

**EMERGENCY PREPAREDNESS MANUAL  
FOR  
THE AGING NETWORK**

Commissioned by

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# **EMERGENCY PREPAREDNESS MANUAL**

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## **I. Preface**

The Administration on Aging and the Aging Network composed of State and Area Agencies on Aging, Native American Tribal Organizations, service providers and educational institutions have the legislative mandate to advocate on behalf of older persons and to work in cooperation with other Federal and State programs to provide needed services. The Administration on Aging has joined in partnership with the Kansas Department on Aging to develop a new, updated disaster guide for use by State and Area Agencies on Aging and Native American Tribal Organizations to better respond to the needs of older disaster victims.

Older persons are among the most vulnerable members of American society. When disasters occur, they will be the most likely to suffer from the direct impact of nature's force. They are among the most likely to have physical or mental impairments that limit their ability to respond or to seek help. Because of some common characteristics, they will be the slowest to request assistance and will often decline assistance because they do not want to deny others of needed services or because of a misunderstanding of the nature of disaster services. They are repelled by any assistance that seems to be "welfare". Because they no longer have long working years ahead of them, older persons are less likely to have the ability to recover from the economic impact of a natural disaster. Without economic support, compounded by physical and mental impairments which may limit their ability to recover, older persons are much more likely to become totally dependent and to suffer institutionalization. It is in the interests of older persons and our society to assure older persons receive the assistance necessary to assure that they at least receive the benefits that all persons are afforded after a disaster.

During the 1970's, the Administration on Aging made major efforts to prepare the aging network to respond to the special needs of older disaster victims. National strategies were developed and orientation sessions held. An interagency agreement was negotiated between the Administration on Aging and the Federal Emergency Management Agency (then the Federal Disaster Assistance Administration) which dealt with mutual expectations relative to program and fiscal activity.

Building on the experiences gained during that period, and using the material and expertise developed by the aging network in responding to recent hurricanes, floods and the California earthquake, this new and updated disaster guide for state and area agencies on aging has been developed.

This manual reflects the commitment of the Administration on Aging to engage in an on-going program of training and technical assistance to assure continuing development of the aging network's capacity to serve older disaster victims.

## II. Executive Summary

Annually, natural disasters occur through floods, tornadoes, earthquakes, and hurricanes, and some may be serious enough that they are Presidentially declared. This declaration brings to bear the resources of the federal government in order to restore the public facilities of a community and to assist individuals in restoring their lives. Many more disasters occur on a smaller scale that are not of such scope and, therefore, are ineligible for a federal response. This often leaves older persons dependent upon their own individual resources and capabilities which are often inadequate. Some such disasters in recent years have been huge, such as the San Francisco earthquake; the South Carolina hurricane, Hugo; the Florida hurricane, Andrew; the Midwest floods; and, most recently, the Los Angeles Earthquake. Many older persons, often with little or no opportunity to recover on their own, have been seriously impacted by these calamitous events.

Historically, the mission of several national non-profit organizations (American Red Cross, Salvation Army) has been to assist in disaster situations on an immediate response basis. These agencies do an outstanding job of meeting the short term needs of the general population. In many instances these agencies respond to a disaster prior to a Presidential declaration and/or when a disaster is not Presidentially declared. However, neither of these agencies nor the Federal Emergency Management Agency have fully established an operational response capability to serve the special needs of older adult or disabled disaster victims, especially on a long term basis. Further, these agencies have not developed an assistance strategy that would be adaptable to individual or situational circumstances.

This means a coordinated team effort, including all of the expertise and capabilities of the aging network, is necessary if older persons are to be served adequately.

The on-going activities provided on a day by day basis by the aging network serves as preparation for an appropriate disaster response. Currently, many States require Area Agencies on Aging to develop disaster preparedness plans which deal with the process of disaster response. A key element to the disaster response strategy is disaster advocacy and outreach. Typically, agencies will expand or develop new services in order to meet identified needs. One of the services that must be established quickly is called "Disaster Advocate and Outreach Services". Over the years, this service has been identified as the most critical service that can be provided by the aging network for older disaster victims.

Disaster advocates are persons who volunteer or are employed to work on a one-to-one basis with older persons once a Disaster Application Center (DAC) is established or even prior to that time. DACs are locations where representatives of many different programs come together so that disaster victims may apply for disaster services at one location. After a major disaster declaration, FEMA and state officials establish Disaster Application Centers. The DAC brings together in one location many resources that are available to aid individual disaster victims. It is a convenient "one-stop" means for individuals to obtain information and apply for assistance through the various disaster programs, representatives from organizations and agencies such as Red Cross, Aging, Church World Services, Mennonite Disaster Services, etc. are often present in the DAC.

Areas are chosen for DAC sites based on the impact of the disaster incident on individuals, the availability of an adequate facility to serve as a DAC and the accessibility of the facility to the affected population. They may be located in one location for as long as several months while others, called mobile DACs, which serve sparsely populated areas or areas with less impact, may operate for one or two days.

In addition to the DAC, individuals affected by the disaster may obtain information and make application through FEMA's National Teleregistration Center (NTC). The NTC is able to accept applications and provide information within a few hours after a disaster declaration. However, since the referral agencies are not located at the NTC, the disaster victim is not able to take advantage of the "one-stop" concept. While not as yet demonstrated, research seems to indicate that older persons have some reluctance to use this kind of system. If this is the case, this reaction by older persons would be consistent with findings related to delivery of information and referral services. More importantly, there are strong indications that older persons frequently fail to follow through with the necessary processes and procedures (application and denial of SBA loans) to obtain Individual and Family Grants. (In 1994, \$12,600 was available and could be supplemented by states. The amount increases annually based on the cost of living.)

