from small and large ALCs concerning the hurricane experiences of residents, including those with dementia. This symposium offers a multi-faceted view of a disaster's effects on LTC residents across Florida, including novel data from the NH environment and lesser-examined ALCs.

## MORTALITY AND MORBIDITY AMONG NURSING HOME RESIDENTS EXPOSED TO HURRICANE IRMA

David Dosa,<sup>1</sup> Julianne Skarha,<sup>2</sup> Lindsay Peterson,<sup>3</sup> Dylan Jester,<sup>3</sup> Nazmus Sakib,<sup>3</sup> Jessica Ogarek,<sup>4</sup> Ross Andel,<sup>3</sup> and Kathryn Hyer,<sup>3</sup> 1. Brown University, Barrington, Rhode Island, United States, 2. Brown University, Providence, Rhode Island, United States, 3. University of South Florida, Tampa, Florida, United States, 4. Brown University, PROVIDENCE, Rhode Island, United States

We combined Medicare claims and nursing home (NH) administrative data to determine the mortality and morbidity effect of Hurricane Irma on nursing home residents. We utilized the Centers for Medicare and Medicaid Services (CMS) Standard Analytical Files (SAFs) combined with the Minimum Data Set (MDS) to create an exposure cohort of NH residents residing in Florida facilities immediately prior to Hurricane Irma's landfall on September 10, 2017. We created a control group of residents who resided in the same NHs over the same dates in 2015, a year when there were no hurricanes. Outcome variables included 30/90-day mortality and first hospitalizations post storm. Compared to the control, an additional 260 more NH deaths were identified at 30 days and 429 more deaths at 90 days. Long stay residents (≥100 days) were at particular risk for mortality compared to short stay residents (<100 days). Hospitalization was also markedly increased.

## CHALLENGES OF CARING FOR AN ACUTE POPULATION IN A DISASTER

Lindsay Peterson,<sup>1</sup> Kathryn Hyer,<sup>1</sup> David Dosa,<sup>2</sup> Joseph June,<sup>3</sup> and Debra Dobbs,<sup>1</sup> 1. University of South Florida, Tampa, Florida, United States, 2. Brown University, Barrington, Rhode Island, United States, 3. School of Aging Studies, University of South Florida, Tampa, Florida, United States

The U.S. Gulf Coast hurricanes of 2004-08 led to research and policy reports highlighting the need for more emergency preparation among nursing homes (NH). In 2016, the federal government issued final rules requiring Medicaid and Medicare providers to develop comprehensive preparedness plans. The state of Florida previously imposed its own long-term care (LTC) preparedness requirements. Hurricane Irma tested the readiness of LTC facilities that care for disabled and vulnerable residents. This research examined the experiences of NHs (N=30) affected by the hurricane through qualitative interviews with administrative staff. Research team members analyzed the transcripts, identified codes, and met to reach consensus on themes. Three major themes emerged, 1) managing the unexpected, including last-minute evacuation orders, 2) caring for vulnerable residents amid the crisis, and 3) the struggle of maintaining staff. Results suggest LTC preparation has increased but long-standing

problems continue, including conflicts with emergency management priorities.

## HURRICANE IRMA'S IMPACT ON ASSISTED LIVING RESIDENTS' RATES OF HOSPITALIZATION, NURSING HOME PLACEMENT, AND MORTALITY

Cassandra Hua,<sup>1</sup> Kathryn Hyer,<sup>2</sup> Wenhan Zhang,<sup>3</sup> Jessica Ogarek,<sup>4</sup> and David Dosa,<sup>5</sup> 1. Brown University School of Public Health, Providence, Rhode Island, United States, 2. University of South Florida, Tampa, Florida, United States, 3. Brown University, Providence, Rhode Island, United States, 4. Brown University, PROVIDENCE, Rhode Island, United States, 5. Brown University, Barrington, Rhode Island, United States

Little is known about the impact of hurricanes on the large and increasingly vulnerable population residing in assisted living communities (ALs). The objective of this paper was to leverage a novel methodology to identify Medicare beneficiaries residing in Florida ALs and determine their outcomes associated with Hurricane Irma in 2017. With Medicare enrollment records, claims, and the nursing home Minimum Data Set, we identified a cohort of AL residents in 2015 (n=45,505) and 2017 (n=42,306) and compared their rates of 30-day hospitalization, nursing home placement, and mortality in the two years. AL residents in 2017 had a 10% increase in their 30-day hospitalization rates (3.96 in 2015, 4.34 in 2017), 16% increase in their 30-day nursing home placement rates (1.61 in 2015, 1.87 in 2017), and 22% increase in their 30-day mortality (0.54 in 2015, 0.66 in 2017). Findings suggest Florida AL residents experienced adverse outcomes following Hurricane Irma.

## EXPERIENCES OF ASSISTED LIVING COMMUNITIES AFFECTED BY HURRICANE IRMA: LEADERSHIP, LESSONS LEARNED

Kathryn Hyer,<sup>1</sup> Lindsay Peterson,<sup>1</sup> David Dosa,<sup>2</sup> Joseph June,<sup>3</sup> and Debra Dobbs,<sup>1</sup> 1. University of South Florida, Tampa, Florida, United States, 2. Brown University, Barrington, Rhode Island, United States, 3. School of Aging Studies, University of South Florida, Tampa, Florida, United States

Little is known about the effects of disasters on assisted living community (ALC) residents. This is a concern given the growth of the AL industry and the increasing numbers of AL residents with functional limitations and chronic health conditions. This research examined the experiences of AL administrative staff to better understand the impact of Hurricane Irma. Qualitative interviews were conducted with representatives of ALCs across Florida (N=70), and transcripts were analyzed using Atlas.ti version 8. Research team members met regularly to reach consensus on codes, identifying five major themes across the interviews, 1) planning and preparation, 2) leadership, including plan execution and managing the unexpected, 3) effects/consequences of the storm, including effect on residents and staff, 4) lessons learned, and 5) electrical power. Results provide a broad view of ALC preparedness, how it varies across different types of ALCs and implications for resident wellbeing and future emergency planning.