Older Adults Vulnerable during Disasters

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Objectives

• Describe special considerations that impact an older adult's vulnerability to disaster/emergency situations
• Identify strategies for addressing special considerations for responding to the older adult's vulnerability to disaster/emergency situations

Did you know?????

• 60% of the victims of Katrina were 62 years of ago or older?
• Many rural communities are within a 10 mile radius of a nuclear power plant?
• Little is known about how or when the next pandemic may occur.

What we need to know…

• Older adults are more at risk for problems during times of disaster.
• Aging changes cause elders to be more vulnerable to the impact of disasters and possible biological agents.

Case Study

What are some of the changes you see in your elders who you work with that may put them at risk during a disaster?
Key Concerns for Older Adults

- Sensory deprivation
- Delayed response time
- Mental health stigma
- Multiple loss effect
- Mobility impairment
- Memory disorder
- Hyper/hypothermia vulnerability
- Chronic illness and medication use
- Language or cultural barriers
- Generational Differences in accepting assistance
- Fear of victimization
- Fear of loss of independence

Sensory Deprivation

Visual Changes

Auditory Changes

Taste and Smell

Delayed Response Time

Mental Health Stigma
Multiple Loss Effect

Mobility Impairment
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Pacific EMPRINTS Transcript

“Older Adults: Vulnerable During Disasters”
Part 1

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Evanston, Illinois

Date: January 16, 2008

Part 1, Slide 1: “Older Adults: Vulnerable During Disasters”
Opening:
The following presentation was recorded at Pacific EMPRINTS’ 2008 Pacific Preparedness Conference: Capacity Building to Address Vulnerable Populations, which took place on January 16, 2008, at the Hilton Waikiki Prince Kuhio Hotel. Pacific EMPRINTS is honored to present Dr. Karen Lamb, from the Mather LifeWays Institute on Aging in Evanston, Illinois, giving her presentation entitled “Older Adults: Vulnerable During Disasters.”

Moderator David Kingdon:
Okay, it's my pleasure to introduce Dr. Karen Lamb. She's a project faculty for the PREPARE program, and I'm sure she'll describe that for you a bit more. She's also an Associate Professor of Adult Health Nursing in the College of Nursing in Rush University in Chicago. She is also certified as a Specialist in Gerontological Nursing. Prior to her current position, Dr. Lamb was previously a project faculty for Mather LifeWays, which is a faculty development program in geriatric nursing. With over 20 years of experience in the field of gerontological nursing, Dr. Lamb is also the author of numerous publications, including articles which have appeared in journals such as the Journal of Gerontological Nursing. Please join me in welcoming Dr. Karen Lamb.

Dr. Karen Lamb:
Aloha and good morning. You know, I've never been to Hawaii, so I'm starting to get the hang of things here after a couple of days. Just so you know a little bit of how I got involved in this project or why I am talking to you about disaster preparedness or vulnerabilities in older adults; I work with Mather LifeWays. They are an organization in Evanston that provides services to seniors, and they have an Institute on Aging, and they wrote a grant for disaster preparedness training in long-term care communities and my heart is kind of a nurse educator in the field of gerontology. And in that, my mission is to make sure that wherever they are, older adults get the care that they need. And I was asked to work on this project, and I thought, “What? Disaster preparedness? I don't know about this.” We wrote

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the grant right before Katrina came. And after that, I saw what happened to our older adults, and I could see where this fit with my purpose, and my mission. I've been working with this program now for almost 3 years, and it's been an incredible experience that I never thought that I would develop a passion for; an interest in disaster preparedness and learning more about the topic. So that's kind of how I came to this. And I'm just curious about you as an audience, how many of you are nurses? How many of you actually work with older adults? Or have had a little experience? How many are first responders or government people? Okay. So, what I am hoping to do today, and I guess here, here we have a picture that when I think about our older adults, that always comes to my mind. And this is the group of older people, it was in the newspaper on the front page of the New York Times, at Rita, people from a nursing home lining up for evacuation. So what makes them frail?