The earlier a disaster advocate can begin supportive activities for older disaster victims, the more timely will be the delivery of necessary programmatic and emotional support. Abilities required of disaster advocates include the ability to be good listeners, to relate well, to be quick to assimilate training about disaster services and freedom to commit a period of as much as one year to the effort. Volunteers or persons employed to provide these services range from fully qualified social workers to active older persons living in the proximity. Churches, senior centers, and possibly AARP chapters and retired teacher units are excellent sources for the people necessary for this important service. Because they often can relate more effectively than younger persons, older disaster advocates have been particularly effective in their roles during previous disasters.

Responsibilities of disaster advocates include knowledge of disaster services, victim interviews, needs assessment, ability to provide emotional support, and negotiate and advocate on behalf of the older victim. The disaster advocate facilitates a wide range of assistance that can be provided older victims by the aging network and other State and Federal agencies. A major difficulty in each disaster is the recruitment and training of individuals to fulfill these responsibilities in the short time frames available to responsible organizations in affected areas. Disaster advocates must always have professional supervision and an understanding that when certain levels of individual needs are encountered, there are more highly qualified individuals available to provide guidance or to assume the responsibility for follow-up activities with the victim.

Disaster advocate services are needed after a disaster because older persons often have special needs and characteristics that must be accommodated, if they are to be served proportionally with the level of service provided the general population. Many agencies make the mistake of assuming that older persons are a homogenous group. If that were the case, an assistance strategy adopted in one situation would always be appropriate in another. This is not the case at all. People do not become more alike as they age, they become more dissimilar. Personalities and physical capacities become more distinct among aging individuals. It is important to recognize that there are few blanket statements that can be made that will apply to individual older persons. This is as valid in disasters as it is in other situations. In responding to disasters, there is a definite need to establish and maintain an effort to meet the needs of older persons who require special help as well as make an effort to utilize the strengths and skills of the many older persons who can contribute.

One of the special characteristics that many older persons have in common is delayed response time. In the 1977 Kansas City Plaza flood, approximately 1700 older persons received assistance by coming to the DACs. These centers were established throughout the Kansas City area and were kept open for six weeks. At the end of the six weeks, the numbers of persons coming to the centers had dropped considerably and it was felt that it was time to close them. However, there remained one issue that was debated concerning the closure of these centers. Older persons had not come to the centers in the numbers expected. Projections had been made by the Area Agency on Aging through analysis of the areas that had been affected. With input from the aging network, FEMA made the decision to leave one centrally located center open to serve persons who had not yet visited a center. Subsequently, over one-half of the 1700 older persons would not have been served or even heard from if one center had not been maintained. Without special assistance and intervention by agencies and organizations that serve older adults, many older persons affected by disasters would never receive the entitled services because they responded too slowly.

Older persons frequently experience various degrees of sensory deprivation. This includes reduced ability to see and hear. These difficulties and their bearing on older disaster victims became quite evident during the response to the Omaha, Nebraska tornado of 1975. Older persons crowded into disaster centers along with others of the general population who were seeking assistance. It was discovered that older persons were exiting the center without understanding what had just happened to them. They were simply confused. One of the major factors included the kind of hearing loss that older persons experience which makes it extremely difficult to hear certain tones. When a great deal of background noise is present, as in a disaster center, it becomes almost impossible for a person with that kind of difficulty to understand what is being said. If the older person has difficulty in reading print that is too small, they have for all purposes been cut off from communication with the very people that they depend on for assistance.

Welfare stigma and inexperience with bureaucratic systems are often barriers to older persons in receiving disaster services. If a service in any way looks like charity, a handout, or welfare, it will often be avoided. It is important that older persons understand that the services they apply for in a center are benefits they have earned as taxpayers. Then, in the interaction with agency personnel, older persons must often overcome the fears that accompany a new experience. They may not be assertive enough to take charge of an interview and assure that necessary contact and understanding occur. The interviewer, who probably has never had an orientation to the special considerations involved in serving older persons, may never know that real communication has not occurred.

Many older persons have disabilities, are frail, or have chronic health problems such as arthritis. This means that special efforts related to transportation to centers, availability of wheelchairs, attention to medication, and special outreach efforts must be addressed. The more frail an older person is, the more susceptible he is to a condition known as transfer trauma. This condition was first noted and documented in nursing homes and occur when an older person has to be moved from one living arrangement to another. Statistics show that rates of illness and even death increase significantly. Properly followed procedures by persons knowledgeable of such factors can greatly reduce the negative impact of necessary relocation.

It is a challenging responsibility to meet the needs of older disaster victims. For a person or agency that does not work in the field of aging, it is perhaps an impossible challenge to do the job well. That is why anyone who works with disasters should know about the aging network and have the support of trained individuals who can assure that the older victims receive the special attention necessary to meet their special needs.

In addition to Disaster Advocate and Outreach Services, the aging network must provide gap-filling services. Gap-filling services are those services that are necessary after a disaster because: (1) they are not available and are necessary for older persons; (2) they are not in sufficient quantity to provide services to the older disaster victims who need those services; or (3) will not be available for a long enough period of time to meet the need. Gap filling disaster services are those provided immediately following the disaster which often continue to be necessary during long term recovery. These services may be provided for as long as one year or even two years in catastrophic disaster response. These services are those which are necessary to maintain older disaster victims until they have recovered to the point where they do not need further assistance, to help provide the capacity to address problems that develop as a result of the disaster, and finally, to provide services that will be on-going in nature and that will transition to existing programs.

