Medications in older adults can:

- Impair mental status
- Alter stress response
- Cause weakness
- Affect heart rate
- Alter usual symptoms of biological agents in older adults.

Language or Cultural Barriers
Generational Differences in Accepting Assistance

Fear of Victimization

Fear of Loss of Independence

Vulnerability and Training Needs Assessment 12/07
- Training should include info on vulnerable populations
- Training should focus on helping clients to develop personal disaster plans
- Training should be offered at no or low cost
- Develop materials in immigrant languages

Nursing Home Hurricane Summit
- Incorporate nursing homes into local emergency plans
- Designate nursing homes as health facilities
- Shelter in place when possible
- Plan for transportation
- Develop data bases for info sharing
- Develop Communication plans
- Conduct disaster drills

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References

Caring for Vulnerable Elders during a Disaster: National Findings of the 2007 Nursing Home Hurricane Summit. 

CDC (2008) Disaster Preparedness and the Chronic Disease Needs of Vulnerable Older Adults. 
http://www.cdc.gov/pcd/issues/2008/jan/07_0135.htm

Memory Disorder. Again, that was mentioned this morning. As we age, there are more incidents of Alzheimer’s Disease and dementia. So the older you live to be, the greater your chances are of getting this. And we have a lot of older people in the community who have memory impairments. We have people who live in nursing homes who actually have real severe cognitive problems. So thinking about those issues and what you can do to help people. I realize that a lot of you don’t work in long-term care but I will just say that some of the things that if you do come into contact or do some planning with them in terms of evacuation or moving people, you need to move people with memory impairments or cognitive problems or dementia. You almost need to have one-to-one staff, familiar faces working with them. Because the stress; when you have dementia, what happens is you have an altered ability to respond to stress. You have a progressively lowered stress threshold. And so you add another stress to it, people around you are stressed because the hurricane is coming and we have to evacuate. Or there was an earthquake and our building was damaged and we have to move people. So it’s really important as you work with people who have dementia or cognitive impairments to be calm. And people who work in memory impairment units, as we call them, generally have training in that and know that. But for those of you who might be first responders or work with first responders, they don’t understand sometimes how to deal with these people with cognitive impairments; that you need to be slow when you work with them, you need to give real specific instructions, and sometimes you need to actually demonstrate to people and say, “Come on, we are going this way,” and take the person by the hand and walk with them. Because if you say, “Okay, go down the hall,” they may not be able to comprehend that. And you can imagine under a stressful situation, how difficult it would be for them. And so those are some things to deal with memory disorders. Again, written information if you have people who are living independently in the community, helping them work through a home disaster plan and writing things down for them to be able to remember.
Dr. Karen Lamb:

Okay. We don’t need to really necessarily worry about hypothermia vulnerability, which is low body temperature, here. In Chicago we worry, or in the Midwest we worry about blizzards and power outage and people becoming cold and because of that, being at risk for morbidity and actually, mortality. But also as we age, hyperthermia is a problem, and people can’t regulate their body temperature as well. One of the things that happened in Chicago in 1995 is we had an extreme heat wave that lasted for about 10 days. And about 476 people died. It was really dreadful. And of that 476 people, 325 people are older adults. Now I know that your climate doesn’t have a lot of extremes, but you do need to know that older people could succumb to hyperthermia if they get too hot. What happened in Chicago is we had this heat wave, people who live in single room occupancy hotels or in neighborhoods where they didn’t have a lot of social support, were those who really died from it. Because nobody was checking on them, nobody was making sure that they were getting adequate cooling, that they were drinking enough water. And they were people who lived in crime-ridden areas and kept their windows closed. And that just increased the heat for them. So one of the things that we have done in Chicago is recognizing this list, is we’ve worked with an Area Agency on Aging with our senior centers to identify older people who might be at risk. And now when we have a heat wave; I live close to Lakeshore Drive and you’ll go down Lakeshore Drive and there will be a sign flashing, "Heat Emergency: Check on your neighbors." And the Department of Aging would go out and check on people one-to-one, and the people would be encouraged to check on their neighbors, and they actually delivered fans to people. So there are some things like that that you can do.

