

From Education to Policy to Practice:

How DNP preparation is influencing client care in disasters

Janice Springer DNP, RN, PHN

University of Minnesota



1 Education

Program Design and Philosophy leans toward strategies to apply research findings in “real time”.

Science of Nursing Intervention prepares student in the language of research and evidence-based practice.

Program Evaluation offers a tool-kit for all aspects of developing, implementing and evaluating health programs (Issel, 2009).

Health Policy Leadership contributes to a broad understanding of federal programs, how they interface with state decisions, their impact on individual citizens, preparing students with strategies for influencing health care at multiple levels.

2 Synthesis

Fall, 2010: Literature Review; Needs assessment, and development of a Subject Matter Expert(SME) review committee

April & August, 2011: A mixed-method qualitative study of intake screening for access and functional needs of clients in general population congregate care shelters was done in two different disasters, a tornado and a hurricane.

2011-2012 Collaboration with a multi-agency task force between Health and Human Services (HHS), the Federal Emergency Management Administration (FEMA), and the American Red Cross to modify the intake-screening questionnaire used in disaster sheltering.

March 2012: Evidence-Based Recommendations made to the SME team and federal partners.

3 Policy

The Americans with Disabilities Act (1990), guides communities to assure accessibility and integration of persons with disabilities into all aspects of life. Reports from multiple disasters showed that persons with disabilities were “routinely not planned for” (National Council on Disability, 2005).

FEMA guidance, supported by the Department of Justice, released in October 2010, designed to assure that all community shelters have the resources to plan and care for the whole community. **National Response Framework** includes definitions, strategies and expectations for identifying and meeting access and functional needs of clients in disaster.

Presidential Policy #8 (PPD#8) requires planning be done including members from the **Whole Community**.

5 Practice:

A PHN-led Model supporting Independence and Health in a Community Shelter

Persons living at home and in community are supported/ served by PH concepts

Public health model of community care

PH model of care incorporates all members of community and cradle to grave health care knowledge

Independent Living concepts

Medical model of care

PH can refer To medical when needed

Work in progress, Janice Springer 2013

4 Dissemination

Cot-to-Cot® A model for enhancing community shelter capacity to identify Access and Functional client needs in Community Disaster Shelters

- Endorsed by FEMA Office of Disability Integration and Coordination May, 2013
- Endorsed by Health and Human Services under the Assistant Secretary for Preparedness and Response May, 2013
- Implemented by American Red Cross, nation-wide distribution May, 2013 for use in 2013 Hurricane Season
- Presented to the national leadership of the Association of Public Health Nurses (APHN), and the Association of Community Health Nurse Educators (ACHNE), June, 2013
- Presented to the American with Disabilities Act National work group, June, 2013
- Presented to New England Public Health Nurses Network, July, 2013
- Chosen for presentation: American Public Health Association Annual Meeting and Exposition, Boston, November, 2013

Cot-to-Cot® and PHN model of care in shelters
May only be used with the authors permission.
Janice.springer@redcross.org

Key References

Americans with Disabilities Act. (1990).

Retrieved from www.ada.gov

FEMA. (2010). *Guidance on planning for integration of functional needs support services in general populations shelters*. Retrieved from:

http://www.fema.gov/pdf/agout/odc/fnss_guidance.pdf

Issel, M. (2009) *Health program planning and evaluation: A practical, systematic approach for community health*. Sudbury, MA: Jones and Bartlett.

National Council on Disability. (2005). *Saving lives: Including people with disabilities in emergency planning*.