In conclusion, State and Area Agencies on Aging and Native American Tribal Organizations play critical roles in disaster response. State Units on Aging must facilitate the flow of information, provide technical assistance and maintain momentum in service delivery and development of funding. For example, the State Unit on Aging must assure that the Area Agencies on Aging know when DACs are going to be open and their locations so that Area Agency staff can operate a desk for access of services by older victims and can provide disaster advocates to assist older persons as they seek assistance from the participating organizations. The State Unit on Aging must work with Area Agencies on Aging and Native American Tribal Organizations and coordinate information flow so that appropriate state organizations, including the State Emergency Management Agency, and the Administration on Aging have information on the status of older victims and prompt development of necessary applications and updates.

### **III. Older Persons and Their Responses**

#### **A. Summary of Special Concerns**

**SENSORY DEPRIVATION** - Older persons' sense of smell, touch, vision and hearing may be less acute than that of the general population. A hearing loss may cause an older person not to hear what is said in a noisy environment or a diminished sense of smell may mean that he or she is more apt to eat spoiled food.

**DELAYED RESPONSE SYNDROME** - Older persons may not react to a situation as fast as younger persons. In disasters, this means that Disaster Application Centers may need to be kept open longer if older persons have not appeared. It also means they may not apply for benefits within specified time limits.

**GENERATIONAL DIFFERENCES** - Depending on when individuals were born, they share differing values and expectations. This becomes important in service delivery since what is acceptable to an 80 year old person may not be acceptable to a person 65 years of age.

**CHRONIC ILLNESS AND MEDICATION USE** - Higher percentages of older persons have arthritis. This may prevent an older person from standing in line. Medications may cause confusion in an older person or a greater susceptibility to problems such as dehydration. These and other similar problems may increase the difficulties in obtaining assistance.

**MEMORY DISORDERS** - Environmental factors or chronic diseases may affect the ability of older persons to remember information or to act appropriately.

**TRANSFER TRAUMA** - Frail older persons who are dislocated without use of proper procedures may suffer illness and even death.

**MULTIPLE LOSS EFFECT** - Many older persons have lost spouse, income, home, and/or physical capabilities. For some persons, these losses compound each other. Disasters sometimes provide a final blow making recovery particularly difficult for older persons. This may also be reflected in an inappropriate attachment to specific items of property.

**HYPER/HYPOTHERMIA VULNERABILITY** - Older persons are often much more susceptible to the effects of heat or cold. This becomes more critical in disasters when furnaces and air conditioners may be unavailable or unserviceable.

**CRIME VICTIMIZATION** - Con artists target older persons, particularly after a disaster. Other targeting by criminals may also develop. These issues need to be addressed in shelters and in housing arrangements.

**UNFAMILIARITY WITH BUREAUCRACY** - Older persons often have not had any experience working through a bureaucratic system. This is especially true for older women who had a spouse who dealt with these areas.

**LITERACY** - Many older persons have lower educational levels than the general population. This may present difficulties in completion of applications or understanding directions.

**LANGUAGE AND CULTURAL BARRIERS** - Older persons may be limited in their command of the English language or may find their ability to understand instructions diminished by the stressful situation. The resulting failure in communication could easily be further confused by the presence of authoritarian figures, such as police officers, who may increase the apprehension and confusion in the mind of the older person. A number of seniors speak languages other than English, and there is a critical need to be sensitive to language and cultural differences. This could mean older persons in this category will need special assistance in applying for disaster benefits.

**MOBILITY IMPAIRMENT OR LIMITATION** - Older persons may not have the ability to use automobiles or have access to private or public transportation. This may limit the opportunity to go to the Disaster Application Center, obtain goods or water, or relocate when necessary. Older persons may have physical impairments which limit mobility.

**WELFARE STIGMA** - Many older persons will not use services that have the connotation of being "welfare." Older persons often have to be convinced that disaster services are available as a government service that their taxes have purchased. Older persons need to know that their receipt of assistance will not keep another, more impacted, person from receiving help.

**MENTAL HEALTH STIGMA** - Similar to welfare stigma, older persons often feel ashamed that they may experience mental health problems. These attitudes must be addressed individually if older persons are to receive mental health care.

**LOSS OF INDEPENDENCE** - Older persons may fear that they will lose their independence if they ask for assistance. The fear of being placed in a nursing home may be a barrier to accessing services.

## **B. Elder Response**

The elderly population has a number of characteristics and concerns that make them particularly vulnerable to the effects of disasters. For example, the elderly may respond more slowly to calls for disaster relief due to age-related slowing of both cognitive and motor activity. Older adults suffer greater sensory impairment and illness requiring medication. Some older adults may experience trauma if they are transferred from one facility to another without advance notice.

The elderly are more vulnerable to illness resulting from extreme climatic changes such as hypothermia and hyperthermia. Older adults may need education about available services and how to go about applying for them. Education may also assist older adults in overcoming the stigma attached to using mental health services. Emergency food rations should be low in sodium to accommodate the many older adults with hypertension and since impairment in the senses of taste and smell often reduce the elderly person's willingness to eat adequate amounts of food. Minority elderly are especially vulnerable to the effects of disasters. Bilingual workers and workers sensitive to the cultural differences of these minority groups will help to maximize the efficient delivery of services. Finally, some older adults, aware of diminished capabilities, may fear that they will risk being placed in a nursing home if these losses become known to workers. Disaster relief workers must be especially sensitive to this very real concern of older persons.

### **Sensory Deprivation**

Decline in smell sensitivity appears to be a common feature of aging (Stevens & Dadrwala, 1993; Wysocki & Gilber, 1988). Studies of older persons suggest that the elderly recognize and identify common odors less well and remember episodic presentations of odors poorly (William & Stevens, 1989).

