

Kentucky Emergency Preparedness and Response Challenges to High Risk Frail Older Persons Living In HUD-Funded Housing

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Aging Challenges for Emergency Planners and First Responders

- In 2013, Kentucky persons 65+ represented 14.4% of the state population, slightly over the national rate of 14.1%.
- The growth rate for this age group in Kentucky over the 2003-2013 period is slightly lower (23.5%) than the national average (24.7%)
- Those 65+ in Kentucky experience poverty at 11.2% versus 9.5% for the country as a whole.
- Kentucky ranked 10th in the percent of population 65-74 years old.
- It ranked 3rd in elder poverty, 2nd in adults with a disabilities
(KY State Aging Plan: 2013-2015).

KY Disability Rates for Persons over 65

<u>KY Disability</u>	<u>Number</u>	<u>KY</u>	<u>KY</u>	<u>U.S.</u>
	<u>(1,000s)</u>	<u>Percent</u>	<u>Rank</u>	<u>Percent</u>
Persons age 65+ with disabilities, 2007:				
Sensory	110	21%	4	16%
Physical	201	39%	3	31%
Mobility	113	22%	2	18%
Self-care	65	13%	4	10%
Cognitive/mental	86	16%	2	12%
Any (one or more of the five above)	254	49%	4	41%
Cognitive Mental and any other disability	81	16%	2	11%
Adapted from AARP: Profiles of Long-Term Care and Independent Living, Kentucky (2009)				
Source: KY Aging Plan, 2009				

Living Arrangements

- In 2014, over half (57%) of older non-institutionalized persons lived with their spouse.
- Approximately 72% of older men lived with a spouse whereas 46% of older women lived with their spouse.
- This percentage declined with age, especially for women, to 32% for women 75 years old or older.
- Another 46% lived alone.
- Only 3.4% of persons 65 and older lived in institutional settings such as nursing homes (ACL, 2014).
- Therefore, almost half of women 75+ lived alone and approximately one-third lived with a spouse. The remaining lived with family or others.

HUD-Funded Housing

- HUD-funded housing for older persons can include:
 - low and moderate income tenants,
 - frail to very-frail tenants, and
 - tenants with limited transportation options.
- Functional challenges can include mobility difficulty, toileting and dressing limitations, medication management issues and even speech and hearing limitations.
- And yet, HUD emergency preparedness requirements are building-based, not tenant-based, leaving it to the communities and family/friends to assist the tenant in emergency preparations.

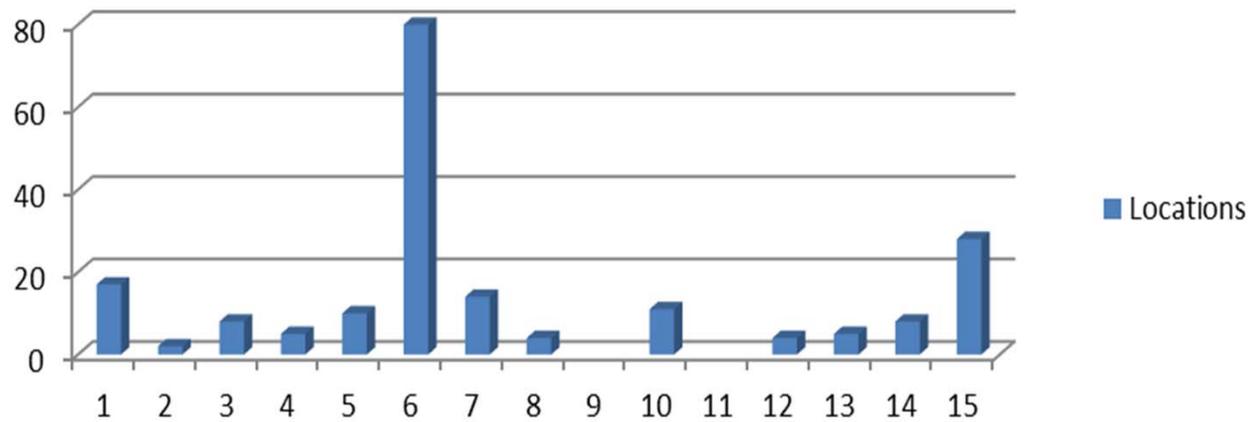
KY HUD-Funded Properties for Seniors

<u>Type of Senior Housing</u>	<u>Eligibility</u>	<u>Locations</u>	<u>Units</u>
202-funded	Very low income	89	2602
811-funded	Very low income	65	511
Other	Low-to-moderate income	42	3379

