

Continuum of Care in the Wake of a Natural Disaster: The Role of Emergency Planning

DISSEMINATION OF
EVIDENCE-
INFORMED.
INTERVENTIONS

Alexis Marbach, MPH, Abt Associates; Alicia Downes, LMSW and Hannah Bryant, MPH, AIDS United; Serena Rajabiun, PhD, University of Massachusetts-Lowell, Carlos Carrero and Romano Baroni, MPH, Centro Ararat, Inc.

The *HRSA-SPNS Dissemination of Evidence Informed Interventions (DEII) initiative* is a five-year, multi-site study examining the barriers and facilitators to implementation of 4 HIV linkage and retention in care interventions. Interventions include transitional care coordination with jails, a peer program for women of color with HIV, enhanced patient navigation for women of color with HIV, and integration of buprenorphine treatment in HIV primary care.

Introduction

- On September 20th, 2017, Hurricane Maria made landfall as a category 4 hurricane in Puerto Rico.
- An island-wide power outage ensued, and most were left without potable water and functional communication systems.
- At this time, Centro Ararat, a non-profit private institution founded in Ponce, Puerto Rico, was implementing the buprenorphine intervention through the DEII initiative.
- Centro Ararat implemented a comprehensive plan to maintain adherence to buprenorphine and ART and reduce recurrence of opioid use among people with HIV and opioid use disorder, who were enrolled in the buprenorphine intervention.



The multi-disciplinary outreach team, pictured above, had a key role in re-establishing contact with clients after Hurricane Maria.

Activities

Prior to Hurricane Maria making landfall, staff collaborated to:

- Re-schedule medical & laboratory visits;
- Review prescription refill dates; and
- Call patients whose prescriptions would run out within two weeks.

After Hurricane Maria had passed, staff formed outreach teams to:

- Personally visit patients at their homes to address expiring refills;
- Inform patients that clinics were open, even if on limited schedule;
- Deliver food, water, personal care, and other essential items;
- Conduct needs assessments of loss of property to identify resources (internal and external) and request emergency grant funds and donations, and;
- Be readily available to serve patients in the clinics as needed.

Results

As a result of these efforts:

- Comprehensive follow up was conducted in accordance with established standards; no patient missed their HIV or buprenorphine care visits;
- Viral suppression was maintained among clients who had achieved viral suppression prior to the hurricane;
- Unmet basic needs resulting from the hurricane were addressed, and;
- 30% of patients restarted opioid use but returned to the clinic to continue buprenorphine and HIV treatment.



Challenges to Addressing Client Needs Post-Hurricane

- Collapsed island Infrastructure
 - Power outages
 - Lack of potable water
 - No communication infrastructure
- Medical care technology became obsolete
- Limited access to resources
- Fiscal impact of \$247,500 resulting from increased supports for staff and clients and infrastructure improvements

Lessons Learned

- Keep paper copies of client medical and pharmacy records as back up
- Update client needs assessment
 - Document potential patient vulnerabilities including location in flood areas, living structure, etc.
- Evaluate clinic infrastructure vulnerabilities
- Proactively create a Disaster Management Plan
 - Routinely review and adapt the plan
- Support staff as they care for others while experiencing negative impacts themselves



Boston University School of Social Work
Center for Innovation in Social Work & Health



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