Because the process of deterioration sets in early and progresses gradually, many elderly seem oblivious to any loss. For example, few adults older than 60 could detect the odor of propane at intensity levels commonly used as a warning (Bartoshuki & Weiffenbach, 1990). Sense of taste also declines and can contribute to poor nutrition in disasters (Chauhan et al. 1987).

Hearing impairment affects about 75% of the American population who reach the age of 80 years (Miller, 1983). Presbycusis, the hearing impairment most commonly associated with advancing years, affects a third of persons 65 and older (Naughton, 1965). Older adults may have greater difficulty in hearing, especially in noisy environments such as disaster centers (Harris & Reitz, 1985).

### **Delayed Response**

The elderly may respond more slowly to calls for disaster relief, due to age-related slowing of both cognitive (Babins, 1987; Cohen, 1987; Cunningham, 1987) and motor activity (Haaland, Harrington, & Gice, 1993; Houx and Jolles, 1993; Welford, 1988). Reaction time will be decreased (Salthouse, 1993) and there may be difficulty comprehending radio or television broadcasts under difficult listening conditions, such as storm winds, sirens, etc. (Cohen, 1987; Thompson, 1987). They may walk more slowly to relief sites (Hinmann et al., 1988). In addition, they may drive more slowly to the relief center (Haaland, Harrington, & Gice, 1993; Hale, Meyerson, & Wagstaff, 1987; Welford, 1988) due in part to age-related impairment in nervous-system function (Taylor & Griffith, 1993). Distant visual function appears to play an important role in physical function, particularly for mobility. An intervention to improve vision in at-risk elderly might preserve function (Salive et al. 1994). Speed of movement may also be reduced (Houx & Jolles, 1993; Normand, Kerr, & Metivier, 1987). Medication may also impair psycho-motor ability (Hinrichs & Ghoneim, 1987).

Following the 1977 Kansas City flood known as the Plaza Flood, the number of persons coming into the centers had dropped considerably by the end, and normally it would have been time to close the centers, but, concerned that numbers of older persons that had come to centers were not at a level in proportion to those believed to have been affected, the Region VII Federal Emergency Management Agency kept one centrally located center open (Wilder, 1983). More than one-half of the older persons eventually served came to this one center.

### **Generational Differences**

There are a number of generational differences in values and age roles (Rosenmayr, 1985; Stahmer, 1985). For example, older adults may give more attention to spiritual issues (Lesnoff-Caravaglia, 1985). They may be reluctant to accept low interest government loans to help with the losses resulting from a disaster (Reasoner, 1994). In bereavement, older adults show more consistent improvement in their levels of distress over time than do younger adults (Zisook et al. 1993). Communication difficulties, hearing loss, and generally cautious behavior are common among older adults (Cole & McConnaha, 1986).

Relief workers may relate better with elderly victims by being aware of some of these particular characteristics. If an older adult is particularly religious, the worker may elect to refer the person to a volunteer chaplain. Relief workers should attempt to establish whether the older person is understanding them, and if not, to determine whether this is the result of a hearing loss, cognitive impairment, anxiety or depression, medication, or a problem the worker has in communicating effectively with the particular older adult. Finally, the worker should avoid the temptation to rush the older person, recognizing that older adults may be more cautious and slow-moving.

### **Chronic Illness**

Elderly suffer from a number of common ailments, including heart disease, cancer, stroke, arthritis, poor vision and hearing, depression, and dementia (Blackburn, 1988). Physical impairment, such as hearing- or vision-loss, increase an older adult's proneness to depression and anxiety (Kalayam et al., 1991; Oppgaard, Hanson, & Morgan, 1984). Pharmacy and physician services need to be available since many older adults will be on medications (Canadian Medical Association, 1993; Johnson & Moore, 1988), and may need supplies of medications, or medical advice to deal with what to do if medication run out (Joglekar, Mohanaruban, & Bayer, 1988; Stockton & Jones, 1993). Elderly, medicated during disasters, may need monitoring for medication side effects (Katz, Stoff et al., 1988; Rosen et al., 1993). Elderly, however, tend to de-emphasize the importance of self-care and overemphasize the importance of professional contact (Chappell, Strain, & Badger, 1988), and therefore will need to be guided or encouraged to self-monitor.

### **Transfer Trauma**

Transfer trauma may exist when elderly are moved from one facility to another. Well-operated nursing homes prepare the patient with advance notice, move some personal possessions beforehand to the new location, and provide a great deal of personal attention. The effect of loss has also been found to be ameliorated by religious activity. To a lesser extent, older persons who have become disaster victims can suffer the same effect. For example, following a tornado in Sedalia, Missouri, an older person who had lost her home and most of her possessions was incapable of taking any action on her own behalf until her situation was sensitively probed and an "Irish Prayer" obtained to replace the old one. (A more detailed discussion of transfer trauma appears later in this manual.)

## **Memory Disorders**

Elderly may have more difficulty in remembering and responding to disaster instructions since memory retrieval, recall and retention may be impaired. Depression associated with the effects of disaster may also impair memory. Individual differences in memory performance among elderly adults may be due, in part, to variability in personality and metamemory variables. If interviewed in disasters, they may have difficulty relating details in logical order, due to age-related impairment of temporal and spatial memory. When working with relatively healthy older adults, it is important first to consider possible transitory, nonmemory factors that might be contributing to memory problems, such as the effects of anxiety, stress, or sleep deprivation, and then to provide the clients with some perspective on their memory failures.