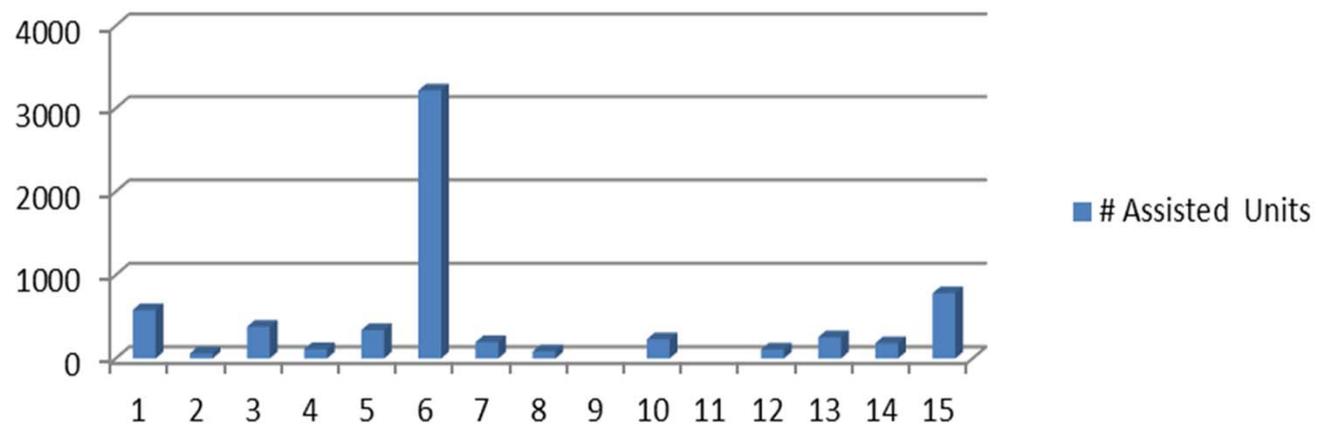
KY Senior HUD-Funded Locations by Region

KY Region	# HUD Locations	# Assisted Units	Medicare Recipients	# Electricity- Dependent	% Electricity- Dependent
1	17	581	28438	2136	7.5%
2	2	60	9263	561	6.1%
3	8	380	24960	1606	6.4%
4	5	112	20965	1523	7.3%
5	10	341	29755	2186	7.3%
6	80	3215	90484	5564	6.2%
7	14	197	31993	1493	4.7%
8	4	86	6042	700	11.6%
9	--				
10	11	231	36247	3792	10.5%
11	--				
12	4	108	5055	720	14.4%
13	5	255	25367	3062	12.1%
14	8	184	19633	1988	11.7%
15	<u>28</u>	<u>781</u>	<u>86302</u>	<u>4084</u>	<u>7.8%</u>
All	196	6,531	414,504	29,415	7.1%

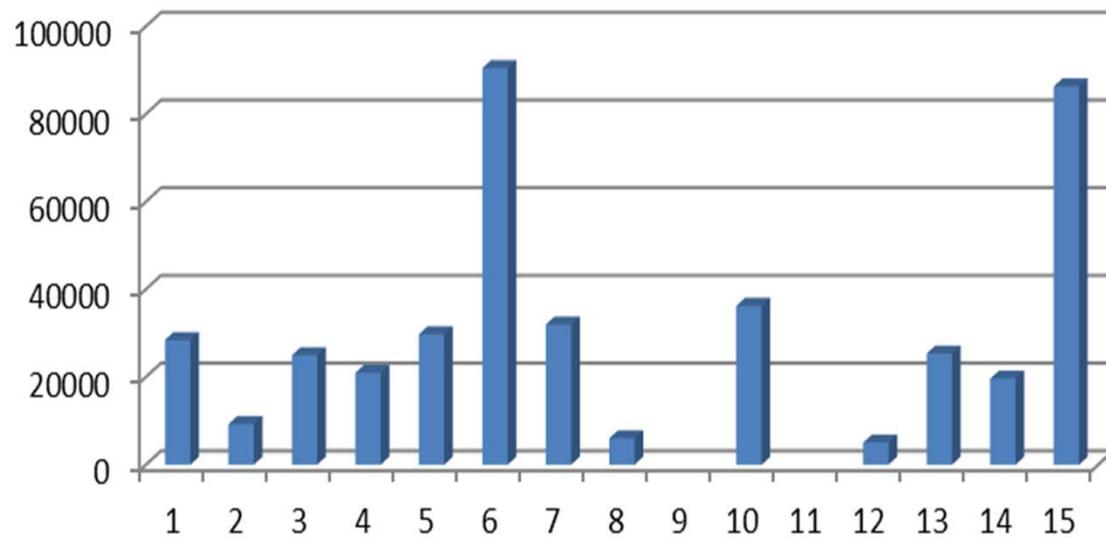
KY HUD Elderly Property Locations by HPP Region (HUD-Funded Counties)



