

Community-based Older Adults and Disasters: Who is Responsible for their Safety?

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Background

- Disaster preparedness is an increasingly urgent concern with the rising number and severity of hazardous events worldwide (e.g. wildfires, hurricanes, earthquakes, floods)
- Older adults are the most vulnerable to harm
 - Higher death, injury rates found after storms back to Hurricane Katrina (2005), where an estimated 2/3 of those who died were 65 and older.
 - Recent research found higher mortality in the weeks after Hurricanes Irma and Harvey (2017), with risk highest among those with dementia and those 85 or older



Hurricane Harvey, 2017

**As the Maui fires raged,
senior victims had to fend for
themselves**

Washington Post, Aug. 24, 2023

Background

- Federal regulations (Centers for Medicare and Medicaid Services - CMS) require nursing homes to have detailed plans, procedures to protect their residents throughout the course of a disaster, whether they are sheltering in place or evacuating
- States typically have specific requirements for assisted living communities

State Operations Manual Appendix Z- Emergency Preparedness for All Provider and Certified Supplier Types Interpretive Guidance

Table of Contents
(Rev. 204, Issued: 04-16-21)

Transmittals for Appendix Z

§403.748, Condition of Participation for Religious Nonmedical Health Care Institutions (RNHCIs)

§416.54, Condition for Coverage for Ambulatory Surgical Centers (ASCs)

§418.113, Condition of Participation for Hospices

§441.184, Requirement for Psychiatric Residential Treatment Facilities (PRTFs)

§460.84, Requirement for Programs of All-Inclusive Care for the Elderly (PACE)

§482.15, Condition of Participation for Hospitals

§482.78, Requirement for Transplant Programs

§483.73, Requirement for Long-Term Care (LTC) Facilities

§483.475, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

§484.102, Condition of Participation for Home Health Agencies (HHAs)

§485.68, Condition of Participation for Comprehensive Outpatient Rehabilitation Facilities (CORFs)

§485.625, Condition of Participation for Critical Access Hospitals (CAHs)

The Problem

- Despite decades-long “rebalancing” efforts to encourage and enable older adults to remain in their homes as they age....



No similar requirements exist for older adults at risk living in their own homes or in residential independent living

Medicare

- All non-hursing home providers who take **Medicare** are subject to disaster preparedness requirements. This includes home health, PACE centers and hospice:

From Appendix Z: *“HHAs must include policies and procedures...for ensuring all patients have an individualized plan in the event of an emergency. (It) must be included as part of the patient’s comprehensive assessment.”*

- **However**, many people receive home health intermittently, it at all.
 - Provider might develop a plan for a patient, but that patient may not be receiving services when the disaster occurs
 - In qualitative research Bell et al., found that **helping patients develop a plan was not enough**; patients had difficulty implementing plans (e.g. transportation, mobility, financial limitations)
 - What should the HHA be held responsible for?
 - Performance monitoring?

2020 TOP HOME HEALTH CITATIONS

Rank	Tag Number	Tag Description
#6	G578	Conformance with physician orders
#7	G580	Only as ordered by a physician
#8	G684	Infection Control
#9	G590	Promptly alert relevant physician of changes
#10	E0039	EP Testing Requirements

The HHA must conduct exercises to test the emergency plan at least **annually**.

The HHA must do the following:

(i) Participate in a full-scale community-based exercise or

(A) When a community-based exercise is not accessible, conduct an annual individual, facility-based functional exercise every 2 years;

(ii) Conduct an additional exercise every 2 years, opposite the year the full-scale or functional exercise. May include:

(A) A second full-scale or facility-based functional exercise; or

(B) A mock disaster drill; or

(C) A tabletop exercise or workshop with group discussion, using a clinically-relevant scenario and a set of problem statements, or prepared questions designed to challenge an emergency plan.

(iii) Analyze the HHA's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the HHA's emergency plan, as needed.