## **Multiple Loss Effects**

As a consequence of aging processes elderly persons tend to experience multiple losses, including loss of physical/sexual attractiveness, hearing, sensory and motor skills, memory, spouse (Thompson et al., 1984), relationships (Kekich & Young, 1983; Pfeiffer, 1987), control over the environment (Lowy, 1987), work roles (George & Maddox, 1977), and independence (Martindale, 1989). For some, chronic illness may trigger the feeling of loss (Lindgren et al., 1992). Disaster relief workers need to be sensitive to signs of depression among elderly victims since losses sustained from the disaster may add to the previous ones and lead to depression (Goldstein, 1979).

## **Vulnerability to Hyper- and Hypo-thermia**

The capacity of the central nervous system and body regulator apparatus to maintain the constant state of body temperature becomes less reliable after middle age (Exton-Smith, 1977). The elderly are at risk of hypothermia (Collins, 1988; Thomas, 1988; Watson, 1993) and hyperthermia (Kenney & Hodgson, 1987). Factors suggested to account for the high incidence of hypothermia in the elderly include abnormal temperature perception or regulation, intercurrent illness, social isolation, inadequate housing, and poverty (Thomas, 1988). Hypothermia may be exacerbated by use of certain medication, e.g. psychotropics (Kerr, 1989). Hyperthermia may be the result of heat waves, particularly in spring before seasonal adaptations to summer temperatures have taken place. In disasters power outages may result in loss of heat or air conditioning to homes and apartments, increasing the risk of hypothermia and hyperthermia.

## **Crime Victimization**

While the rate of criminal victimization is less of a problem than advocates for the elderly have argued (Lindquist, & Duke, 1982), the elderly express high fear levels regarding criminal victimization. Fear of crime has been shown to correlate with rates of victimization, i.e. those elderly victimized in the past will be more fearful (Stafford & Galle, 1984). Fear of crime is also correlated with the crime rate of the individual's neighborhood, with residents of high-crime areas expressing more fear (Janson & Ryder, 1983). Fear of violent crime tends to be out of proportion to the real probability of falling victim to such a crime (Liaison, 1983). Fear tends to be related to neighborhood dissatisfaction and low morale, and to a lesser extent, involuntary isolation (Yin, 1982). The relationship between fear of crime and victimization is complex, although the fear of crime in high-risk areas seems to be realistic (Baldwin, 1992).

Groups of con artists who follow major disasters often focus their efforts on older disaster victims (Wagner, 1994; Wilder, 1983). Home repair is a common area where older adults are victimized. In a typical scheme, the con artists will sign many contracts for repair, do a little work on each, and move on with partial or total payment. Education at disaster centers about these con artists and the types of work they promise to do may help prevent many older adults from becoming further victimized during disasters.

## **Bureaucracy Unfamiliarity**

Elderly tend to be separated from agencies and information systems due to lack of information (Salive et al., 1994). Further complicating this problem is that as many as 10 to 15 agencies may need to be contacted during disasters (Wagner, 1994). Greater imaginative design and coordinated operation of these information systems can better assist older adults in interfacing with agencies (Salive et al., 1994). Persons more likely to use community services tend to be better educated, more successful financially, more likely to derive personal satisfaction from their work, and more likely to have formed closer family ties (Rosenzweig, 1975). One useful intervention is the telephone hotline (Losee et al., 1988). Telephone hotline services are staffed with persons trained in communicating with persons during crisis and can make referrals to appropriate sources. These telephone hotline services interface with other appropriate agencies during disasters. Finally, continuing education experiences may better prepare elderly for disaster conditions (Panayotoff, 1993).

## **Welfare**

Despite the widespread development of social services and their advocacy, researchers have consistently reported low use of support for older persons in general and in particular for rural elderly (Blieszner et al., 1987; Clark, 1982; Krout, 1992) and minority ethnic groups (Bell, Kasschau, & Zellman, 1978; John, 1986). Often older adults are unaware of available services or lack knowledge about them. Data also suggest that perceived stigma may be a barrier to participation (Hollonbeck & Ohls, 1984). Results indicate, however, that the older adults' attitudes toward stigma were statistically nonsignificant predictors of whether they would contact social security offices to inquire about their eligibility for SSI benefits (Ozawa, 1981). Education can help break through this stigma (Henry & McCallum, 1986; Peterson, Thornton, & Birren, 1986). For example, an older person sat weeping at a Disaster Assistance Center because he could not convince himself that he should apply for assistance when he knew that there were others who had greater needs (Wilder, 1983). He applied for assistance only after he was convinced by a relief worker that his receipt of assistance would not reduce the likelihood of others receiving it.

## **Mental Health**

Elderly tend to have moderately high, negative attitudes and lack of knowledge concerning mental health services (Lundervold & Young, 1992). The highest negative attitudes/knowledge deficits were in the domains of knowledge of psychopathology and aging (68%); and stigma. Stigma often stops patients from getting the best treatment, or at times from getting any treatment at all (Dubin & Fink, 1992). In addition, many elderly may have unfavorable impressions of mental health services (Nelson & Barbaroi, 1985). Relief workers can assist by aiding elderly in goal setting and locating essential services (Bumagin & Hirn, 1990). Crisis counselors can assist elderly in grieving over disaster associated losses (Williams & Sturzl, 1990).

Education is an effective way to deal with the perceived stigma of mental health services (Fink & Tasman, 1992; Henry & McCallum, 1986; Peterson, Thornton, & Birren, 1986). At the initial stages of treatment, the focus should be on concrete issues (e.g. assistance with a Medicaid application) (Lustbader, 1990). As trust grows in the counselor-client relationship, the sessions tend to resemble more traditional individual, family, and group psychotherapy (Lustbader, 1990). Linking of mental health and physical health services can assist in removing the stigma of mental health services but may create financial problems (Mad Hatters Theater, 1992).

