] No approval(s) required
- [ ] Yes - by our Board of Directors
- [ ] Yes - by County Emergency Management
- [ ] Yes - by the State of Florida
- [ ] Yes - by _____ (write in comments)

Approval required by:

12. How often does your plan have to be reviewed or approved? (or, "Once your plan is approved by an outside entity, is there a particular amount of time that you do your updates?"

13. Are there any guidelines you have found to be helpful (not required, but something you've used that was helpful?)

14. How involved would you say your organization is with emergency management planning activities in your community? Are you extremely involved, Very involved, Moderately involved, Slightly involved, or not involved at all?

- ◯ Extremely involved
- ◯ Very involved
- ◯ Moderately involved
- ◯ Slightly involved
- ◯ Not at all involved

Comments

15. Regarding your level of involvement, what would you need to do to categorize yourself as being very involved with emergency management planning in your community?

16. Tell me about the involvement you've had - say over the past year - with the county's emergency management office. This would be your local county EOC (or you might call it the county emergency management office).

17. Have you participated in any tabletop exercises or other disaster training events in the last year?

- ◯ Yes
- ◯ No
- ◯ Probably so - not exactly sure

Who sponsored the tabletop or training you attended? Your Emergency Management Office? Someone else?

18. In terms of your position -- how much time is devoted to disaster preparedness?

19. What are the top 1 or 2 things that you feel are most important for keeping seniors in your community safe during an emergency, like a hurricane?

20. What is your organization's role in caring for seniors during an emergency situation in your county (like a hurricane, or flooding)?

21. Anything else you'd like to share with us about caring for seniors during an emergency, or the seniors you serve -- maybe something that works especially well in your community? A best practice, perhaps?

22. And finally - last question -- who would you say are your organizatin's most important partners during an emergency?