

RESOURCES AND RELATIONSHIPS IN DISASTERS: DIFFERENCES AMONG SMALL AND LARGE ASSISTED LIVING COMMUNITIES

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Disaster preparedness among assisted living communities (ALCs) has not been widely researched, despite the growth of ALCs and evidence of disability in this population. An additional issue of concern is the way in which ALCs vary, including variation by size. The purpose of this paper was to explore the experiences of ALCs in Florida that experienced Hurricane Irma in 2017 and how experiences varied by ALC size. Qualitative interviews and focus groups were conducted with representatives of small ALCs (<25 beds; n=32) and large ALCs (25+; n=38). Transcripts were analyzed using Atlas.ti version 8, and research team members collaborated to reach consensus on codes and further analyze differences based on ALC size. Results suggest there are differences among ALCs in their disaster preparedness and response, and these differences are related to size (e.g., access to resources, organizational characteristics). Implications for ALC resident wellbeing and future disaster planning will be discussed.

THE ROLE OF HOSPICE IN FLORIDA NURSING HOMES POST-HURRICANE IRMA

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There is little known about the effect of hospice post-disaster. This study utilized exposure to Hurricane Irma (2017) to evaluate the differential mortality effect of the disaster on Florida NH residents (N=45,882) compared to a control group of residents in the same NHs in 2015 (N=47,690) by hospice status. We also examine the difference in hospice utilization rates post-storm for short- and long-stay (LS) residents. There was an increase in mortality for those in the cohort not on hospice within 90 days in 2017 compared to 2015 (OR= 1.06, 95% CI: 1.01, 1.11). For the rate of hospice enrollment post-storm among residents previously not on hospice, there was an increase among LS residents within 30 days (OR =1.15, 95% CI: 1.02, 1.23) and 90 days (OR= 1.12, 95% CI: 1.05, 1.20). It is important to further examine the increase in the rate of hospice enrollment in LS NH residents post-storm.

NURSE STAFFING IN NURSING HOMES DURING HURRICANE IRMA

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Little is known about the effect of hurricanes on nurse staffing in nursing homes. Hurricane Irma made landfall on September 10th, 2017 in Florida. This study examined daily nurse staffing levels from September 3rd-24th, 2017 in 653 nursing homes; 81 facilities evacuated and 572 facilities sheltered-in-place. Data from Payroll-Based Journaling (PBJ), Certification and Survey Provider Enhanced Reports (CASPER), and Florida's health providers' emergency reporting system were used. Among all facilities, we found significant increases in staffing for licensed practical nurses (p=.02) and certified nursing assistants (p<.001), but not for registered nurses (p=.10) before Hurricane Irma made landfall. In comparison to facilities that sheltered-in-place, evacuating facilities increased staffing levels of all nurse types (all p<.001). From one week before landfall to two weeks after landfall, an additional estimated \$2.41 million was spent on nurse staffing. Policymakers attempting to reduce the burden of natural disasters on nursing homes should reimburse staffing-related expenses.

EXCESS MORTALITY ATTRIBUTED TO HURRICANE IRMA AMONG ASSISTED LIVING RESIDENTS WITH CHRONIC CONDITIONS IN FLORIDA

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Little is known about the impact of hurricanes on residents in assisted living communities (ALs), especially among individuals with chronic conditions that increase their risk of death after storms. We examined how the association between exposure to Hurricane Irma in 2017 and mortality differed by select chronic conditions. With Medicare data, we identified cohorts of AL residents in 2015 (n= 30,712) and 2017 (n= 29,842) and compared their rates of 30-day and 90-day and mortality. We adjusted rates for demographic characteristics and other comorbidities. AL residents with diabetes were at highest risk of death after the storm; between 2015 and 2017 they experienced a 50% increase in their 30-day mortality rates (0.6% in 2015, 0.9% in 2017) and a 43% increase in their 90-day mortality rates (2.1% in 2015, 3.0% in 2017). Policy makers should consider strategies to ensure that diabetic residents maintain continuity of medical care during disasters.

HEALTH EFFECTS OF POWER LOSS AFTER HURRICANE IRMA ON NURSING HOME RESIDENTS IN FLORIDA

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