



Personal Preparedness and the Elderly:  
Training Direct Care Service Providers

Kim R. Abrams

Disaster Program Manager

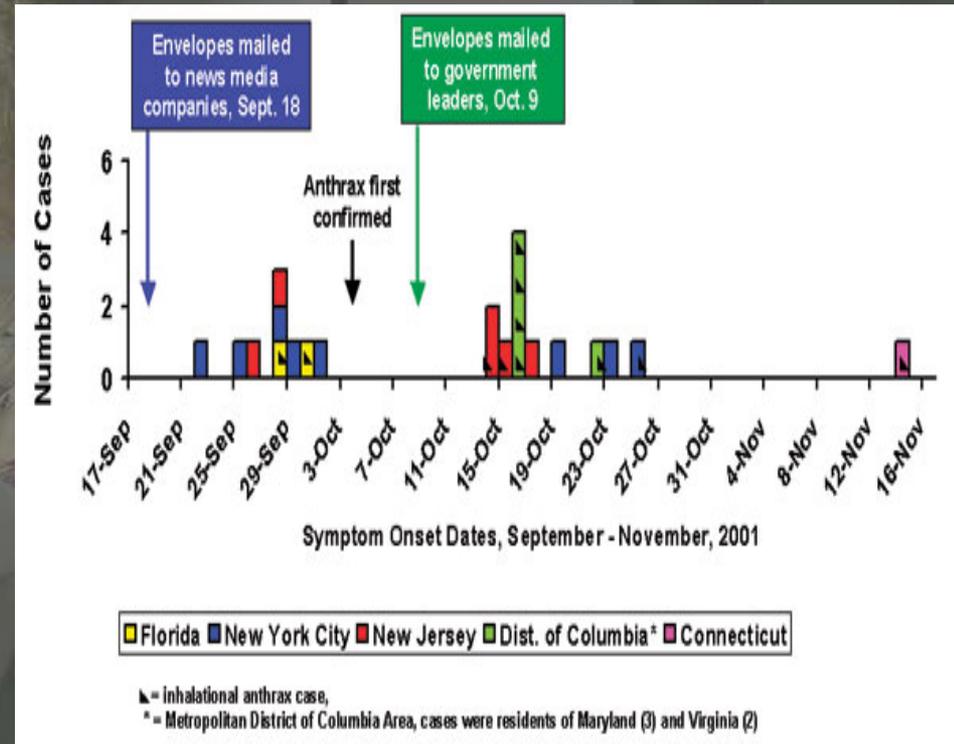
**American Red Cross – Southwest MS  
Chapter**

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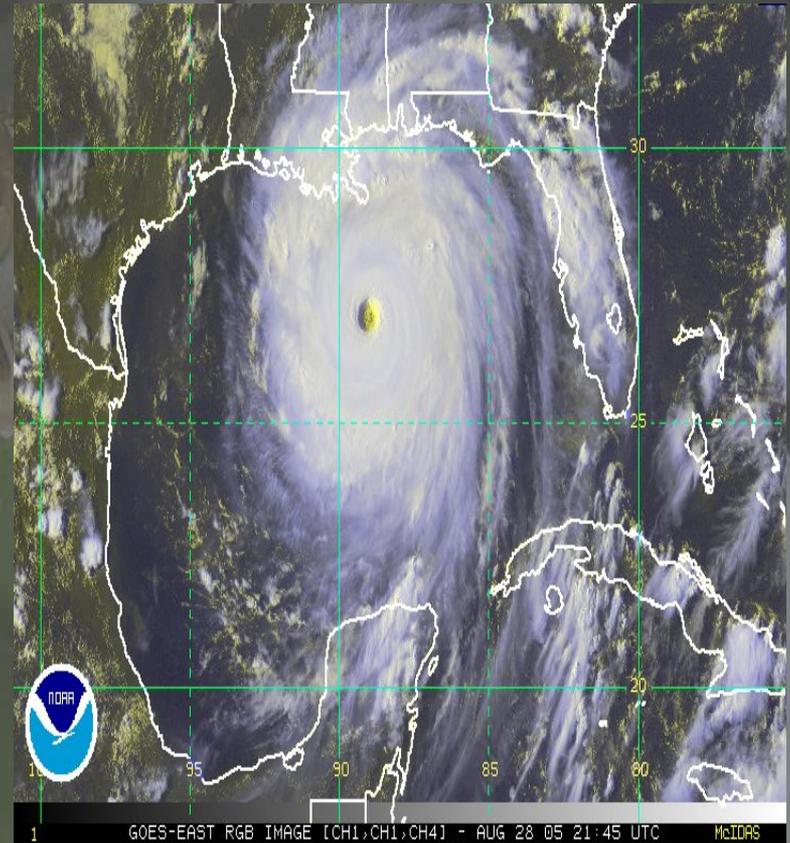
# Emergency Preparedness – New Emerging Public Health Area

