



Policy Brief

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STATE POLICIES CONCERNING DISASTER PREPAREDNESS FOR HOME-AND COMMUNITY-BASED SERVICE PROVIDERS

Keywords: disaster preparedness, natural disasters, home-and-community-based services (HCBS), aging in place, Older Americans Act (OAA), Area Agencies on Aging (AAA)

Purpose of the Study: To assess state-based disaster preparedness policies for home-and-community-based services (HCBS) funded by the Older Americans Act (OAA). The study focused on ten states with large populations of older adults and a history of natural disasters.

Key Findings:

- ✓ All ten states specify disaster preparedness provisions beyond OAA guidelines in state documents, though provisions vary widely by state
- ✓ Directives on disaster training and response are limited in many states

Major Policy/Practice Implication: Most states provide disaster preparedness provisions with little direct support to enact them at the local and provider levels. Research suggests that older adults are unlikely to seek out preparedness information, and AAAs and service providers may need additional support to administer disaster plans from start to finish.

IMPORTANT BACKGROUND INFORMATION

Medicare requires its providers, such as nursing homes, to have disaster plans. However, the Older Americans Act (OAA), which funds many home-and-community based services (HCBS), gives only general guidance on disaster planning. As a result, states vary in their disaster planning requirements for OAA-funded service providers. Assessing state disaster policies is important because 1) natural disasters are occurring more frequently, 2) older adults with functional disabilities and chronic illnesses are especially vulnerable in disasters, and 3) about 15 million older adults receive HCBS through OAA funds (e.g., personal home care).

STUDY METHODS

Researchers chose ten states (CA, FL, GA, IL, MI, NY, NC, OH, PA, TX) that had experienced natural disasters between 2009 and 2018 and are home to 54% of the 65+ population in the United States. The researchers developed questions to assess each state's policy directives using existing literature and detailed disaster planning documents from Florida and North Carolina. Questions focused on how states direct OAA-funded service providers and Area Agencies on Aging (AAAs) to plan for, and respond to, natural disasters. Researchers also reviewed state documents and communicated with state personnel via phone and email.

KEY FINDINGS

- ✓ **Each state documents disaster preparedness provisions beyond OAA guidelines, though they vary widely by state:** All states provide disaster preparedness information on their websites. All state plans also include provisions beyond the OAA guidelines, while a few provide separate disaster preparedness documents (FL, GA, and NC). All state departments specify at least one point-of-contact for disaster preparedness, which vary from emergency coordinating officer positions (e.g., FL and NC) to more general aging services personnel (e.g., MI). Most of the states require AAAs and service providers to identify older adults at risk to varying extents. Ohio demonstrates the most explicit provision that requires providers to assign a disaster priority level to each individual receiving OAA-funded services.
- ✓ **All states include provisions for disaster training, but only half of the states include directives for drills to assess disaster plans:** Most training provisions are directed toward state units on aging, AAA personnel, and, less often, service providers. Florida and Ohio are among the states that include directives for disaster drills.
- ✓ **Directives on disaster response are limited in many states:** Only a few states (NC, FL, and OH) have protocols to contact providers and/or older adults before and after disasters. Most state entities defer to AAAs to evaluate disaster plans, though a few states seem to have informal protocols to assess AAA disaster plans and responses.

PRACTICE AND POLICY IMPLICATIONS

It appears most state entities assume a consultive role to AAAs, providing disaster preparedness information but little direction or accountability. For example, few states provide disaster training directives or formal evaluations in the event of disasters, and very few of the provisions are codified into law or regulation. Prior research suggests older adults are not likely to seek out preparedness information, and AAAs/ service providers may need more direct support in enacting preparedness policies. Recommendations include the following:

For policy makers: Look to examples of states with more developed disaster provisions (e.g., FL and OH) to help AAAs and service providers enact more robust plans from start to finish, including preparedness, personnel, training, response, and evaluation.

For service providers: Recognize that disaster preparedness is an increasingly important component of aging in place. Consider building disaster plans in cooperation with local safety, emergency, and public health service providers.

For researchers: Consider projects to answer follow-up research questions. For example, do state-level disaster preparedness provisions correlate with specific outcomes (e.g., the number of community-dwelling older adults who move to institutional settings post disaster)?

ORIGINAL ARTICLE

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