

Dr. Charlotte S. Yeh, MD
Chief Medical Officer, AARP Services Inc.
Institute of Medicine – Medical Surge Capacity
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Greeting & Overview

- It is a pleasure to be here to discuss this important issue. I'd like to thank the Institute of Medicine for organizing this workshop. I very much appreciate the opportunity to provide some insights and perspective, particularly on how medical surges impact the behavioral health and medical needs of older people.
- I think we would all agree that the American health care system requires reform and nowhere is this more evident than in the ability to access care during a major public health threat.
- For many of us, the images of people affected along the Gulf Coast by the devastating storms of 2005 remain vivid. As you are probably aware, an estimated 1,330 people were killed as a result of Hurricane Katrina. What you may not know, however, is that:
 - In Louisiana, roughly 71 percent of the victims were older than age 60; and 47 percent of those were over age 75;
 - Most of the victims died in their homes and communities;
 - For older survivors, the emergency response often resulted in inappropriate displacements and/or deterioration in health and functioning.

Disproportionately Vulnerable

- While some progress has been made in responding more effectively to the needs of our citizens in disasters, there is still a great deal of work to be done, particularly with regard to protecting the older population. Older persons are likely to be disproportionately vulnerable to public health emergencies for a variety of reasons.
- Medical conditions and functional disabilities make older persons more vulnerable. They are more likely to have chronic illnesses; functional limitations; and sensory, physical, and cognitive disabilities than are those of younger ages.
 - More than 80% of current Medicare beneficiaries have at least one chronic medical illness and one in four have five or more chronic conditions.
 - The prevalence of arthritis increases with age, often making it difficult to stand in line for lengthy periods.
 - Chronic illnesses can increase the risk of pneumonia 40-150 times.
 - Approximately half of men and more than a third of women aged 65 and over report having trouble hearing.
 - Nearly one fifth of all people aged 65 and older report having trouble seeing.

- As a result of multiple chronic conditions, many older persons have complex individualized medication regimens that cannot be interrupted without serious, possibly fatal, complications.
 - 51 percent of persons age 65 and older take three or more prescription drugs per month.
 - Changes in medications can result in a host of serious consequences, ranging from confusion to falling to dangerous changes in blood pressure.

- Especially at advanced ages, many older American experience general “frailty,” a recognized syndrome distinct from both the normal aging process and disability.
 - It is estimated that about 20 percent of persons age 80 or older are frail, aside from any acute and chronic conditions they may have.

- Socio-demographic characteristics of the older population also contribute significantly to the challenges of protecting this group during public health emergencies. Compared with the general adult population, older persons are more likely to have lower literacy levels, live alone, are less likely to be able to drive and rely on informal caregivers.
 - 42% of Medicare enrollees age 65 and over have limitations in activities of daily living or instrumental activities of daily living. Source: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey (1992-2005)

- And finally, it is important to recognize the psychosocial characteristics that make older persons more vulnerable. Compared with the general adult population, older persons are more reluctant to accept public assistance, fear being institutionalized and are often “invisible” to relief workers.
 - According to research compiled from the U.S. Census Bureau in 2007, one out of five men over the age of 65 live alone. The same data reveals that two out of every five women also live alone.

- As we think more carefully about this population, it is also important to recognize that there are segments within the segment. We cannot responsibly paint all older Americans with a broad brushstroke. While some may be fearful, reluctant to share information and need support, others are self-motivated and are often in the roles caregivers themselves.

Addressing the Challenges

- Being able to address these challenges and better protect vulnerable older persons during a public health emergency is a pressing need and one that is growing rapidly.
 - As we all know, the number of older Americans is increasing dramatically. For example, in 2030, the 80+ population in the U.S. is projected to reach 19.5 million, more than doubling what it was in 2000.
 - We are staring at an explosion of older, increasingly frail people who require additional assistance during widespread health emergencies.
 - And then there’s the centenarians. As of June, 2008, the U.S. Census Bureau estimates there are about 95000 centenarians in the United States.

