

Disaster Preparedness for Caregivers: Ensuring Older Adults' Safety

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What are disasters?



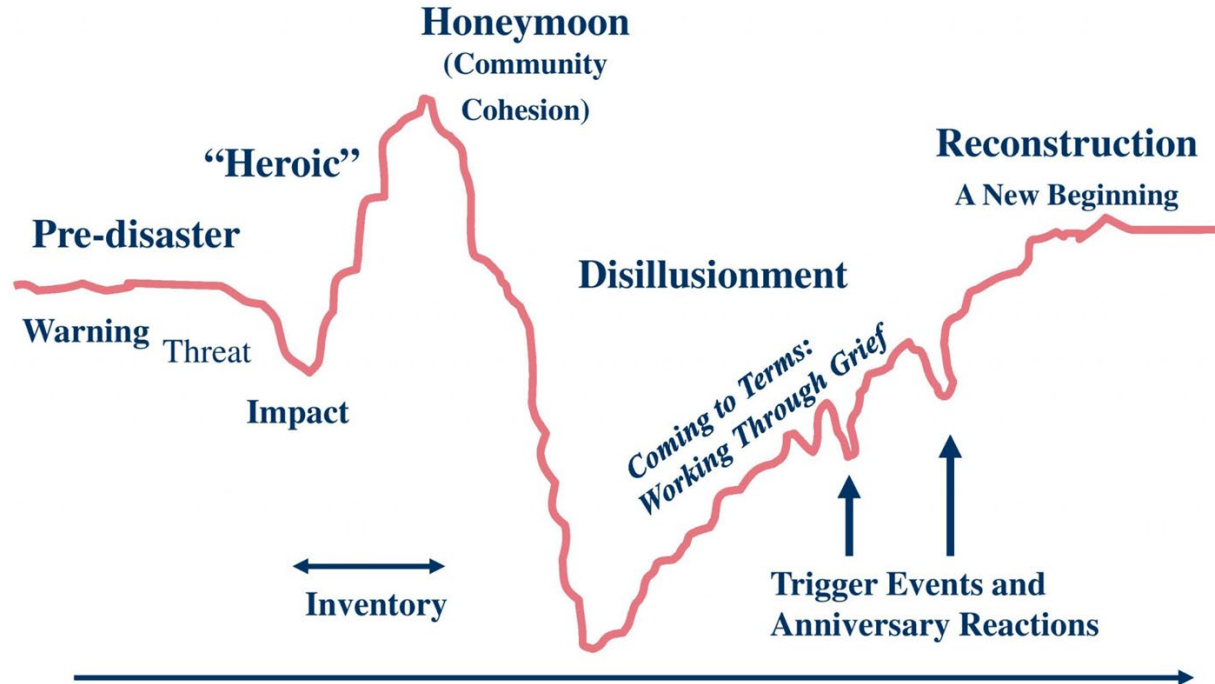
Background: Older Adults Affected By Disaster



- Older adults consistently have the highest rate of disaster-related deaths
- Older adults have the highest prevalence rates for:
 - multiple chronic conditions
 - limitations in activities of daily living (ADLs)
 - instrumental activities of daily living (IADLs)
 - social isolation

Photo credit: Patricia Fletcher, Hurricane Michael, 2018

Typical Phases of Disaster



STAGES OF DISASTER



Preparedness

Response

Recovery

STAGES OF DISASTER



Preparedness

- Assessing unique needs and risk factors.
- Education on preparedness.
- Establishing support for the disaster plan.
- Organizational preparedness.
- Special needs registries.
- Community planning.

“DISASTER PREPAREDNESS” – AN OXYMORON?

- If communities were prepared, we wouldn't call them disasters, would we?
- Still, the rapid increase in the number of both older adults and natural disasters (record numbers) necessitate action to mitigate catastrophic effects.



A SLOW SHIFT IN THE STATUS QUO

- Worldwide, older adults consistently have the highest rate of disaster-related deaths relative to the general population
 - Hurricane Katrina 2005: 75% of fatalities were older adults (60 years and older)
 - Sparked discussion among government agencies, non-profit organizations, relief workers, and medical and mental health workers on increasing disaster preparedness

PRE-DISASTER RISK FACTORS

- Sensory or cognitive impairment
- Physical decline
- Poor literacy
- Social isolation
- Financial vulnerability
- Low education



VULNERABILITY ? PREVENTABILITY

- Older adults have the highest prevalence rates for:
 - multiple chronic conditions
 - limitations in activities of daily living (ADLs)
 - instrumental activities of daily living (IADLs)
- Most fatalities, injuries and damage caused by natural disasters can be mitigated with adequate resources and planning.

STAGES OF DISASTER



- Addressing immediate needs post-disaster and responding.
- Assessing impact of displacement and relocation.
- Establishing shelters.
- Responders by default.
- Residential decision making.