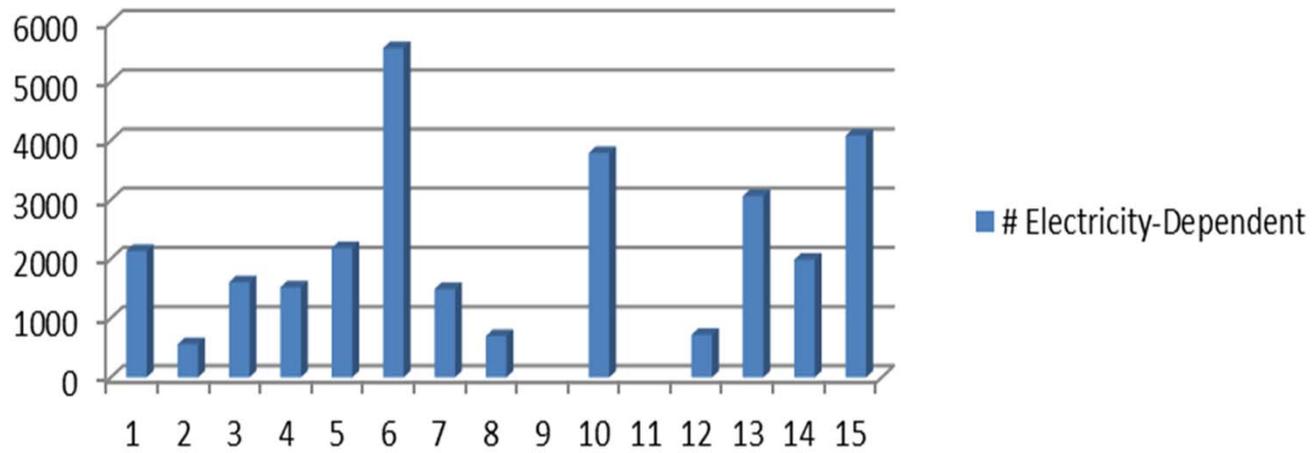
KY HUD-Funded Units for Elderly by HPP Region (HUD-Funded Counties)



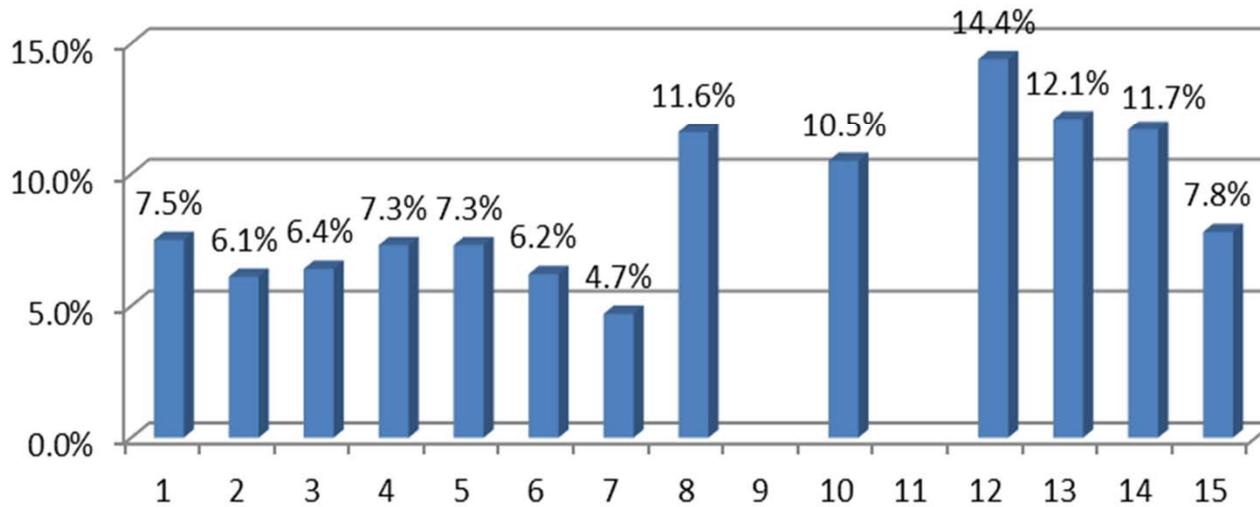
KY Medicare Recipients by HPP Region (HUD-Funded Counties)



KY Electricity-Dependent by HPP Region (HUD-Funded Counties)



KY Medicare Electricity-Dependency by HPP Region (HUD-Funded Counties)



Older Persons Preparedness

- A sample of older persons from 50-80+ years old reported that 27.2% of the sample knew of programs or organizations that prepare for disasters.
- A total of 49.9% indicated they would have difficulty exiting a building in a disaster due to health or mobility issues.
- Additionally, 43.2% knew of a community shelter, and
- 23.6% had an emergency evacuation plan.
- A reported 92.4% knew of someone within 50 miles who could provide shelter or transportation. (Al-rousan, Rubenstein and Wallace, 2014).