Part 1, Slide 2: “Objectives”
Dr. Karen Lamb:
Well, what I am hoping today to do is to talk about considerations that impact older adults and their vulnerability to disaster situations. The first person to do a lot of work with this was a man by the name of Bob Couch and he actually worked with BTAPO, which was emergency preparedness for older adults. And they were the first people at Baylor to identify vulnerabilities of older adults and so I'm using a lot of his work and would like to recognize him for that. What I'm going to do today, because we're talking about capabilities, talk about sometimes some very common sense things. Some things to think about with our older adults to help them regardless of what area they lived in to be prepared for disasters. Anybody here work in nursing home planning? Okay. Because that's where we are going to find our, probably, but maybe not, our very frail and vulnerable older adults. So I'm hoping that you will go away from here saying, “Okay, I work with older adults in the community. These are some things we need to do. This is what we need to do and are planning to work with them.” And identifying issues, not as much. I could go into quite a bit of detail about why this happens to older adults, but I'm not going to go into that material here.

Part 1, Slide 3: “Did you know????”
Dr. Karen Lamb:
So to kind of put the stage in perspective, that I don't know if you knew that at least 60% of those people who were victims of Katrina were 62 years of age or older. Now we, as our keynote speaker talked about that age; 60, 65, what is "older”? This is what the literature defines. Now for vulnerabilities, how many of you do not live in Hawaii? So everybody here from Hawaii? Okay, this is a slide we used in some of our other presentations. I found out in my environmental scan here of Hawaii you actually have no nuclear power plants in Hawaii. So nothing to worry about here. But then, pandemic flu. Okay. You're here on the Pacific Rim, international travel, people can hop on a plane and be somewhere pretty quickly. And we don't know when that could happen, or how that could transpire but it could go off like lightning and this would be a vulnerable area.
there are a lot of vulnerabilities, we've already talked about them this morning, you're vulnerable to hurricanes, earthquakes, flooding, a lot of things. Some of those are different from what we have in the Midwest. So we know that older adults have vulnerabilities where they live.

Part 1, Slide 4: “What we need to know . . .”
Dr. Karen Lamb:
Just some things that we need to think about, is older adults are at risk during time of disasters. Just like if some of you were in the session this morning, and we are going to hear about our children, our pregnant women, our people with disabilities, we'll know that this is a vulnerable population, our elders. And aging changes cause elders to be more vulnerable to the impact of disasters and the possibility of bioterrorist threats. My mom, unfortunately, succumbed last year at the age of 88, she had a great year. She lived in Florida, I lived in Chicago. I always worried about Mom down there in Florida, and hurricanes. And actually, she was in a state that was pretty well prepared to look after their vulnerable people. But we do need to know that, and think about that.

Part 1, Slide 5: “Case Study”
Dr. Karen Lamb:
So I ask you to think about this for a minute. This woman is Minnie. And just as we go through our session this morning, think about Minnie and what she went through. Minnie, 80 years old, lived in New Orleans. Minnie lived in New Orleans during Katrina. Minnie lived in her own house. She lived with her daughter and her grandchildren. The hurricane warnings were coming, it was time to evacuate. Minnie had no car, had no money to afford to be able to evacuate. So Minnie went with all the other thousands of people to the Superdome. Being 80, Minnie had a chronic illness, diabetes, hypertension, arthritis in her knee, she had pain in that knee, she had some glaucoma, some visual impairments. She went to the Superdome, she thought she was prepared, took some of her medications, four-day's supply she had with her. We all know what it was like in the Superdome, I won't go there. After the Superdome, she was evacuated to the Astrodome. We saw that people were there when Rita came. Right? So you think you got through one thing, and there you are, she separated all this time from her family, she spent three days in the Astrodome. When she was finally moved to a faith-based shelter, a smaller shelter, and was there finally seen by a physician. And she was found to be dehydrated, and no surprise, hyperglycemic with high blood sugars. I found Minnie's story through one of our physicians at Rush who actually went down and did some volunteer services at Rita, and it was written up in one of our Rush publications, and I called him up and said, “Can I use this?” Because I think it really illustrates some of the things that we talk about. So keep Minnie in mind as we talk about what the issues are of our older adults.
Part 1, Slide 6: “What are some of the changes you see in your elders who you work with that may put them at risk during a disaster?”
Dr. Karen Lamb:
Now for those of you who do work with older adults also, just think about some of the things you see in those older people that make them more vulnerable.

Part 1, Slide 7: “Key Concerns for Older Adults”
Dr. Karen Lamb:
What do you identify, people who work with older adults, that make them more vulnerable?

Audience member:
Delayed response time and mobility issues...

Dr. Karen Lamb:
Okay. Delayed response time, mobility issues, great. So what we are going to do now is talk about these different key concerns, and how we can build some capabilities for those.