## **Special Dietary Considerations**

Poor eating, due to age-related loss of interest in eating (Schiffman & Warwick, 1988) and disease processes may lead to malnutrition, yet absence of clear-cut signs and symptoms may easily lead to a delay in the diagnosis of these potentially serious yet easily reversible conditions (Gupta, Dworkin, & Gambert, 1988). Weight loss and anorexia occur commonly in the elderly (Morley & Silver, 1988). While in many cases the anorexia can be attributed to associated disease processes, it appears that a true anorexia of aging exists (Morley & Silver, 1988).

Because many elderly suffer from hypertension (Sowers, 1987), emergency rations should be low in sodium. Increasing dietary calcium intake may represent an effective nonpharmacologic treatment for some salt-sensitive persons (Zemel & Sowers, 1988). Similarly, diabetic elderly will have reduced sensitivity to high-sugar taste in emergency rations (Lassila, Sointu, Raiha, & Lehntonen, 1988). Impairment of the senses of taste and smell may reduce the elderly person's willingness to eat adequate amounts of food. This problem may be solved in part through preparation of tastier emergency rations (Schiffman & Warwick, 1988)

## **Minority Elderly**

If the elderly are especially vulnerable to the effects of disasters, then minority elderly are perhaps the most vulnerable (Applegate et al, 1980). Minority groups may have different cultural and religious backgrounds, effecting the way they regard services and government agencies. Services delivered to the dominant society may not necessarily be suitable for every minority group. Language barriers pose a major impediment to the delivery of services to a number of minority groups. Disaster Assistance agencies, therefore, will need to have bilingual and bicultural workers to communicate and assure sensitivity to the needs of these minority elderly.

African American elderly are particularly vulnerable to the effects of disasters. For example, during the heat wave of 1980, most of the heat-related deaths were older adults who were also African American (Applegate et al. 1980). Still, most of the research on elderly African Americans' adaptation has focused little attention on how African Americans cope with disasters (Green & Siegler, 1984). The differences that African Americans display in coping and adaptation may, in fact, be differences in style and expression (Green et al., 1982). In one study, African American volunteers serving African American elderly committed more time and were seen as more helpful by clients (Morrow-Howell et al., 1990). Therefore, African American workers and volunteers need to be utilized by Disaster Assistance Centers.

Although some regional variations exist, the Asian American elderly underutilize available formal support systems (Pacific Asian Elderly Research Project, 1977). While many need services, a lack of English proficiency appears to prevent them from seeking services outside their ethnic communities (Kii, 1984). It is important, therefore, that Disaster Assistance Centers have bilingual and bicultural personnel where a large number of people speak these languages (Yip, 1981).

Language barriers also effect the delivery of services to Hispanic Americans. For example, the Needs Assessment Study (Lacayo, 1980) found that the neediest older Hispanic Americans were the lowest users of services. Even when they know about, need, and are eligible for social services, the Hispanic American elderly use services far less than the need warrants (Lacayo, 1980). Disaster Assistance Centers will need to have Spanish-speaking workers of Hispanic heritage in areas with large Hispanic populations.

Cultural sensitivity may be especially important in serving the Native American elderly during disasters. The existing service systems for this population fall short in satisfying needs since the services are being provided under the false assumption that the services delivered to the dominant society are also most suitable for the Native American population (National Indian Council on Aging, 1981). Native American workers may be able to identify the most appropriate services for Native American elderly during disasters.

## **Fear of Institutionalization**

Few older adults move into nursing home voluntarily, and life in these institutions has been found to lead to psychological deterioration (Langer, 1985; Piper & Langer, 1986), and thus should only be considered in extreme cases. Hence, many older adults, aware of diminished capabilities, may fear that these losses, if revealed to persons and organizations seeking to provide help, would place them at risk of institutionalization. The move to a nursing home is often followed by decline or even death (Perlmutter & Hall, 1992). Deterioration may result from being thrust into a world whose total security often requires surrender of autonomy since nursing homes are often dominated by rules, regulations, and arbitrary schedules. The older adults' sense of control erodes. Therefore, older adults may realistically fear that, if placed in a nursing home, they will become psychologically and physically dependent on the staff and may eventually function in a mindless fashion. Disaster relief workers, therefore, should exercise great sensitivity when dealing with older adults and reassure them that they are there to provide services and not to place the older adult in a nursing home.

## **Conclusion**

In conclusion, the elderly population presents special challenges to disaster relief workers. Older persons may respond more slowly to calls for disaster relief due to age-related slowing of both cognitive and motor activity. Some older adults may suffer trauma if they are transferred from one facility to another without advance notice. Because older adults are low users of social services, they may need education and encouragement from disaster relief workers in applying for them. The elderly may also need education to help overcome the stigma of using mental health services. Emergency food rations need to be low in sodium for the many older adults who suffer from hypertension, and tasty since decline in the senses of taste and smell often reduce older adults' willingness to eat appropriate amounts. Because minority elderly are even more vulnerable to the effects of disasters, the use of bilingual workers and workers sensitive to the cultural needs of these minority groups will help to maximize the delivery of services. Finally, some older adults, aware of diminished capabilities, may fear that they will risk being placed in a nursing home if these losses become known to workers. Disaster relief workers, therefore, should exercise special sensitivity to this very real (and realistic) concern of some older adults.

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## C. Transfer Trauma

### Minimizing the Impact on Community Based and Institutionalized Elders

*(This section was written for hurricane response, but can be used for many kinds of disaster situations.*

The impact of natural disasters on individuals has been studied, but few studies have focused on the frail elderly. The fact that the United States continues to age at unprecedented rates warrants a closer examination of the capabilities and the challenges inherent when reaching and serving an older population. The difficulties encountered during and after the mass evacuation of one thousand eight-hundred sixty nursing home residents in response to the threat from Hurricane Elena in 1985, which stalled off the west coast of Florida, served as one of the first documented incidents in which large numbers of frail elders were transferred to alternate sites for care. Experience from this activity indicated that the time required to transfer residents was dramatically underestimated as was the type of shelter and the skill levels of personnel needed for this specialized type of mass care.

