

# Education of Elderly Patients About Emergency Preparedness by Health Care Practitioners

Responding to large-scale disasters is an increasingly common occurrence. Historically, individuals aged 65 years and older, one of the fastest-growing segments of the US population, have been disproportionately affected by these events and their sequelae.<sup>1</sup> As a consequence, various resources have been developed to support the emergency preparedness activities of older individuals.

Among the most highly vulnerable segments of this population are homebound individuals, who present with multiple chronic conditions combined with the physical, sensory, and cognitive changes that generally accompany aging. Partly because of their decreased mobility, these individuals can often become isolated in their homes, leading to decreased communication and interaction with their local communities, including their health care providers. In recognition of the heightened needs of this subpopulation, the Centers for Medicare and Medicaid Services increased the preparedness responsibilities of home health agencies that serve these patients, explicitly stating that the activities and resources of these agencies are necessary for effective community emergency planning.<sup>2</sup> More specifically, the ruling underscores the role of home

health agencies in maximizing patient resiliency, thereby enhancing local community resilience. Notwithstanding this requirement, much remains unknown about how home health practitioners discuss disaster preparedness with their patients. Moreover, these practitioners are generally not experts in preparedness, and, thus, it is likely that compliance with this requirement would be facilitated by evidence-based tools to support their patient preparedness activities.

The Veterans Health Administration's (VHA's) Home Based Primary Care (HBPC) program, which serves 53 000 older veterans (mean age 76.5 years) throughout the United States,<sup>3</sup> is a subset of home health care programs. In providing in-home care to older individuals with complex chronic conditions, the HBPC program offers its practitioners a unique opportunity to act as trusted advisors to their patients. The multidisciplinary nature of the HBPC team additionally allows for the various team members to each contribute the distinct practices of their disciplines to best support their patients' needs. Providing resources to these practitioners to aid them in supporting their patients' disaster preparedness creates an opportunity to build on this trusted advisor relationship

and enhance the preparedness of some of the most vulnerable members of society.

## PATIENT ASSESSMENT TOOL FOR DISASTER PLANNING

When we assessed the policies and procedures of the HBPC program regarding disaster preparedness,<sup>4</sup> we identified a consistent gap in the robustness of HBPC patient assessment tools for disaster preparedness. Nonetheless, we found that program staff and leadership desire more direction about how to make their preparedness protocols more comprehensive.<sup>5,6</sup> In response, we created the HBPC Patient Assessment Tool with the support of select HBPC sites to provide a quick, user-friendly but comprehensive list of preparedness items to be reviewed by a practitioner who may be

undereducated as to what constitutes "preparedness education" and is also pressed to cover the more immediate medical concerns of the patient at the time of the visit.

The HBPC Patient Assessment Tool for Disaster Planning is, in essence, a single-sided, one-page checklist. This tool (1) addresses inconsistencies in the comprehensiveness and type of preparedness education disseminated by home health programs by creating a simple, comprehensive checklist of relevant patient characteristics for review by any practitioner on the HBPC team; (2) provides a list of preparedness education items that should be covered by the practitioner with the patient; and (3) can be easily shared with a first responder who may be unfamiliar with the patient.

Items in the tool include reminding patients and their caregivers how to activate 9-1-1, reviewing home oxygen safety, and reminding patients about the importance of having an emergency plan, which are all topics with which practitioners are generally familiar and comfortable discussing. In these more straightforward items, the

## ABOUT THE AUTHORS

*Tamar Wyte-Lake, Claudia Der-Martirosian, Maria Claver, and Aram Dobalian are with the Veterans Emergency Management Evaluation Center, Office of Patient Care Services, US Department of Veterans Affairs, Los Angeles, CA. Maria Claver is also with the Gerontology Program, California State University, Long Beach. Darlene Davis is with Geriatrics and Extended Care, Veterans Health Administration, Washington, DC. Aram Dobalian is also with the Division of Health Systems Management and Policy, School of Public Health, University of Memphis, Memphis, TN.*

*Correspondence should be sent to Tamar Wyte-Lake, Clinical Investigator, Veterans Emergency Management Evaluation Center, Office of Patient Care Services, US Department of Veterans Affairs, VA Greater Los Angeles Healthcare System, 16111 Plummer St, MS-152, North Hills, CA 91343 (e-mail: tamar.wyte@va.gov). Reprints can be ordered at <http://www.ajph.org> by clicking the "Reprints" link.*