- 1999 – states could not exchange information in real time
- 2000 – public health state agencies funded for key infrastructure update
- World Trade Center Attacks/September 2001
- Anthrax attacks/October 2001
- Program expanded to include bioterrorism preparedness



# Game Changer – Hurricane Katrina

- Changed preparedness dynamics – all-hazards approach to disaster and emergency preparedness
- Saw severe gaps in disaster preparedness on local, state, and federal levels
- CDC introduced a new term - “at risk” populations
- Functional & Access Needs



# Functional and Access Needs

- Individuals with English as second language
- Illiterate
- Pregnant women
- Institutionalized individuals (hospitals, nursing homes, prisons, mental hospitals)
- People with mental/physical challenges
- People with primary vehicles 10 years old or older
- People with chronic illnesses
- The elderly

# Elderly – Three Categories

- Defined as someone who is 65 years or older
  - Young-old: 65 - 74 years
  - Aged: 75 - 84 years
  - Oldest-old: 85 years+

Frail elderly: have health conditions that limit independency – anyone 65 years and older



# What is Personal Preparedness?

Being aware and informed about potential hazards in your local community and having a plan in place to address those most immediate needs for the first 72 hours.



# Challenges for the elderly

- Social isolation
- Physical impairment
- Mental impairment
- Social & psychological impairment
- Transportation
- Less proportionate financial aid/recovery assistance

# Client Access

Federally funded programs with disaster preparedness requirements for organizations that provide direct care services to the elderly.

In MS, some of those programs are:

- Planning and Development Districts
- Meals on Wheels
- Medicaid Waiver
- Non-Emergency Medical Transportation

# Training for Direct Care Providers

- Homemakers
- Professional caregivers
- Certified Nurse Assistants (CNA)
- Home Health Nurses

# Program Intent

## Direct care providers will:

- Help client determine immediate needs
- Assist client with making a plan to address those needs
- Inform clients about community hazards
- Provide contact information for community resources
- Support client connecting with friends, family and faith groups



# Assessing Immediate Needs

Examples of essential needs for up to **72 hours/3 days** of independent survival:

- Food (non-perishable/easy open)
- Water
- Prescriptions/Support Medical equipment (i.e. – oxygen, peritoneal dialysis, durable medical equipment, etc.)
- Sheltering (in place and/or evacuation)

# Personal Preparedness Planning

- Plan for events most likely to occur
- Make a family communication plan
- Identify an emergency contact
- Plan for sheltering in place & evacuation
- Emergency kit
- Review/Update/Practice every six months

# Community Hazards in Mississippi

- Flash flooding
- Straight line winds
- **Home fires**
- Tornados
- Hurricanes
- Chemical spills & releases
- Nuclear incidents
- Hazardous material waste
- Train derailments

# Community Resources

- **American Red Cross**
- Volunteer Organizations Active in Disaster
- Catholic Charities
- Southern Baptist
- United Methodist Committee on Relief
- Salvation Army
- United Way

# Community Resources

- County Human Resource Agencies
- Department of Human Services  
(Aging Adults Division)
- State Emergency Management Agencies
- State Departments of Health  
(Emergency Preparedness and Response  
Offices)

# Facilitating Community-based Networking

- Caregiver support
- Family & friends contact
- Faith-based outreach & support
- Update point(s) of contact information

# Training for Direct Care Service Providers included:

- Individual preparedness training for the direct care providers & their families
- Local hazards
- Response activity timeline
- How to identify immediate needs
- Provided examples of checklists
- Resources for additional support

# Outcome & Next steps

## Packet with:

- Information about local hazards & ways to prepare
- Checklist with basic immediate needs
- Resource contact information