Unlike the general public, elders face a unique problem that experts have termed "transfer trauma." In this context, this condition affects elders impacted by a disaster that results in being uprooted from routines and familiar surroundings. This type of change can lead to aggravation, depression, serious illness and even death among the elderly.

It is improper and impractical to perform stringently controlled randomized studies on the needs of the elderly in the atmosphere of fear and panic surrounding a catastrophe such as a hurricane. The alternative is to rely on anecdotal information regarding this population and the first hand experience of trained observers when we design disaster plans for the care of the elderly. Each new disaster seems to uncover unanticipated problems that need to be addressed. The insights for this discussion are drawn largely from the experiences of Hurricane Andrew and specifically from the response to those demands by the Miami Jewish Home and Hospital for the Aged (MJHHA).

The MJHHA is a community teaching, long term care facility in Miami, Florida that provides housing and nursing care units that meets the needs of the independent ambulatory to the acutely ill feeble elderly. The other dimension of the Jewish Home is that of a provider of "nursing home-like" community based care to thousands of home and bed bound elders annually. It is important to emphasize frail elders being cared for in the community in that, at any given point in time no more than 5% of the 34 million elders in the country are residents in a nursing home.

During the hurricane watch, a number of elderly were admitted to the Jewish Home for shelter. In addition, some staff's families were evacuated to the facility. Thus, MJHHA was entrusted with providing support for more than 1,000 elderly clients, staff and their families. Documentation of problems evident at time of admission was made by Administration, Nursing, Dietary Services, Medical Services and the Department of Social Work. Though the campus was structurally spared, as the storm passed through, both water and electrical service was disrupted. Post-storm ambient temperatures were in the 90 degrees Fahrenheit range with humidity being at 90%. Water for drinking, bathing, and for flushing toilets had to be carried manually from levels of one to eight floors in five gallon containers. Without air conditioning, most residents required constant monitoring and increased fluid intake orally, by tube feedings, or by intravenous administration when oral intake lagged. Ice was placed in tubs in the hallway as were the patients. Fans powered by emergency generators were used to circulate cool air. Patient temperatures were closely monitored. The staff toiled under extreme duress in the heat and chaos to keep up with the patients' loss of fluids. If the air conditioning had not been restored within 72 hours as it was, heat related injuries would have been severe and the necessity of transferring the residents much more likely. Although electricity and water were restored, chaotic conditions continued for weeks in the aftermath of the storm.

Extremely ill community based patients, some languishing in evacuation shelters or fabricated tent cities, were admitted to the Miami Jewish Home and Hospital requiring medication and treatment, but without transfer data. The patients' families and their physicians were unavailable for information. Medical regimens and care plans were implemented by a nursing staff trained in the complexities of geriatric care and able to fill the blanks. The absence of a cadre of knowledgeable geriatric nurses would have presented a dangerous nursing care environment. This is a point that warrants further emphasis in that is not commonly recognized within emergency management that paramedics who are often called upon to fill the gap are neither trained nor versed in the medical management of a chronic and frail population.

Staffing was a major problem immediately preceding the hurricane and immediately following. Most nurses and nursing aides scheduled for duty were unable to reach work because of personal difficulties or lack of reliable transportation. Delivery of care (treatments, medications and providing fluid and feeding) responsibilities were left to a small group available in dietary and administration, nurse practitioners, nursing supervisors and other employees and volunteers.

The staff endured long, emotionally draining hours with an arduous work load, sleep deprivation, and limited privacy. The stress was also related to both personal property losses and disruption of one's interpersonal network, in a surrounding of devastation. Many staff were counted among the new population of homeless.

Nutritionally balanced hot meals were not available for one week. Transporting meals in hot carts was a logistical problem with the loss of power for elevators. Much of the nutritional support of difficult patients, many with feeding-swallowing disorders, became the responsibility of the dietary department due to diminished nursing support.

Perhaps the single issue that most traumatized the patients transferred and the staff that received them was the inadequate patient identification. In a number of instances, the caregivers "disappeared" leaving helpless, demented people with no information, as to medication, medical problems and other patient information. Other shelters received large numbers of residents, virtually "dumped" from nursing homes, for their day to day care. Many incontinent elderly were brought to shelters with no medications, diapers, or other supplies.

## **Conclusion and Recommendations**

Indications are that because of legal and staffing constraints even more of the burden of patient care will fall upon nursing homes to provide even greater assistance during the next disaster. General public shelters are not designed, equipped or staffed to manage the care of great numbers of chronic patients. Be it the frail in the community, or those congregated in institutions, the recommendation, and at times the requirement, on institutions is to shelter in place or transfer their population to a "like facility" well outside the probable impact area. It's obvious, in order to ensure adequate staffing, facilities must provide for employees, as well as their families and pets, including everything from food and bedding to legal assistance. The comfort needs of patients and staff alike, along with their psychological needs, under the most adverse conditions must be considered.

Strict command and control measures during the critical hours must be adopted. Monitored points of entry to the facility with proper pre-prepared identification badges should be issued by security, and logs meticulously maintained for all "new residents" for accurate tracking. The time dedicated to this process is both logical and humane. In both instances loved ones that have abdicated the care of an older family member, as well as the older resident him/herself, will be much less anxious and far more reassured if contact with loved ones is not lost through the process of being moved from one shelter or one care setting to another.

