

## ASPR TRACIE Technical Assistance Request

**Requestor:** [REDACTED]  
**Requestor Phone:** [REDACTED]  
**Requestor Email:**  
**Request Receipt Date (by ASPR TRACIE):** 19 September 2017  
**Response Date:** 25 September 2017  
**Type of TA Request:** Standard

### Request:

[REDACTED] asked ASPR TRACIE for literature related to chronic disease management after disasters, to include both medical and psychiatric chronic conditions.

### Response:

The ASPR TRACIE Team reviewed existing Topic Collection for materials on chronic disease management after disasters; namely the [Access and Functional Needs Topic Collection](#). We also searched for other resources online. Section I includes multiple scholarly articles, and Section II provides guidance documents that can be helpful for your request as well.

#### I. Scholarly Articles

Aldrich, N., and Benson, W.F. (2008). [Disaster Preparedness and the Chronic Disease Needs of Vulnerable Older Adults](#). Preventing Chronic Disease. 5(1): A27.

The authors of this study discuss how planning and coordination among public health and emergency preparedness professionals and professionals who provide services for the aging are essential to meet the special needs of the elderly with chronic diseases. They note several tools and strategies already exist, and these include having professionals from diverse fields work and train in coalitions, ensuring that advocates for older adults participate in community-wide emergency preparedness, and using community mapping data to identify areas where many older adults live.

Arrieta, M.I., Foreman, R.D., Crook, E.D., et al. (2008). [Insuring Continuity of Care for Chronic Disease Patients after a Disaster: Key Preparedness Elements](#). The American Journal of the Medical Sciences. 336(2): 128–133.

The objective of this study was to address challenges and develop solutions in the provision of healthcare to those with chronic diseases. The authors focused specifically on aftermath of Hurricane Katrina in coastal Alabama and Mississippi.

Davis, J.R., Wilson, S., Brock-Martin, A., et al. (2010). [The Impact of Disasters on Populations with Health and Health Care Disparities](#). *Disaster Medicine and Public Health Preparedness*. 4(1): 30–38.

The objective of this study was to review existing literature on the combined effects of a disaster and living in an area with existing health or health care disparities on a community's health, access to health resources, and quality of life.

Fernandez, L.S., Byard, D., Lin, C., et al. (2002). [Frail Elderly as Disaster Victims: Emergency Management Strategies](#). *Prehospital and Disaster Medicine*. Vol.17, No.2.

The authors of this study identified the vulnerabilities of the elderly to disasters, and provide strategies for emergency management personnel to address these vulnerabilities. Results from their research indicate that the vulnerability of the elderly is related to their impaired physical mobility, diminished sensory awareness, chronic health conditions, and social and economic limitations that prevent adequate preparation for disasters, and hinder their adaptability during disasters.

Hussain, A., Weisaeth, L., and Heir, T. (2011). [Psychiatric Disorders and Functional Impairment among Disaster Victims after Exposure to a Natural Disaster: A Population Based Study](#). (Abstract only.) *Journal of Affective Disorders*. 06.018.

The authors of this study examined psychiatric morbidity and functional impairment after a natural disaster. Specifically, they interviewed Norwegian tourists who survived the 2004 tsunami in Thailand. Results indicated that depression and anxiety disorders were common among disaster victims 2.5 years after the 2004 tsunami.

Jankowski, K. (2016). [The Effects of Disaster on People with Severe Mental Illness](#). U.S. Department of Veterans Affairs.

This author of this report discusses how the presence of severe mental illness and other psychological factors may affect how a person experiences a disaster, including increased risk for distress and posttraumatic stress symptoms.

Miller, A.C., and Arquilla, B. (2008). [Chronic Diseases and Natural Hazards: Impact of Disasters on Diabetic, Renal, and Cardiac Patients](#). (Abstract only.) *Prehospital and Disaster Medicine*.

The following study assessed the burden of chronic renal failure, diabetes, and cardiovascular disease during disasters due to natural hazards, identified impediments to care, and proposes solutions to improve disaster preparation and management of those with chronic disease.

Sharma, A.J., Weiss, E.C., Young, S.L. et al. (2008). [Chronic Disease and Related Conditions at Emergency Treatment Facilities in the New Orleans Area after Hurricane Katrina.](#) (Abstract only.) *Disaster Medicine and Public Health Preparedness*. 2(1):27-32.

This abstract of research conducted after Hurricane Katrina describes the results of a study related to chronic disease and related conditions (CDRCs) patient populations.

Tomio, J., and Sato, H. (2014). [Emergency and Disaster Preparedness for Chronically Ill Patients: A Review of Recommendations.](#) *Open Access Emergency Medicine*. 6: 69–79.

The authors of this study reviewed reports from recent disasters in developed countries and summarized the recommendations, based on lessons learned, for disaster preparedness of chronically ill patients. These recommendations also provide practical and essential steps to prevent treatment interruption during and after a disaster.

## II. Guidance Documents

Centers for Disease Control and Prevention. (n.d.). [Disaster Information for People with Chronic Conditions and Disabilities.](#) (Accessed 9/22/2017.)

This webpage provides links and information to several resources for people with chronic conditions, such as diabetes, high blood pressure, and blood disorders.

National Association of County and City Health Officials. (2009). [Special Needs Population: Emergency Management of Bariatric Patients.](#)

Morbidly obese patients present challenges in emergency management, from adequate rescue transportation modes, to beds and chairs that will be needed to support them in shelter settings. In addition, this population may require a high degree of assistance, and are probably more likely to require hospitalization during and after a disaster event because of their co-morbidities such as hypertension and sleep apnea. This document addresses planning considerations for emergency managers and healthcare systems in communities affected by disasters.

U.S. Department of Health and Human Services. (2011). [Guidance for Non-HIV-Specialized Providers Caring for HIV-Infected Residents Displaced from Disaster Areas: Essential Information for Managing HIV-Infected Patients Receiving Antiretroviral Therapy.](#)

The following information provides guidance to healthcare providers attending to the medical needs of HIV-infected adults (including pregnant women) or children displaced from disaster areas who have not yet secured HIV care in the areas where they have relocated.

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (2012). [Planning Considerations for the Extremely Obese in Disasters and Public Health Emergencies.](#)

Results from the latest National Health and Nutrition Examination Survey (NHANES), indicate that an estimated 5.7% of U.S. adults aged 20 years and over are extremely obese. Considerations for extremely obese individuals are critical when planning for emergency preparedness, response, and recovery, as they will require more resources and may present significant logistical challenges in patient transport and patient care. This resource guide addresses planning considerations for caring for the extremely obese during disasters.

U.S. Food and Drug Administration. (n.d.). [FDA Offers Tips about Medical Devices and Hurricane Disasters.](#) (Accessed 9/22/2017.)

This website offers guidance on the general safety and operation of medical devices following hurricanes.

U.S. Food and Drug Administration. (n.d.). [Safe Drug Use after a Natural Disaster.](#) (Accessed 9/22/2017.)

The Center for Drug Evaluation and Research (CDER) at the U.S. Food and Drug Administration offers information on the use of drugs that have been potentially affected by fire, flooding or unsafe water, and the use of temperature-sensitive drug products when refrigeration is temporarily unavailable.

U.S. Food and Drug Administration. (2013). [Information Regarding Insulin Storage and Switching Between Products in an Emergency.](#)

Insulin from various manufacturers is often made available to patients in an emergency and may be different from a patient's usual insulin. After a disaster, patients in the affected area may not have access to refrigeration. This website provides information for patients and providers regarding those issues.