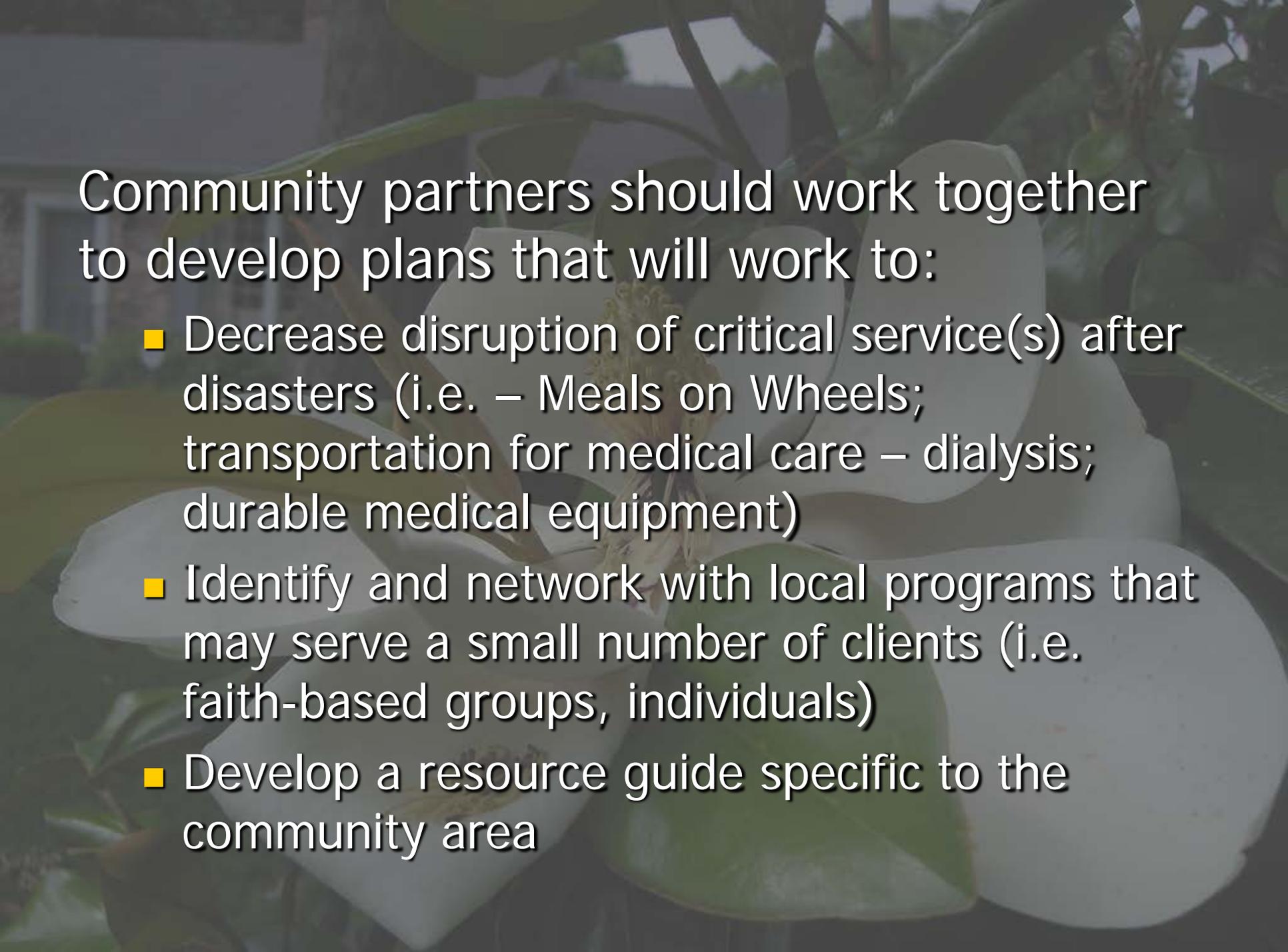
Toolkit with easy search methods

On-going & annual training opportunity

Development of formal training program for direct service providers

# What community partners and government can do together

- Connect to and involve eldercare advocates and key community leaders in preparedness planning
- Emergency management efforts must be people driven and not process driven
- Service organizations, state and federal agencies, local non-profits and community-based entities must coordinate and collaborate for best outcomes – critical due to funding limits
- Design warnings specific to address impairments that may impede traditional outreach



Community partners should work together to develop plans that will work to:

- Decrease disruption of critical service(s) after disasters (i.e. – Meals on Wheels; transportation for medical care – dialysis; durable medical equipment)
- Identify and network with local programs that may serve a small number of clients (i.e. faith-based groups, individuals)
- Develop a resource guide specific to the community area

# Conclusion

- Awareness & education
  - Streamline/Applicable
- Community support & participation
  - Faith-based groups
  - Homeowner Associations
- Encourage volunteer engagement
  - Engagement in single focus projects (HFC)
  - Community and individual buy-in (WIIFM)



**Questions  
&  
Comments**

# References

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# Contact Information

Kim R. Abrams MS, CPM, CBRM, CHES

Disaster Program Manager

Home Fire Campaign Regional Lead

**American Red Cross – Southwest MS  
Chapter**

[kim.abrams@redcross.org](mailto:kim.abrams@redcross.org)

(o) 601-353-5442

(c) 769-610-5134