Dr. Karen Lamb:

Chronic Health Issues. Okay, again, our speaker this morning spoke to that just briefly. A lot of our older adults, on the average, people have, over 60, 1 to 3 different chronic health problems. And she had listed what the chronic health issues are. Number 1 is arthritis, number 2 is hypertension, number 3 is cardiac disease. So why do we care about this? Well, in terms of a disaster, managing chronic health issues is going to be a problem. How do we maintain it? We look at again, Minnie; she had hypertension, she had diabetes. How were those managed? The New England Journal of Medicine reporting after Katrina said that one of the biggest problems was finding ways for people with chronic illnesses to have ongoing management of their chronic diseases, because there weren’t people there to monitor them, to check after them, and to give them appropriate treatment. Another thing that happened after Katrina is people evacuated, they were taken to different shelters. You know? I might be living in an apartment, and I have to evacuate, the flood is coming, and I go to a shelter. And I have some mild cognitive problems and I go to that shelter and I don’t have an idea of what my medical problems are. People were dropped off and they didn’t know what their medical problems were. We also mentioned this morning that there was
some problems, you know, do people need oxygen? Could you get oxygen to
them? What about people who need dialysis? How do you get that to them? So,
some different things that we can do is work with our older adults and at the end I
will show you a good resource for them, work with them to have their personal
disaster plan. And in that plan, a brief medical record that they can take with
them that says, “Okay, these are my problems. These are my contact information.
This is my physician.” I don't know how, how many of you in Hawaii are familiar
with in terms of electronic medical records? Somewhat? My personal physician,
all of my records, are electronic there. So, that's great. If I went somewhere, if
say I was down here and, God forbid, an earthquake came while we were sitting
here right now, and I needed some medical care; of course I don't have
anything...I do, actually, I have a medical card in my wallet that has my doctor's
contact names so somebody could contact her and get that information. After
Katrina, the victims who were best served were the vets, because the VA has an
electronic medical record. So people who were vets could go one place, the VA
had to have medical records and have that all down for them. Another issue is for
people with dialysis. How do people manage to get their dialysis? There was a
recent article, it was just this month, January 2008, in the American Nurses
Association, the AJN, the American Journal of Nursing. They wrote about people
needing dialysis, and how everybody came together after Katrina to provide
people who had to have dialysis to get it. So those of you who are in community
planning, knowing how many dialysis centers you have, knowing how many
clients you have who get dialysis, and where they can go. And actually, the
people who wrote this article were from Baton Rouge, and they have a triage
system actually set up. So that people came in, they asked them how long it had
been since they've had dialysis; you know, some people got there, had been
three days and they have had no dialysis. So, those are the people that got
dialized right away. It's really a fascinating article. And the American Nephrology
Nurses Association is taking the leadership in that. So as you do your community
planning, I think that came up this morning, linking with all your community
resources. And it seems to me that here in Hawaii, you have the advantage of
being kind of contained, a good state system for linking and networking and
communicating. In Chicago, an experience I had, I was attending a session with
Chicago Department of Public Health, and it was almost about a year and a half
or so ago. And the Department of Public Health in Chicago had no idea what the
long-term care communities were in Chicago. They didn't know where the
nursing homes were. They since got a group together and are working on that.
So communicating, having systems to know what's available to backup and
support you in these areas is really important.

Part 2, Slide 4: “Medication Use”
Dr. Karen Lamb:
Medication use. Does anybody know what the older adult, on average, how may
medications an older adult takes? Yes, ma'am?
Audience member:
Ten.

Dr. Karen Lamb:
Ten. Okay. About 40% of the population take at least five and about 10% of the population will take over 12 medications. So older adults take a lot of medications. We know that's an issue with our older adults and something to be really concerned about when we are working with them.

Part 2, Slide 5: “Medications in older adults can:”
Dr. Karen Lamb:
And particularly some things to think about, medications with older adults can impair mental status. Some of the medications can cause confusion, some antibiotics can do that. They can alter your response to stress, because what they do; some of the medications, the beta-blockers actually slow the heart rate down, and a lot of older adults take beta-blockers for their hypertension. They can cause weakness. Some of the medications, the anti-seizure medications can cause weakness, as I mentioned the fact, heart rate. And also if you have been exposed to a bioterrorist threat, we haven't really talked about bioterrorist threats at all this morning. But if you're exposed to one of the infectious agents or pandemic flu, and one of the symptoms of infection would be increased heart rate. But the medications, again, the beta-blockers keep the heart rate low. So you may not know that they have a problem, because they are not showing any normal signs and symptoms. So some issues again, too, with medications, we talked about Minnie. Okay. Minnie evacuated and she had a four-day supply of medication with her. She didn't have enough medications to take. So again, working with our adults in our community and their disaster planning to make sure they have a seven-day supply of medication so if they have to evacuate, we would say three to seven, but I think seven would really be on the safe side to take with them. So that they always have, are getting their prescriptions refilled before they totally run out. Now there are some issues with that. Can anybody think of what one of the issues might be? Yes, ma'am.

Audience member:
Some medications need refrigeration.

Dr. Karen Lamb:
Okay. Medications need refrigeration. That's definitely a problem. So if we teach them about a backup system, and obviously the ice is not going to last forever, or the little packs. The thing, I had another thing in mind that I was thinking about. Anybody else? Yes?

Audience member:
Health care plans will not do advance, or call for extra orders of the prescriptions.
Dr. Karen Lamb:
Exactly. Was that what you were going to say?

Audience member:
Actually, I had a new one. I feel a lot of our participants who go out into the community are still very active. They go out into the community, and if something were to happen and they were in the community, they wouldn't have some of their medications to help them out.

Dr. Karen Lamb:
Okay, that's a really, really good point. So they, you know, if I am at an activity, say the football stadium and I'm watching the University of Hawaii play. And something should happen there, yes, you are not going to have access to those medications. So the people who are doing the overall disaster planning having access to emergency medications. So that they can give people those standard medications. But again, an older person could always, should always have a card with them saying these are the medications; not even an older person, anybody who's taking medications should have a card with them saying that. But your point, let's get back to that, about the insurance companies. The third-party reimbursers not reimbursing until you get to a three-day supply or are almost out is definitely an issue. We talked this morning, I think it was in the session that was next door, Florida, and Florida's disaster planning. And one of the things that Florida's legislation mandated was that if there is a hurricane evacuation order given that the insurance companies have to provide a seven-day supply. A seven-day supply of medication, they have to do that. So that's been mandated, so of those of you who work with legislators, it's something to think about so that the seniors can have that amount of medications as back-up. Yes, ma'am?

Audience member:
Well, for seniors or people who have a cognitive disability, having extra medications can also be very confusing for them because they don't know how much they've taken or if they have an extra bottle or something. So it's hard to gauge.

Dr. Karen Lamb:
Yeah, well definitely one of the strategies...

Audience member:
We really have to get them, and also put them separately or lock them up or develop a system of notation or...

Dr. Karen Lamb:
Yeah, and hopefully have some overseer, or family member, or care provider work with them. And again, it's a really good thing to have something like an emergency pack ready to go and say, this is, there's an emergency, I have to
evacuate, these are the things I take with me: my extra glasses, my extra meds, my hearing aid batteries, any other supplies that I might need. And I'm going to give a resource to you a little bit later where seniors can go to and do that. Because what we want to do is to enable them, is to empower them, to have them thinking about disaster preparedness. I know it is something that none of us want to think about. But, if we are prepared and ready to work with our seniors, hopefully that will be helpful for them. So those are some things to think about it terms of medication.

Part 2, Slide 6: “Language or Cultural Barriers”
Dr. Karen Lamb:
Okay. Language or cultural barriers is another big issue, and I'm pleased to see that at this session there is a whole session, or at the program today, there's a whole session on cultural competence and working with cultural competence. So I am not going to give you answers on cultural competence or things to think about. Certainly I think that here in Hawaii you have a broad cultural base; a lot of diversity. Different diversity than I see in Chicago. In Chicago, we have a lot of Russian immigrants, Polish immigrants. We have the second largest Polish population outside of Warsaw, which is surprising. But we have Vietnamese immigrants, we have a high percentage of Spanish speaking people in the city of Chicago. So it's a little bit different. So what you need to do is assess and have the knowledge of what your different cultures are in the area and develop materials that are culturally sensitive or are in the language that people speak. Now the Red Cross has some information available in different languages, I'm not sure how helpful they'll be to you. But Spanish, that's the number one foreign language spoken or second language spoken in this country. They also have Vietnamese, and I know that you have some Vietnamese populations here. And then the third is Arabic. And I don't know what their plans are to work on others. And obviously if you are an agency that deals with people, a variety of cultures, having people on staff who are of that cultural background, having materials translated, doing cultural competency training with your staff so that you're aware of these issues. I think sometimes we forget some of those things and lose our cultural sensitivity. A friend of mine was telling me about an incident. He was flying back to Chicago from China and he was on a plane, he travels to China all the time; he was on one of the big carriers, and I think you can figure it out because you know what carriers go to China. But there were, he felt it was a delegation of local politicians, who were traveling and their understanding of language, of English, wasn't very good. And the flight attendants were totally insensitive to these people’s culture. They knew no words, no words at all, of Chinese. So they couldn't help people, they were struggling to fill out the customs forms, and there was no assistance whatsoever. You know, again, I think that's a theme here, but it's so important to think about that language barrier. The speaker this morning talked about, just because people don't understand English, it doesn't mean they're stupid. So being aware of that.
Part 2, Slide 7: “Generational Differences in Accepting Assistance”
Dr. Karen Lamb:
Generational differences and accepting assistance. This cohort of older people that have lived through the Depression, and it makes them kind of unique. They are proud, they do not want to have to say, “I need help.” And so, they are not going to necessarily ask for help. Also they're going to be afraid if they ask for help, they might not get their Social Security. So if I had assistance after a disaster, what's going to happen to my Social Security? Studies have shown that after other disasters, that and I’m blocking right now, on, which one, one of the hurricanes that hit North Carolina, actually, that older people didn't come forward to ask for assistance as much as younger people, and older people got less assistance. So what we really need to do is case finding. Go out and find those seniors, make those linkages, so that we know who is going to need help, and offer the help because we know that the seniors are not going to come forward.

Part 2, Slide 8: “Fear of Victimization”
Dr. Karen Lamb:
Fears of victimization. Older people are very much prone to being victimized. In the Midwest, we always talk about the roofs. You know, somebody comes by and says, “You need a new roof,” and they're going to charge the elder more money for it. Or we had a scam recently in Chicago where two people came to the door, they said, “We're from Commonwealth Electric. We have to check your equipment. There's a problem with it.” One person went down to the basement to check the meter while the other person was robbing them. So we know that older people are prone to victimization. So because of that, again, they are not going to want to accept help. So we need to educate them about how to be safe consumers. I think it is all, again, about enabling our seniors.

Part 2, Slide 9: “Fear of Loss of Independence”
Dr. Karen Lamb:
Fear of loss of independence. Older people are not necessarily going to come forward, because, you know, if they're living at home, independently, and you find out that they've fallen, they're shaky on their feet when they go to evacuate, that may mean they may have to move to a different level of care. So they're fearful of that. So just recognizing that is an important one.

Part 2, Slide 10: “Vulnerability and Training Needs Assessment 12/07”
Dr. Karen Lamb:
Okay. This afternoon at lunchtime, some of the students from the University of Hawaii are going to present information on a needs assessment that they did with some of the agencies here. And I thought I'd kind of dovetail with what I'm speaking about and we'll go through this pretty quickly. Okay, training should include information on vulnerable populations. That's what we are all about, we are doing it here today. Helping clients develop personal disaster plans; I've spoken to that. Offer at a no or a low cost. Well, our PREPARE plan, which I'm going to talk about in a minute, has been offered at no cost. Develop materials in
immigrant languages, we’ve spoke to that. So that’s some of the findings that I brought in here.