- Allstate has noted that in 2007, Hallmark sold approximately 85,000 "Happy 100th Birthday!" cards. By 2050, the number of US centenarians is expected to reach 834,000 and possibly even 1 million.
- So how do we address the challenges of a disproportionately vulnerable and aging population? Following the devastating hurricane season of 2005, AARP convened a diverse gathering of government officials, emergency response experts, relief organizations and aging advocates. This group identified three critical areas: (1) planning and communications; (2) identifying who will need help and what kind of help, including registries, tracking and medication; and (3) evacuating older persons and "special needs" shelters.

Planning & Communications

- Successful emergency planning requires engagement at several levels including the individual, the caregiver, local authorities, state agencies and the federal government. The first challenge is to clarify the roles of the many different entities and clearly determine "who should do what and when."
 - Recommendations from the 2005 AARP workshop included engaging in integrated/coordinated planning that begins at the neighborhood and community levels, but reaches to the state, regional or even national level. Developing strong relationships and partnerships before a healthcare emergency strikes is critical.
- Importantly, emergency management personnel must be better trained in the needs of older persons, recognizing the unique challenges noted earlier.
 - Geriatric training has not been a high priority of medical schools and there are shortages of geriatrician clinicians.
 - The training of EMTs does not typically include a geriatric module.
- At the same time, it is important that "aging network" personnel are also trained in emergency management procedures. During a public health emergency, making better use of "aging network" resources and expertise is critical.
 - For example, the nation's 655 Area Agencies on Aging, 11,000 senior centers and 29,000 senior service providers are not only the most knowledgeable in pinpointing homebound elderly who need assistance in emergencies, but can help reinforce preparedness messages to the older population.
- There is a tremendous need to provide older Americans with information appropriate to their needs and in accessible formats. Many older persons seeking information before and during health emergencies are not able to find or comprehend critically important information.
 - A survey of state and local emergency managers conducted by the National Organization on Disability following Hurricane Katrina revealed that only 42 percent said "yes" when asked if they routinely provide information to older Americans.
 - The majority of older Americans face literacy challenges. In 2003, 60 percent of people age 65 and over had below basic or basic document

and prose literacy, and 71 percent had below basic or basic quantitative literacy. Only 3 percent to 5 percent of older Americans had proficient literacy in any component.

- Emergency personnel should use a combination of methods for preparedness messaging and emergency notifications in alternative formats -- such as both audible and visual cues to reach populations with literacy challenges along with sensory and cognitive disabilities -- and develop close working relationships with the media to publicize the availability of hotlines.
 - Surveys have found that older Americans watch 5.5 hours of television each day, the greatest number of hours of any age group.
- Emergency personnel should not overlook the power of the internet. Recent surveys suggest that the older population is gravitating online through social networking sites. Emergency personnel would be wise to consider this particular communication vehicle to inform, educate and raise awareness before and during emergency situations.
 - Research indicates that the number of 50+ individuals with broadband access capabilities topped 30 million in 2006 and a plethora of new services, entertainment options and time-saving solutions have become widely available. The 50+ crowd is becoming more tech-savvy with at least half of individuals 50+ surfing the net on a monthly basis.
 - It has been one year since AARP.org unveiled its social networking platform, and during that time, roughly 350,000 users have created 1,700 different groups.
 - The fastest growing demographic on Facebook is women over 55 years of age.
- Obviously successful emergency planning begins well in advance of any potential emergency. I would be remiss if I did not mention the AARP initiative we call, "Operation Emergency Prepare." This initiative utilizes volunteers and provides them with the tools to reach out to family, friends and neighbors, and help them complete a few simple preparations for a disaster or emergency.
- By taking the steps outlined in the materials we provide, volunteers can help others be prepared with basic information and tools that can help them endure a crisis. If you are interested, Operation Emergency Care materials can be downloaded from Create The Good on AARP.org

Identifying Who Needs Help and What Kind of Help

- According to an AARP survey, about 13 million people ages 50 and older say they will need help evacuating in the event of a natural disaster, and about half said they would need that help from a caregiver or someone outside of their households.
- These survey results raise two very important issues that must be addressed as we consider how to better prepare for a potential public health emergency – (1) the shift towards more community based home care as opposed to institutional care and (2) the role of caregivers.