*This editorial was accepted June 13, 2018.  
doi: 10.2105/AJPH.2018.304608*

checklist reminds the practitioner to cover a topic that is familiar but sometimes overlooked. By contrast, fire and carbon monoxide poisoning have been recognized as outsized threats to the senior community and, therefore, including items such as checking for functioning smoke and carbon monoxide alarms pushes the practitioner to go beyond simply identifying whether the patient has the alarms present, to more impactfully assessing whether they are working. For homebound individuals, simple activities such as changing batteries for smoke and carbon monoxide alarms, particularly for those located in hard-to-reach places such as ceilings, can be challenging, and are often ignored. Additional items include checking for backup oxygen or backup power sources for electrically dependent medical equipment; although these topics are not consistently considered to be under the purview of the home health agency,<sup>6</sup> they nevertheless play a crucial role in overall community resilience.

In contrast to some of the items mentioned previously, providing information about emergency shelter and emergency specialty transportation registration are more complicated. Shelter and transportation issues may be particularly challenging because home health agencies typically do not evacuate or shelter their patients. Nevertheless, these topics are vital; not knowing where to evacuate and challenges with transportation itself are often primary barriers to evacuation during large-scale natural disasters.<sup>7</sup> The ability of the practitioner to provide this information to the patient depends in part on the existence of pre-existing, regional organizations. Local public health departments

may be able to assist home health agencies by providing them with this information that, in turn, they can share with their patients.

## ADDITIONAL IMPLICATIONS

Items such as oxygen safety are frequently covered by standard home health agency practices, but the tool goes beyond those basic standards and thus should be equally valuable and relevant both within the VHA's HBPC program and outside the VHA. The role of the practitioner as a trusted advisor provides great opportunities to augment community education regarding disaster preparedness. Although the tool is designed for practitioners in the patient's home, items in this tool should still be useful for health care practitioners who see these types of patients in different clinical settings.

## CONCLUSION

Home health agencies are uniquely positioned to prepare their patients for disasters because not only can they provide education in the home but they can also tailor that message to the patient's own home environment. However, it should not be assumed their staff have the skills or expertise to provide the information about preparedness effectively without assistance. Providing that support by using an instrument such as the HBPC Patient Assessment Tool is one way to bolster their patients' preparedness while concurrently fostering greater community resilience.

The use of similar tools to support practitioners in other patient care settings should also

be explored. The new Centers for Medicare and Medicaid Services emergency preparedness requirements, combined with practitioners' inherent concerns for their patients' health and safety, likely present additional opportunities to engage practitioners in other care settings in enhancing the preparedness of vulnerable patients for disasters.

Building community resilience requires that the needs of the most vulnerable members of the community be carefully considered. As the "older old" become a larger proportion of our society, more attention must be paid to how best to address their preparedness needs. Checklists are an efficient, effective means to accomplish this goal. **AJPH**

*Tamar Wyte-Lake, DPT, MPH  
Maria Claver, PhD, MSW, CPG  
Claudia Der-Martirosian, PhD  
Darlene Davis, MHA  
Aram Dobalian, PhD, JD, MPH*

## CONTRIBUTORS

All of the authors contributed equally to this article.

## REFERENCES

1. Al-Rousan TM, Rubenstein LM, Wallace RB. Preparedness for natural disasters among older US adults: a nationwide survey. *Am J Public Health.* 2014; 104(3):506–511.
2. Centers for Medicare and Medicaid Services. Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers. *Fed Regist.* 2016;81:63859.
3. Karuza J, Gillespie SM, Olsan T, et al. National structural survey of Veterans Affairs home-based primary care programs. *J Am Geriatr Soc.* 2017;65(12): 2697–2701.
4. Wyte-Lake T, Claver M, Dobalian A. Assessing patients' disaster preparedness in home-based primary care. *Gerontology.* 2016;62(3):263–274.
5. Wyte-Lake T, Claver M, Dalton S, Dobalian A. Disaster planning for home health patients and providers: a literature review of best practices. *Home Health Care Manage Pract.* 2014;27(4):247–255.
6. Wyte-Lake T, Claver M, Der-Martirosian C, Davis D, Dobalian A. Developing

a home-based primary care disaster preparedness toolkit. *Disaster Med Public Health Prep.* 2017;11(1):56–63.

7. Eisenman DP, Cordasco KM, Asch S, Golden JF, Glik D. Disaster planning and risk communication with vulnerable communities: lessons from Hurricane Katrina. *Am J Public Health.* 2007; 97(suppl 1):S109–S115.