AGE ≠ VULNERABILITY

- Age in and of itself does not make a person vulnerable
- A variety of factors makes it more or less difficult for older people following disasters
- Ability to cope is mitigated by their capacity to access tangible support and assistance.

ISSUES POST-DISASTER

- Medication and medical care access
- Limited communication
- Damage to housing, facility and/or community
- Behavioral health needs/ trauma
- Financial impact

IDENTIFYING NEEDS



1. Those who are well-functioning
2. Those who are acutely distressed
3. Those who are or who will become dysfunctional

BEHAVIORAL HEALTH NEEDS



- Relocation and/or hospitalization can disrupt natural coping mechanisms & can prolong psychological reactions from disaster
- Be conscious of how the media may be impacting older adults who are watching disasters on the news

COMMUNITY-DWELLING OLDER ADULTS

- Senior communities, planned or naturally occurring
- Aging in place; may be surrounded by younger families in their community
- Homebound older adults



MEDICATION/ MEDICAL CARE ACCESS

- Many older adults or their caregivers have chronic physical illnesses or disabilities
- Impairments impact evacuation
- Providers may have difficulty communicating with clients
- May need medical or behavioral health needs in a facility during or post-disaster

LIMITED RESOURCES

- This population is less likely to complain, ask for support, and receive services or resources after a disaster.
- Not affiliated with resources or providers
- Lack of evacuation resources
- Unaware/ unprepared for disaster

BEHAVIORAL HEALTH NEEDS

- Relocation and/or hospitalization can disrupt natural coping mechanisms & can prolong psychological reactions from disaster



STAGES OF DISASTER



- Assessing and treating behavioral health.
- Addressing financial impact.
- Community assessments.
- Loss across the community.
- Physical rebuilding of communities.
- Building community resilience.

BEHAVIORAL HEALTH NEEDS

- Older adults needs “compassionate presence”
- Exposure to a disaster increases risk for posttraumatic stress disorder (PTSD)
 - While many disaster survivors experience temporary distress, a small percentage (estimated between 6-20%)
 - Without appropriate intervention, continue to experience debilitating trauma symptoms associated with post-traumatic stress disorder (PTSD)
 - Few studies have tested PTSD interventions on older adults

FINANCIAL NEEDS

- Older adults are more likely to suffer significant financial losses after disaster (Al-Rousan et al., 2014).
 - Damage to residence
 - Uninsured/underinsured older adults
 - Shorter time horizons and less ability to recoup losses
 - Financial stress relationship to behavioral health

REBUILDING CAN TAKE YEARS

Asheville

Hurricane

Helene

Marco Bello/Reuters



OVERVIEW OF CAREGIVERS AND DISASTERS

- Caregivers play a crucial role in supporting older adults during all disaster phases: preparedness, response, and recovery.
- Both formal (paid professionals) and informal (family/friends) caregivers face unique challenges.
- Disaster situations often intensify existing caregiving burdens.

FROM THE RESEARCH

- Caregivers frequently report inadequate disaster preparedness, especially for medically complex or homebound older adults (Al-Rousan et al., 2014; Cong 2021).
- Many caregivers lack emergency training and may report exacerbated stress and exhaustion from the uncertainty during disasters (Gibson et al., 2018).
- Dementia caregiving during disasters is particularly complex due to behavioral symptoms and disrupted routines (Gibson et al., 2018; Paplicar et al., 2022).

FROM THE RESEARCH

- Informal caregivers often feel unprepared for disasters, due to lack of emergency training, plans, and supplies
- Caregiver access to medications and essential supplies worsen during disruptions such as power outages and evacuations
- Evacuation and care decisions are influenced by older adults' mobility, preferences, and health conditions.
- Identified constraints include: limited access to disaster planning information, financial limitations, transportation issues, and insufficient integration of caregivers into planning systems
- Positive elements include having strong social networks, community supports, prior disaster experience, and clear communication with professionals—these promote resilience and better preparedness

(Pickering et al., 2021)

PRE-DISASTER CHALLENGES

- Informal caregivers often feel unprepared for disasters, due to lack of disaster specific emergency training, plans, and supplies (Pickering et., al)
- Caregivers experience lack of inclusion in emergency planning efforts as future decision makers
- Caregivers often unaware of available local support networks (Wyte-Lake et al., 2019).

