By 2050, one in every five Americans will be 65 years or older. Older adults are not only the least prepared for disasters but also have the highest rate of disaster-related deaths. The number of disasters is on the rise. Almost daily, reports of wild fires, industrial explosions, extensive power outages, earthquakes, hurricanes, and tornadoes dominate the national news. Older adults are more at risk during all phases of a disaster, from life-threatening challenges during evacuation to negative psychological consequences during the recovery period.

Not all older adults are equally vulnerable to disasters. For example, a 76-year-old man living independently in the community would most likely have different strengths and weaknesses than an 84-year-old man living in a skilled nursing facility. Advanced age in and of itself does NOT make a person vulnerable.
VULNERABILITY AND PREVENTABILITY

With advanced age, some older adults are at greater risk for physical and mental health conditions, may be socially isolated, and may experience cognitive changes, including slower reaction times and reduced problem-solving abilities.

Some older adults with sensory deficits such as impaired sense of smell, limited vision, or hearing loss may be unaware of disaster warnings (e.g., smoke or sirens), unable to escape, or incapable of easily and quickly comprehending evacuation instructions. Frail older adults may find it difficult to stand in line for services or sleep on a shelter cot. People who rely on wheelchairs, walkers, and canes may be stranded by nonworking elevators and unable to climb stairs. Older adults are also at greater risk of health repercussions after disasters, such as heat stroke and hypothermia. If older adults live in older homes, those homes are more likely to incur damages that insurance does not fully cover, leaving older adults unable to repair or rebuild their homes to code.

In addition, where someone lives greatly affects available levels of social support and services during a disaster. Nursing homes, for instance, are required by law to provide assistance in disasters. In contrast, older adults who are living at home without home care services can be overlooked both by emergency responders and by family members who do not live in the same community.

The good news is that many fatalities, injuries, and damages caused by disasters can be prevented or minimized with adequate resources and planning.

SOCIAL SUPPORT MATTERS

Deterioration of one’s social world resulting from disaster-related evacuation and relocation can cause significant physical and psychological health problems for older adults. Support from others is critical. For most older adults, a social support network largely consists of family, friends, and neighbors. These individuals are often the first to assist during a disaster and play an important role afterward, when people must cope with destroyed property, loss of electricity or phones, interrupted daily routines, or disruption of community resources (e.g., Meals on Wheels, home health aide).

Unfortunately, members of an older adult’s social support network are often affected by the same disaster. Before disasters strike, it is important to discuss with family, friends, and neighbors the amount and type of support each of them will provide.
YOUR EMERGENCY PREPAREDNESS KIT

Taking the time to prepare yourself and those you care about before disasters strike can be a life saver. Having an emergency preparedness kit at the ready is an important step you can take. At minimum a kit should include:

☐ A 3–6-day supply of medications you and those you care for are currently taking. Include a current list of medications and dosage details. To locate an open pharmacy after a disaster, go to RxOpen.org.

☐ An insulated bag that can hold a 2-week supply of any medications requiring refrigeration (such as insulin). Always keep ice packs available in your freezer.

☐ A list of health problems and related conditions you and those you care for may have, along with the names, phone numbers, and specialties of the doctors who provide the care.

☐ A list of necessary medical equipment or aids you and those you care for will need and where they are stored.

☐ A 3-day supply of water (at least 1 gallon/day), nonperishable foods, disposable plates and cutlery, and basic cooking utensils.

☐ A flashlight, manual can opener, battery-powered or hand-cranked radio, extra batteries or solar charger, duct tape, and waterproof matches.

☐ An emergency whistle.

☐ An extra set of car and house keys.

☐ A cellphone with charger.

☐ Clothing for you and those you care for, including warm coat, hat, mittens and scarf, rain gear, sturdy shoes, and a blanket. Consider labeling all your items.

☐ At least $100 in cash. Cash machines will not work without electrical power, and needed food and services may require cash payment.

☐ Social Security, Medicare, Medicaid, and other health insurance information for you and those you care for, credit and identification cards, as well as copies of legal documents (e.g., power of attorney, advanced directive).

☐ Entertainment items to pass the time (e.g., books, crossword puzzles, knitting).

☐ Water, food, and other needed supplies (e.g., medications) if you or those you care for have pets.

TIP: Visit RxOpen.org to locate an open pharmacy after a disaster.
TIPS FOR CAREGIVERS OF PERSONS WITH DEMENTIA

Most individuals with dementia live at home and are cared for by family caregivers. Among nursing home residents, almost three quarters are diagnosed with Alzheimer’s disease or another type of dementia. Alzheimer’s disease affects a person’s ability to remember and follow directions. To assist these individuals during a disaster:

› Consider enrolling the person in a location-tracking program before a disaster occurs. GPS transmitters link to emergency personnel who can locate individuals with dementia if they are lost or unable to explain where they live.

› Provide reassurance by holding their hand or putting your arm around their shoulder and repeating in a calm and soothing voice that everything will be okay.

› Don’t argue or try to correct a person with dementia. Instead, affirm their experience and appropriately soothe and distract (e.g., “The noise in this shelter is loud. Let’s see if we can find a quieter spot. Let’s look at your photobook together.”).

› During a disaster, approach individuals with dementia from the front and use their name.

› To redirect attention, find outlets for anxious energy (e.g., take a walk together, engage them in simple tasks).

› Respond to the emotions being expressed and not just to the content of the words being spoken (e.g., “It’s okay. I’m here with you”).

› Prevent wandering by not leaving the person alone. Alert shelter staff and ask for their assistance when needed. Be on the lookout for signals such as pacing, talking about going home, and other agitated behaviors that sometimes precede wandering.

› Move the person to a safer or quieter location if possible and try to maintain a regular schedule for meals, medications, and sleep.

ADDITIONAL RESOURCES

Ready.Gov offers a variety of downloadable guides for older adults, caregivers, and planners, including Preparing Makes Sense for Older Americans. Get Ready Now.

The Red Cross offers information on preparing for emergencies, including emergency first aid kits, making plans, and staying informed during an emergency or disaster: redcross.org/get-help/how-to-prepare-for-emergencies#About

The Alzheimer’s Association provides resources for older adults with dementia and Alzheimer’s disease and their caregivers: alz.org/care/alzheimers-dementia-disaster-preparedness.asp

The Centers for Disease Control and Prevention provides links to tools and information on personal preparedness for older adults and their caregivers: cdc.gov/aging/emergency/preparedness.htm