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#### "Are We Ready?" Disaster Preparedness for People with Chronic Conditions or Disabilities

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# "Are We Ready?" Disaster Preparedness for People with Chronic Conditions or Disabilities

Reality

## Background

- Disaster preparedness = CRITICAL
- Highlighted by COVID-19
- Exacerbated by climate change
- Persons with chronic conditions or disabilities (PCCD) → face more risks
- Worse health disparities & barriers at baseline
- Natural disasters = ↓ health outcomes
- increased for PCCD
- Aging demographics → increased chronic diseases
- o greater number people at risk

# Importance of Preparedness

- Post-disaster= worse health disparities for PCCD
- Need tailored interventions
- Health promotion and equity= core nurse values
- Aid communities in enhancing health outcomes and resilience

# Quality Improvement Framework

Advancing Research and Clinical Practice Through Close Collaboration (ARCC) Model uses:

- control theory
- cognitive behavioral therapy to:
- implement Evidence Based Practice

increasing patient safety

- improving healthcare quality
- enhancing population health outcomes

Collaboration with diverse stakeholders fosters inclusive strategies, enhancing healthcare facility accessibility and addressing systemic biases.

# Key Concepts & Outcomes

Improve disaster preparedness & resilience w/focus on PCCD

Involves promoting individual/family, community, & policy-level interventions = ensure equitable access to resources & support during disasters

Aim: To create a more inclusive & resilient society

→ leading to better health outcomes for *ALL*individuals affected by disasters

### Interventions & Solutions

Build a 3 day emergency kit









Encourage community building

Screen patients & give resources









Application/assessment
by COPEWELL
(Composite for PostEvent Well-Being) for
recommendations

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## Key Players

PCCD & families

Theoretical

- Community-based partners & advocacy groups
- Rural clinic staff
- Nurses, medical assistants, providers, case management, & leadership/executive team



(CDC 2023a)

#### Evaluation

Individual: 20% of patients/families will have at least a 3 day emergency kit 1 month after screening

Community: Screen at least 50% of people seen at the clinic with the questionnaire by the end of the month & give appropriate resources for positive screenings

Policy: Apply for COPEWELL assessment before next year, ultimately having assessment & recommendations for the community to enact

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