Part 1, Slide 8: “Sensory Deprivation: Visual Changes”
Dr. Karen Lamb:
So I want to talk first off about sensory deprivation, that was mentioned right off this morning. We know our older adults have glaucoma, macular degeneration, cataracts, and our speaker this morning talked about not standing right in front of a window when you talk to older people. But I think an important thing is when we are working with our older adults in the community and trying to build their capability to respond to disaster, education is a key component and I will be speaking to you about that. Someone might provide written materials. We need to make sure that they are in big print, they are on non-glare paper. I've read something recently from my Nursing Alumni Association, and we were all really happy that it was in this new spiffy format, and when I picked it up to read it, it was in this color that I could not read. So you need to make sure that you use black color, big font, and sometimes for people who have visual impairments, severe impairments, you might have to work with them one-on-one to give them instructions. And if you're doing sheltering, you're going to need to make sure that you have good lighting, that there's not clutter in this shelter, and that the environment is kept to a minimum so that people can navigate that environment. Because it's going to be chaotic in some cases, in terms of shelters.

Part 1, Slide 9: “Sensory Deprivation: Auditory Changes”
Dr. Karen Lamb:
So those are some things to think about. Auditory changes. Again, our speaker this morning mentioned that. So, could you imagine if you were in the Superdome, and you can't hear very well, and it's just a cacophony of noises coming at you, it's going to be hard for people to hear. If you do evacuate people, or you work with elders, one of the things that we are going to suggest is that you
work with the people living in the community to have a disaster packet, an evacuation packet. Have that ready to get up and go with them. And in that packet, just as backup, extra eyeglasses. There’s a school of people who travel without their eyeglasses, they break. I would be totally blind without my glasses. Since I started doing this PREPARE training and traveling around the country, I’ve gotten myself to make sure I pack an extra pair of glasses at this point. But the same thing, make sure people have actually hearing aids, extra hearing aid batteries. How do you warn people? How do people who have hearing impairments hear some of the warnings? Okay, well, one of the things you can do, we have the trailers across the TV sets, making sure that those are in print, and are large enough. You might have to know and we’ll talk about this again, have your vulnerable adults identified, so that you can find them and go to them and tell them that they have to evacuate, that there is a problem. That maybe there’s a tsunami coming on the North Shore or wherever that was yesterday when I took the Circle Tour where it is the lowest area, so they are aware of the warnings. Also, when you work with older adults in all situations, you want to remember to speak slowly and in a deep voice. When I work with a group like this, I have a tendency to kind of talk very rapidly. When I work with my seniors, I have to slow myself down, and not speak so rapidly so that they can’t understand me. So those are some things for hearing.

Part 1, Slide 10: “Sensory Deprivation: Taste and Smell”
Dr. Karen Lamb:
Taste and smell. One of the biggest issues for smell, is that older adults lose their sense of smell, and then they cannot identify if there is a fire, or a gas leak, or those kinds of things. So if you work with your older adults, again, making sure that they are prepared in their own living environment for fires; that they have their smoke detectors working. And then this morning our speaker talked about spoiled food, and the possibility that older people, because they can’t smell, would not be able to know that they are eating spoiled food. So that is not a giant one, but just something to be thinking about, particularly what scares me is the risk for fires for these people.

Part 1, Slide 11: “Delayed Response Time”
Dr. Karen Lamb:
Okay, delayed response time. As we age, as our speaker this morning said, we don’t lose intellectual functioning, but neurological functioning is not as adequate. I am at an age where I guess that bus could come and pick me up too and tell me that. So I’m concerned with my brain, and making sure I can function really well. There’s all kind of programs that you can practice with online to keep your brain functioning. And there’s one, it’s from Prevention, that I have gone to, and it drops these little words down, and you have to put the words in drawers. And it’s a proponent of what they might be, and like, oh, I can’t even think, different categories. But you have to use your mouse to get them into the drawer. And when you’re done, it gives you, based on your age, the average response time. And boy, mine has slowed down, and I wasn’t so sure of that. But that happens
normally. So what that means is, a couple of things with our older people. When we're having to evacuate them, it's going to take a longer period of time to evacuate them. So depending on the type of community that you live in or the seniors you work with, you need to practice evacuations, you need to work with nursing homes, figure out how long it's going to take you to evacuate people. And when you're giving instructions it is going to take a longer time for them to understand it. You're going to need to break it down into component parts so that the people will be able to pick up on what you are talking about. And also, besides giving verbal information, you always want to use towers of communication. So you are going to want to use written communication also, when you’re giving people the information.