CASE VIGNETTE 1

- Hurricane Charley is expected to strike Florida in approximately 24 hours. Susan Munoz is responsible for her 87-year-old father, Jose Munoz, who was diagnosed with Alzheimer's disease 3 years ago. The TV is on and the weather broadcaster is urging people to evacuate the area. Mr. Munoz is agitated, disoriented, and keeps repeating, "Where are you taking me? I don't want to leave home. I want to stay."
- Ms. Munoz is unsure where the emergency shelter is located. She anticipates that the shelter will be loud, chaotic, and teeming with people. This environment would definitely exacerbate her father's distress. Her mother, who passed away 2 months ago, had been her father's primary caregiver. New as a caregiver, Ms. Munoz realizes when packing that she has only 3 days' worth of her father's incontinence products and a limited supply of his numerous medications. The main thought playing over and over in her head is, "No one prepared me for this."

DURING AND AFTER DISASTERS

- Caregivers often hesitant to evacuate in disaster events (Gibson, 2018).
- Caregivers face transportation, medication access, and safety challenges.
- Disrupted care routines can lead to increased anxiety and medical complications for care recipients.
- Emotional toll on caregivers includes increased burnout, trauma, and guilt (Pickering et al., 2021).

BRINGING IT TOGETHER

- 1. Caregivers are greatly undervalued in disaster planning.
- 1. They need tailored education, supply planning, and decision-making tools.
- 1. Barriers are predictable; interventions can be designed to overcome them.
- 1. Fostering resilience requires community and formal supports.
- 1. Disaster frameworks must explicitly include informal caregivers as vital participant

SUPPORTING CAREGIVERS IN DISASTER PREPAREDNESS

- Caregivers require clear guidance and support before, during, and after disasters.
- Emergency planning protects both the caregiver and care recipient.
- Many caregiving-related deaths and injuries are preventable with proactive planning (American Geriatric Society, 2019; Brown & Walsh, n.d.)

WHAT CAREGIVERS NEED TO KNOW

- Understand local emergency plans and evacuation routes.
- Keep up-to-date contact lists and identify personal support networks.
- Know where to get emergency information (e.g., radio stations, local alerts).
- Red Cross Older Adult Preparedness Checklist:
https://www.redcross.org/content/dam/redcross/get-help/how-to-prepare/Older_Adults_Disaster_Prep_1Pager_11012022.pdf

HAVE AN EMERGENCY PLAN

- Establish a communication strategy: group text, call chain, or buddy system.
- Designate two meeting places (near and far from home).
- Talk through transportation plans and backup options
- Ready.Gov offers a variety of downloadable guides for older adults, caregivers, and planners, including “Disaster Preparedness Guide for Older Adults”.
<https://www.ready.gov/>

PREPARE AN EMERGENCY MEDICAL KIT

- 3-6 day supply of medications with dosage information.
- Include a list of medications, medical conditions, healthcare providers, and allergies.
- Medical ID bracelet or document with essential information

(American Geriatric Society, 2019)

BUILD A DISASTER SUPPLY KIT

- Water: 1 gallon per person per day for 3 days.
- Food: Non-perishable, high-protein options.
- Flashlight, batteries, phone charger, manual can opener, and whistle.
- Emergency Kit Checklist: <https://www.ready.gov/kit>

IMPORTANT DOCUMENTS AND BACKUP RESOURCES

- Copies of Social Security, Medicare, Medicaid, legal docs, license/passport, and insurance cards.
- Pet care supplies and entertainment (e.g., books, puzzles).
- Emergency cash: At least \$50–\$100.

(American Geriatric Society, 2019)

FACILITY-SPECIFIC PLANNING

- Know procedures for sheltering in place and evacuation.
- Ask administrators about generator use and emergency staffing.
- Confirm care recipient's location during evacuations.

PRACTICE = PREPARED

- Conduct mock drills with caregivers and loved ones.
- Review and update plans regularly.
- Disaster Prepwise: Planning program, exercises
<https://www.public-health.uiowa.edu/prepwise/>
- Teach others how to access and execute the plan.

PLAN FOR PERSONS WITH COGNITIVE IMPAIRMENT

- Maintain routines and provide comfort items during disaster.
- Create laminated emergency instruction cards for dementia care recipients
- Comfort & orientation: familiar objects, music playlist, caregiver letter.
- Behavior plan: known triggers/calm strategies; short scripts for change.
- Wandering mitigation: door alarms; GPS tags; notify shelter staff on arrival.
- Shelter ask: quieter space, consistent routine, cue cards.

WHAT CAN PROGRAMS DO?

- Build caregiver registries & neighbor-to-neighbor check systems.
- Offer preparedness classes & kit-building events at senior centers.
- Integrate screening for disaster readiness in clinic/home-visit workflows.
- Stock loaner equipment; create device-charging hubs for outages.
- Partner with VOADs (Voluntary Orgs Active in Disasters) & Area Agencies on Aging.

FINAL TAKEAWAYS

Preparation builds confidence!

Collaborative healthcare, social service, and emergency service teams must be informed to help empower caregivers, optimize outcomes, and reduce trauma in the event of a natural disaster!

QUESTIONS? CONTACT US



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