Medicaid

- The federal government requires all states using Medicaid for home-based care (e.g. 1135 waivers) to describe how care plans will be individualized and address **potential risks and risk mitigation**.
- A review of 10 high-disaster states found all met the requirement but differed greatly in detail; many referred only to general back-up planning.
- Exceptions:
 - Michigan stated recipients' plans would “*clearly describe a course of action when an emergency situation occurs.*”
 - NY stated each plan should “*clearly (identify) the individual(s) responsible for providing the needed assistance to the participant in the event of an emergency or disaster.*”
 - NC and Georgia documents included performance measures on the number and percentage of recipients with plans that specifically addressed emergency/disaster preparedness.

Beyond CMS

- The Older Americans Act (OAA) requires states to address how they and their Area Agencies on Aging (AAAs) will develop disaster preparedness plans
- Requirements are more general than prescriptive
 - States determine what steps to take regarding OAA-funded providers
- Little is known about state policies for OAA-funded home- and community-based service providers concerning the protection of older adults in a disaster



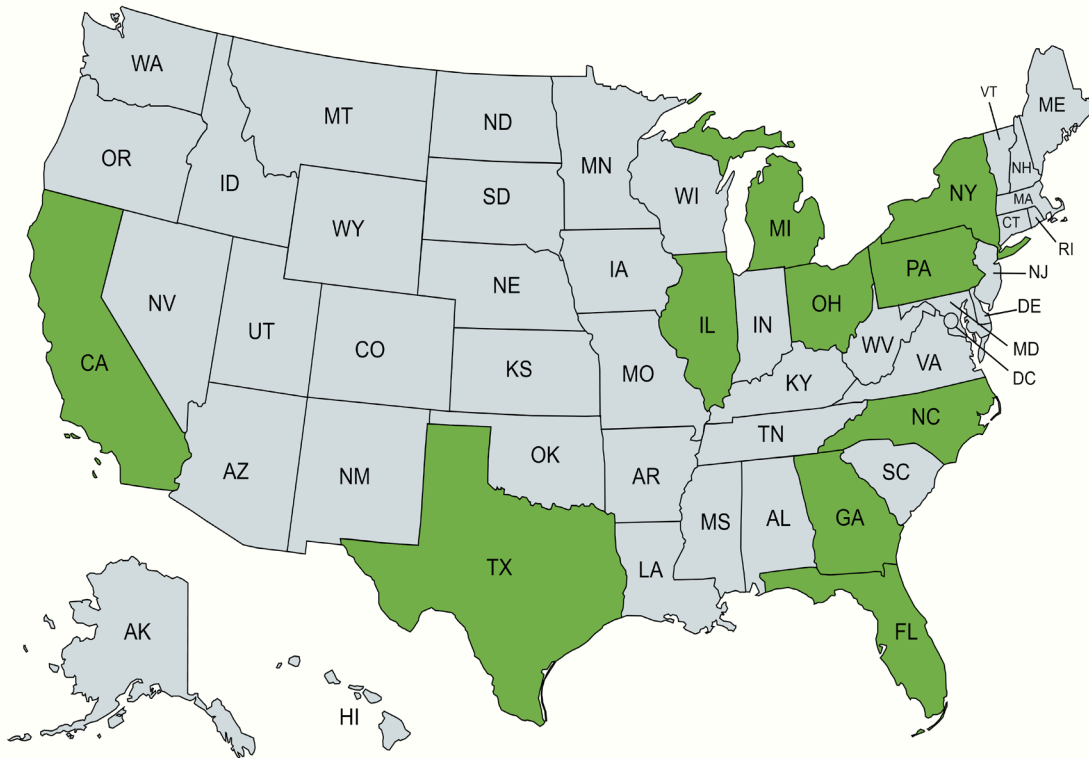
*Example:
Section 306(a)(17)*

Describe mechanism(s) (to assure) AAA or provider plans will include information on how they will coordinate and develop long-range preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions responsible for disaster relief.



Prior Research

- Ten states chosen for examination based on older adult population, history of disasters from 2009-2018



States Included in Analysis



- Specific questions asked to assess state directives to OAA-funded service providers
 - Planning (e.g. whether states directed AAAs or providers to **identify older adults at risk**)
 - Response (e.g. whether states directed AAAs or providers to **contact older adults affected**)



Does the state direct AAAs or other service providers to identify older adults (OAs) who may be at risk in a disaster?