Part 1, Slide 12: “Mental Health Stigma”
Dr. Karen Lamb:
Mental Health Stigma is another topic. One of our speakers, that is speaking probably right now or later this afternoon about some of the mental health issues with older people. We heard already this morning that older people are more prone to depression and particularly worried about the older white men being prone to depression and not knowing about it and not recognizing it. Well, after a disaster, people could have all kinds of psychological responses. And one of those could be depression, but older people aren't going to tell you about it. And one of the reasons is because of that stigma. I am again of an age where I remember an aunt having a chronic mental health problem, and where was that aunt? She was in the state hospital. And I remember going out to that state hospital, and I won't use the word that is sometimes misused. But, you know, it was a big ward condition, she was kind of kept locked in, it wasn't talked about, we don't have this problem. Because if you had mental health problems, it wasn't a disease or an illness; it was a weakness in that person. I have a nephew who is about 21 who has some mental health problems and had some trouble with school and things like that. And the mother would go, “What's wrong with that kid? Why can't he get his act together?” Not understanding that he had an illness that needed to be treated. So our older adults are not going to come forward and say to us, “I'm depressed. I have this problem.” So what we really need to do is to be aware of that. Screen for depression, there are a lot of tools available. There are some short geriatric depression screening that can be used. And if you feel that your people are depressed, then you want to refer them to psychiatric case workers, mental health workers, or some of the people that can help deal with that. But realizing that that could be an issue in disasters and people aren’t going to come forward and talk about it.

Part 1, Slide 13: “Multiple Loss Effect”
Dr. Karen Lamb:
Multiple Loss Effect, again, this morning our Keynote Speaker talked about the losses that our older people have. They lose control, people tell them what to do, they’re moved to nursing homes, long-term care facilities, they don’t maybe have some choice. That’s when loss, loss of spouses, it's very common, again, it was
mentioned, widowhood. We see more older women living alone a big issue. Loss of function, loss of mobility, loss of control of bowel and bladder, loss of senses. So a lot of losses. Then can you imagine, I mean. I think I forgot to mention Minnie’s story that she was a widow. Okay, so, Minnie lost her house, Minnie got separated from her family, she’s already a widow. Just compound all that and put her in a situation like a disaster and you can imagine what that is going to do to somebody. It’s going to be a really hard thing for them to cope with in some areas. So just knowing that loss is a part of aging. It really is a universal experience as we age. Even though we are resilient, it is something to keep in mind when we think about our older people, and what’s going on with them.

Part 1, Slide 14: “Mobility Impairment”
Dr. Karen Lamb:
Mobility impairment. When I do my training in long-term care organizations I say, “Well, how many people do you have who are/have mobility impairment.” And in long-term care facilities, we’ll have 75%, 80% of people who have some mobility impairments. That’s one of the reasons why they go into long-term care is because they are not able to get out and around by themselves. So what are the issues then with mobility impairment. Well, think back to that first slide. Look at those people who are sitting, waiting to get on the bus, and they are going, “How am I going to get on that bus? How am I going to get out of here and actually be safe?” So mobility impairments are part of disabilities that a lot of older people have. The older you get the more likely you are to have some type of mobility disability. So some things to think about is, again, that evacuation plan; if you have to move people, how are you going to do that? In Chicago; you know, you have the ocean here and there are a lot of highways. In Chicago, we have Lake Michigan, it’s not quite the ocean. Just yesterday somebody asked me about the ocean in Chicago, and I was like, “Okay.” But to take advantage of that we built these high-rises. We’re building a high-rise for one of the communities that is building a community right, if you’ve ever been to Chicago, the water tower, Michigan Avenue, the real Tony area; a 57-story community for seniors. Yeah! They’re all going to have lovely lake views. It’s going to be independently living people, and I think initially people will move in there and they will be very mobile and very independent. But people age in place. So having a plan in place for evacuating those people, making sure that people have the equipment they need for evacuation. We have, again, the pictures of the wheelchairs; will you have enough wheelchairs? Also think about the people, I don’t know if it’s here like it is on the mainland, but with Medicare paying for the scooters? Do we have a lot of people, older adults on those scooters to get around. Okay, so you are out of electricity and you don’t have access to your battery, those people may need back-up wheelchairs. Or will those devices be able to go on the buses that you’re using for transportation? So thinking about that in your planning and what we are going to actually need specifically in terms of helping people with mobility impairment.
References: