GSA Webinar Series
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How to Help Older Adults Recover from Disasters

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Webinar Speakers

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Quick Audience Poll

• Please tell us who you are:
  – Medical Practice
  – Government
  – Academia
  – Public Health
  – Other
Agenda

• Older adults as a special population
• Issues post-disaster
• Identifying needs and assessment
• Intervening post-disaster
  – Facility-dwelling older adults
  – Community-dwelling older adults

Flooding in Baton Rouge

Plaquemines Parish Sheriff’s Office Major Grant Sahs, left, and another first responder help an elderly woman from her flooded home in Livingston Parish, Saturday, August 13, 2016

NOLA.com — The Times-Picayune

Flooding in Baton Rouge

Pat Payne outside the Celtic Studios, which has been turned into a makeshift shelter amid massive floods in Baton Rouge, Louisiana

David Lohr — Huffington Post
http://www.huffingtonpost.com/entry/baton-rouge-flood-video_us_57b3690de4b0edfa80d9cfab
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

Increased Risk

- Those who are socially isolated
- Those who are frail
- Those with chronic illness
- Those who are cognitively impaired
- Those with a history of exposure to an extreme traumatic stressor

Issues Post-Disaster

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

- Shock
- Fear
- Denial
- Numbness
- Anger
- Sadness
- Shame
- Despair
- Hopelessness
- Flashbacks
- Grief
- Relief

Identifying Needs

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

Important Considerations

- Cognitive screening
- Cognitive impairment
- Suicide screening
- Stigma around behavioral health
  - Minimize reporting traumatic experiences
  - Focus on physical rather than emotional
Tips for Assessing

• Be patient
• Maintain eye contact
• Normalize reactions
• Unconditional positive regard
• Use their language

Intervening

• A “cookie cutter” approach with older adults does not work for disaster recovery
• Disaster needs of older adults should be based on where they live, because level of support will vary depending on setting and resources

Facility-Dwelling Older Adults

• Nursing homes
• Assisted-living or residential care facilities
• Continuing care retirement communities
Case Vignette

• Evacuation of Mr. Baker, nursing home resident

Medication/Medical Care Access

• Depending on facility type, level of coverage and support will vary
• Emergency relocation of persons with significant chronic health conditions
• Facility staff have existing relationships with residents, but social network disrupted

Damage to Residential Facility

• Institutions that are closed for an extended period of time force residents to receive shelter and care outside their community
• Emergency relocation of persons with significant cognitive impairment presents a unique set of challenges
Behavioral Health Needs

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

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

Case Vignette

- Caseworker with multiple clients
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

Financial Impact

- Damage to residence
- Uninsured/underinsured older adults
- Shorter time horizons and less ability to recoup losses
- Financial stress relationship to behavioral health
Behavioral Health Needs

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

Secondary Trauma

• Be conscious of how the media may be impacting older adults who are watching disasters on the news

Join the Special Interest Group

• Disasters and Older Adults SIG
  – Group started 5 years ago
  – Thursday, November 17th 5:30-7:00pm
  “Disasters and Older Adults Special Interest Group Session: Disaster Preparedness for Older Adults: Best Practices in Training”

www.geron.org/register
Additional Resource

• National Center for Disaster Medicine and Public Health’s Caring for Older Adults in Disasters: A Curriculum for Health Professionals (2015)
  https://ncdmph.usuhs.edu/KnowledgeLearning/2015-OAC.htm

How to Help Older Adults Prepare for Disasters

• Archived recording on YouTube
• Slides
  www.geron.org/webinar

Questions?

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• We will not be using the raised hand feature today
• Please use the questions feature accessible on the right hand side of your screen
• If we do not get to all of the questions today, we will email responses after the webinar
Thank you
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  – Translate and disseminate research findings
  – Promote/advocate for education/awareness on aging across disciplines
  – Foster application of research into policy development
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Webinar Evaluation

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Thank you again—we hope you enjoyed the program!