California: State directives to AAAs concerning development of their area plans ask for a description of vulnerable populations and procedures to follow up with them in the event of a disaster, though providing an answer does not seem to be required for plan approval

Florida: State Department of Elder Affairs emergency management plan makes AAAs responsible for identifying all older adults who may be at risk due to service disruptions

Georgia: Disaster preparedness addendum to state plan on aging states, AAAs are “expected” to assist in identifying at risk older adults in the AAAs’ planning and service areas, including but not limited to consumers of contracted services. The AAA plans are to, at minimum, identify areas of concentration of older adults and older adults living alone

New York: In directives concerning AAA area plan, AAAs are directed to describe how they anticipate meeting the needs of older adults with access and functional needs, including whether the AAA uses the state’s data system to identify individuals in need of assistance during a disaster. AAAs are “strongly encouraged” to use this system to identify older adults potentially at risk in a disaster, per New York State Office for the Aging staff

Ohio: The state requires service providers or care coordinators to assign a “disaster priority level” (high, medium, or low) to those who receive personal care, adult day services, assisted transportation, home-delivered meals and care coordination, according to Department of Aging staff

Does the state direct AAAs or other service providers to contact older adults at risk before or after an event?

Florida: Florida’s current state plan on aging calls for AAAs and service providers to conduct a pre- and post-event “call down” of at-risk clients

Illinois: From the 2017–19 state plan on aging, if AAAs are functional after an event, “Disaster Coordinator will ask that they check on the older adults that they serve along with their caregivers.”

North Carolina: Per addendum to current state plan on aging AAAs will work with local officials and service providers to contact older adults on functional-needs registries and others who may need help as the event unfolds. In addition, the state plan calls for more work with the AAAs to “encourage” expansion of the call-down system used to contact vulnerable older adults before and after a disaster

Ohio: Per Department of Aging staff, service providers and AAA care coordinators will prioritize contacting those individuals who are most at risk, based on their assigned disaster priority level

Prior Research

- All provided or required training in emergency response
 - Only half appeared to have any drill or exercise requirements
- Most directed AAAs or service providers to id older adults potentially at risk
 - Ohio required care providers to assign disaster priority levels to individuals receiving OAA-funded care (e.g. personal care, home delivered meals)
- None directed AAAs or service providers to assist service recipients in developing their own disaster plans
- A minority appeared to have policies concerning contacting older adults at risk



Prior Research

- Nearly all the states' policies or guidelines addressed to some extent responding to older adults' needs after a disaster
 - Possibly because the OAA requires agencies to develop plans that include collaboration with response and relief organizations
- Lacking for many of the states in our analysis was evidence of work toward preparedness - beyond efforts to persuade older adults to take steps on their own
 - Little recognition of the research concerning the lack of older adults' disaster preparedness (e.g. surveys, analyses of Health and Retirement Study [HRS] data)
 - A lot of information available to aid in preparedness; not clear that older adults use it



Going Forward

- Research suggests disaster preparedness could be developed as a **unique service to protect older adults trying to remain independent in their homes.**
 - Ohio's state plan specified disaster preparedness as an element of **aging in place**
 - California's Master Plan on Aging proposed to **incorporate disaster planning with community planning** and fund housing modifications for older adults to improve disaster resiliency
 - In Florida's plan on aging, preparedness is a **key component of a livable community**



Going Forward

- States are well positioned as the focal point of efforts to improve disaster preparedness for older adults
- Statewide systems already in place for disaster preparedness overall and funding for services for older adults
- Key issues
 - Role of AAAs, expectations
 - Role of county-level emergency managers; “all disasters are local”
 - How to coordinate the multiple players
 - What to require?
 - How to monitor?
- Big question:
 - Who is responsible?



Going Forward

Consider the residents of an independent living community during a recent hurricane

NH and AL residents were evacuated, buildings were being shut down, power being shut off, but several independent living residents refused to leave or didn't have the ability to leave.

What would you do?



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Thank You!

Questions????

State Policies Concerning Disaster Preparedness for
Home- and Community-Based Service Providers
available in the Journal of Applied Gerontology
doi: [10.1177/07334648221075619](https://doi.org/10.1177/07334648221075619)



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