An Untapped Resource

- One underutilized group appears to be the primary care providers (PCPs).
- In a 2014 report found only 4.9% of the respondents reported their doctor or other health professional talking to them about natural disaster preparedness (Al-rousan et al, 2014).
- Since over 95% of older persons report a connection to a health care professional, PCPs appear to be the most obvious partner in dissemination of emergency preparedness information.
- The greatest challenge in engagement of doctors may be willingness to provide information for which they are not reimbursed.

Trusted Sources for Disaster Information

- **Burger, Gochfeld, Jeitner, Pittifield, Donio (2013) found that TV, radio, and local government (reverse-911) were the most trusted sources of communication about safety and health for persons 65 and over in Hurricane Sandy.**
- **Use of internet and social media were significantly less than the first three at zero internet use and social media at 5.5% use.**
- **Not only do older persons not use the new technology, HUD-funded tenants are least likely to have access to the internet, computers and smart phones.**
- **When emergency planners and responders develop their communication strategies for older persons, trusted sources of information need to include TV, local government and radio as primary sources over internet sources, Facebook, Twitter, etc. (Burger et al 2013).**

Medicaid Community Based Services

- Another factor of significance for emergency preparedness for frail and vulnerable elders living in the community has been the move by states and the Federal government to shift funding for care for older persons away from nursing home or institutional settings to community-based settings, such as HUD-funded housing or independent living in non-subsidized housing.
- Only 19% of Medicaid funding in Kentucky for older persons and the disabled is spent on community-based services whereas 81% is spent on institutional care.

Kentucky Case Study

- Lucy's stroke has left her with residual left hemi paresis. She experiences weakness and difficulty with balance but is able to ambulate with the assistance of a walker.
- Because of weakness in her left arm and hand, she can :
 - feed herself and prepare simple meals such as sandwiches and soup using the microwave.
 - She requires assistance in preparing hot meals.
 - She can shower using a shower chair but needs assistance getting in and out of the shower and washing her hair.
 - She is able to dress herself but needs assistance with buttons and zippers and putting on her shoes. Lucy is on medication for hypertension and diabetes.
 - She experiences short-term memory loss and requires assistance in remembering to take her medications.
- Lucy is eligible for subsidized housing.

Kentucky Case Study

Lucy's plan indicates that she needs the following services in order to live in the community:

- Home and Community Supports (4 hours/day), which will be provided through the HCB Transition Waiver by the housing provider and will include personal care and homemaking services
- Nursing Supports (2 visits/week), which will be provided through the HCB Transition Waiver by an LPN
- Occupational Therapy (2 times/week) as a state plan service
- Physical Therapy (2 times/week) as a state plan service
- Adult Day Social (3 times/week), which will be provided by the local Senior Citizen's Center
- Pharmacy Services as a state plan service
- Transportation (as needed within the limits of the voucher) which will be provided through the HCB Transition Waiver
- PERS – a Personal Emergency Response System will be purchased which will allow her to push a button to summon help
- Medication Reminder – a Medication Reminder Machine will be purchased through the HCB Transition Waiver utilizing her Goods and Services Benefit. Her daughter will load her meds into the machine once a week.

Source: www.ltccc.org/key/documents/KentuckyOperationalProtocol.doc

What Do We Do Now! This is the Future!

- This is who will call or require responders in an emergency
- This is who will show up at shelters or be responded to in a congregate setting
- This is who will need resources brought to them

Critical Partners

- Traditional partners continue to include the KY Department for Aging and Independent Living, the Area Agencies on Aging and Independent Living, Community-Based Services, the Community Mental Health Centers, among a few others.
- The Administration for Community Living has subsumed the Administration on Aging and expanded its focus to all disability groups including older persons among them with an emphasis on independent living.

Changing Partners

- This has shifted the organization and infrastructure of historic partners to out-sourcing of services, essentially de-centralizing the management of and oversight to a wider range of vendors.
- Community resilience as a mandate from the White House becomes more challenging for healthcare coalitions and state preparedness efforts as effective outreach to engage new partners in diffusing emergency preparedness to isolated older persons will require a significant increase in new community engagement.
- Or, it can create new opportunities for developing partners in altogether new circles.

Challenges Moving Forward

- As the Baby Boomers move into the 65 and older population with the accompanying health and vulnerability risks, Public Health, Health Preparedness Coalitions, first responders and jurisdictions will be faced with:
 - a sharp increase in vulnerable populations
 - dispersed across many different housing configurations.
 - The challenge for emergency planning professionals will be communication, education and community engagement with new partners. And, they need to be the **RIGHT ONES!**

Additional Information

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