Part 2, Slide 11: “Nursing Home Hurricane Summit”
Dr. Karen Lamb:
Down in Florida, again, a good place for best practices. Last year, they held a hurricane summit which was sponsored by the Robert Wood Johnson Foundation, the University of South Florida, and the Florida Associations of Homes and Services for Aging. You can go online and find a report of the Hurricane Preparedness Summit, and I think there are takeaway messages that we can use in our preparation. Okay, incorporate nursing homes into local emergency plans. Nursing homes are low on the totem pole because people forget that they are out there. They are health facilities, they are providing health care. They can be used as surge capacity if you have a problem. So realize that they are a resource to the community. Again, it means bringing everybody to the table. Shelter in place when possible is really a key thing in particular for hurricanes. Older people if you’re evacuating them, it’s really going to cause a lot of problems. We’ve talked about it taking longer, managing their chronic illnesses; so if possible, do not evacuate. But at the same time, having the evacuation plan that says, “This is when we are going to go, this is where we are going to go.” Plan for transportation. There was a picture in the session I went to this morning, all those school buses sitting in the water. Making sure you have redundant plans for transportation. Develop databases for information sharing, I’ve mentioned that, and develop communication plans so that everybody can communicate with each other.

Dr. Karen Lamb:
So that is just, I think, pulling all together what I’ve talked about. Now let me just…

Part 2, Slide 13: “References”
Dr. Karen Lamb:
Some references that I didn’t provide to you and I’m sorry. You can go, and if you just type in or google, National Hurricane Summit, the report will come up. The CDC has a, on their webpage, a new program on disaster preparedness for chronic disease. Talks in more detail about the chronic diseases of older adults. And then, one thing, a lot of this information is in an article that I’ve recently published with my co-workers, “Elders at risk during disasters,” in Home Health Care Nursing. And I can come back to this slide after I just… I just wanted to tell you briefly about the program, PREPARE, that we work with that this material comes from. Mather LifeWays, as I mentioned, in Evanston, is an organization that provides care to older adults. We have the Institute on Aging which is a lot of workforce initiatives. We got the grant to develop a two-day train and trainer program for long-term care communities; it’s called PREPARE and that’s where
some of this material comes from that we developed. We go out, we’ve hit 47 out of 50 states, we’ve actually been here to Hawaii last year, and we do training, and we work with long-term care communities. For long-term care communities, we speak the gambit; from people providing services to older adults living at home to nursing home settings and help them work on their disaster planning. So I hope with the information that I’ve given you today, it’s given you some food for thought on how to plan for your seniors, and hopefully we can prevent things like the situation that happened to Minnie. Thank you very much, are there any questions?

Moderator David Kingdon:
We have about 5 minutes for questions, so have at it.

Dr. Karen Lamb:
Okay, great. Yes.

Audience member:
In the beginning you mentioned about 62% of the victims…

Dr. Karen Lamb:
Of Katrina were older adults.

Audience member:
Victims meaning what, of the entire population?

Dr. Karen Lamb:
Of the entire population, people who were affected by, impacted by Katrina, 62% of those people were older. And again, older is loosely defined as being older than 62. And then I forgot to mention that if you go to the Red Cross, they have a brochure, “Disaster Preparedness for Seniors by Seniors,” which is great. Again, if you have seniors, work with seniors, or get the seniors involved in the planning, it just empowers them a little bit more.

Closing:
Once again, that was Dr. Karen Lamb, from the Mather LifeWays Institute on Aging. For more presentations from the Pacific EMPRINTS 2008 Pacific Preparedness Conference: Capacity Building to Address Vulnerable Populations, please watch Pacific EMPRINTS’ website for upcoming offerings.

References:
2. CDC,(2008) Disaster Preparedness and the Chronic Disease Needs of Vulnerable Older Adults. 
   http://www.cdc.gov/pcd/issues/2008/jan/07_0135.htm