- There's no questions that many older Americans prefer care at home where they control the agenda, care schedule, diet, sleep time, and enjoy familiar surroundings. No one wants to spend their last days or even years surrounded by strangers, separated from their families and friends, enduring constant changes in staff and regular changes even of the people who share their nursing home room.
 - Many states are showing today that the shift from institutional care to community-based home care can be achieved. Over the past twenty years many new and innovative home-based services have been developed around the country.
 - As a result, between 1992 and 2004, Medicare enrollees age 65 and older decreased the spend on long-term care facilities by six percent.
 - Emergency planners must be more aware and better prepared for greater numbers of older Americans who may need additional assistance evacuating from their homes during public health emergencies.

- As greater numbers of older Americans choose to receive care and age in their home, caregivers are also playing a greater role and must be factored in good emergency planning.
 - It's estimated that 29 million people in this country provide uncompensated care to relatives and friends, many of them working more than 40 hours a week at caregiving alone.
 - In a study published in the March 2002 issue of the American Journal of Public Health, 36 percent of caregivers surveyed identified themselves as "vulnerable," meaning they were in fair to poor health or had a serious health condition.
 - We referenced literacy challenges related to older persons earlier, but many caregivers indicate problems comprehending written instructions according to a 2009 AARP survey. The survey revealed nearly one third of caregivers in the U.S. have problems learning about a medical condition because of difficulty understanding written information. Furthermore, the study revealed that 40% of caregivers say they are not very confident filling out medical forms by themselves, and more than 30 percent are not very confident when it comes to understanding and following a doctor's instruction.

- An opportunity to improve emergency preparedness is through greater identification and tracking of both people (older Americans & caregivers) and health information.
 - In Florida, every county is required to maintain a special-needs registry and every resident who needs assistance with daily living activities can sign up. As a result, older persons needing assistance can then be located during an emergency and brought to special-needs shelters equipped with extra medical supplies and specialized foods, and staffed by nurses and medical providers.
 - I should note that in March, President Obama nominated former Florida Emergency Management Director Craig Fugate to lead FEMA. (Perhaps an indication of Mr. Fugate's tremendous success in managing disasters in a state with a significant population of older Americans.)

- We should applaud this type of forward planning and at a minimum encourage the use of “special needs” registries in all communities across the U.S.

Evacuating Older Persons: How and Where to?

- Once evacuated, many older people face unique challenges and require more assistance than the rest of the adult population. Some may need to go to special-needs shelters designed specifically for evacuees with disabilities and serious medical issues. Complex demands must be addressed especially when older evacuees have specialized needs such as bedding, nutrition, oxygen, walkers, canes and medications. I should point out that these needs are sometimes overlooked.
 - For example, it is commonly assumed that the needs of older people will be met by family members, rendering them more “hidden” within the total shelter population.
 - In addition, there can be particular challenges associated with obtaining medical histories from evacuees who are cognitively impaired, placing them at even greater risk of having their special care needs overlooked.
- Furthermore, emergency personnel must ensure that special needs shelters are able to address a range of living circumstances/needs of older people including diverse relationships, special caregiving responsibilities, and other arrangements that might otherwise act as barriers to their mobility and relocation.
 - Additionally, communities should strengthen efforts to incorporate the building of “smart” emergency preparedness technology into special needs shelters. For example, shelters should be equipped with emergency generators that can be used to power ventilators, dialysis machines and other critical medical devices in the event of a power failure.
- It is also important to recognize that while there are many elderly persons who are perfectly functional in their own environment and do not currently have special needs, emergency personnel should not assume that because these people are functional today that they will be functional during an emergency.
 - Often, when older persons are taken from their familiar surroundings and relocated, they become disoriented and confused. As a consequence, older people often become forgetful about physician instructions and medications, for example.
- The move toward a national electronic health record will help tremendously in the identification of health information during public health emergencies.

Conclusion

- It is encouraging to report that since Hurricane Katrina, public health personnel, emergency responders, and aging services professionals have begun working together to plan for protecting frail older adults who may need assistance following a disaster. The goal is to create an emergency response system that can rescue and shelter vulnerable populations and then ensure that they continue to receive routine health care.