Further steps that can be taken to minimize the trauma that might be inflicted on the older adult whether they remain where they experienced the disaster or must be transferred due to the circumstances of the disaster. An understanding and appreciation of the high risk in the elderly is also paramount. Particular attention to vision deficit, hearing loss, cognitive changes, and acute illness is required, as well as keen attention to prevent injury from falls during this critical period. New surroundings, poor lighting and hazards from fallen debris must also be taken into consideration to minimize the incidents of risk or injury.

Specific attention to the psychiatric needs of the nursing home population need to be addressed as well. Studies have found that without the added impact of a disaster 91% of nursing home residents had at least one psychiatric diagnosis and/or at least one behavioral problem. When any circumstances warrant a change in their living environment, behavioral problems and even mood disorders will occur more frequently. Furthermore, the elderly and those with pre-existing medical problems and/or some cognitive impairment may also be more susceptible to developing post-traumatic stress disorder. The temptation to restrain these individuals either physically or by pharmacologic techniques will likely lead to further complicating the resident's pre-existing illnesses. An adequately staffed locked unit would enable residents to ambulate freely and safely under proper supervision.

During crises the demand on resources can be so extreme that it may overwhelm the staff that has been able to report to duty. To prepare for these contingencies a viable recommendation would be ongoing training and exercises as a means of ensuring maximum access to staff's capabilities and availability. The ideal would be that staff who customarily deliver community based services would be cross-trained to provide patient care in a nursing home; similarly, nursing home staff would have been crossed trained to deliver basic care and assistance in the community.

In conclusion, as we all prepare for the next disaster, the question that must have an answer before the earth shakes, the wind builds, the water rises, the mud slides, the rain falls or the fire rages, is when these frail elderly must be transferred from their present dwellings, where do we send them? Extensive literature details complicated medical pathology on the possible risks whenever frail elderly are displaced, especially to hospitals, even in the best of times. It is illogical to think that the elderly with special needs can adequately be cared for and monitored in hastily prepared shelters. As this country continues to age at unprecedented rates there will simply not be one set of actions that will satisfy all unmet needs. A partial solution requires nursing homes to prepare themselves to be as self-sufficient as possible, for as long as possible, while fortifying mutual aid agreements with multiple facilities creating plentiful options and humane response.

## **Institutional Action Steps to Minimize Transfer Trauma**

1. Each nursing home department or section should ***prepare a specific hurricane preparedness plan and*** conduct a detailed ***review yearly***.
2. ***Designate all critical staff*** who can be relied on to be present for the disaster.
3. ***Make a detailed contingency evacuation plan***, including pre-arrangements such as scheduling and transportation by bus companies.
4. Each institutional department or section should ***designate key personnel*** who will be available in case of emergency.
5. ***Confirm third party support agreements*** with outside vendors.
6. ***Prepare for employees and their families*** to obtain shelter and assistance in personal needs.
7. ***Establish and coordinate chain of command*** with wire-diagrams placed at key areas.
8. ***Make provisions for pets*** (outside kennel agreements).
9. ***Prepare a required task list*** of all assignments that must be completed before storm strikes (everything from water heaters, to closing shutters and water proofing computers).
10. ***Develop a command center*** for control of all activities and obtain battery powered computers available to allow daily update flyers for all personnel.
11. ***Develop interdisciplinary teams*** to provide care to individuals in each building during any storm. They should include a nurse, social worker, security guard, aide, etc.
12. ***Develop security***, with single monitored door for entry, and proper I.D. badges for all persons on campus. Have badges available before hand.
13. ***Plan on using hand-held radios*** for communication since telephone service may be inoperable. Prior training in their use is necessary.

14. ***Order critical supplies*** (see attached) (water, ice, medical, emergency) through pre-arranged vendors during hurricane watch.
15. ***Order dietary orders*** including milk, groceries etc., during watch from pre-arranged vendors. A pre-planned seven day menu can be made available ***for residents, employees and employees' families (including provisions for infants)***.
16. ***Internal Disaster Plan*** (for injuries during storm, since EMS may not be operable).
17. ***Staff Pharmacy*** with extra personnel and common medications for contingencies.
18. ***Physical plant must have generators in working order*** and adequate fuel supplies for a week.
19. ***Fuel all vehicles*** during watch phase.
20. ***Include chainsaws***, for cleaning debris, and repair of damage after storm.
21. ***Photograph and document all property damage*** for adequate insurance reimbursement.
22. ***Develop a person transfer log*** to assure tracking of all regular residents as well as those recently displaced and brought for shelter.
23. ***Have protected cash on hand***. All purchases after the storm will need to be carried out through cash transaction.
24. ***Routinely follow infection control procedures*** to prevent sanitary related problems.
25. ***Secure battery operated radios*** to obtain information.
26. ***Coordinate with county and state disaster plans***.
27. ***Ensure services are available*** (possible by Department of Social Work) for emotional support of staff as well as residents.
28. ***Provide disaster education to all staff on a continuing basis***.
29. ***Conduct disaster alert simulations*** on a routine basis.

## INVENTORY OF CRITICAL SUPPLIES AND EQUIPMENT

### MEDICAL SUPPLIES

Underpads	Diapers	Disposable Wash cloths
Water pitchers	Exam gloves	Gauze bandages
Syringes V 100	Eggcrate mattress	Nutritional Supplement
Picture Bands	Patient ID Bracelets	

### EMERGENCY EQUIPMENT

Batteries "D"	Batteries 6 Volt	Chainsaws
Water - 2 1/2 Gal.	Duct Tape	Flashlights
Lanterns 2x6	Lanterns 4x6	Masking Tape

\* Quantities of items will be based on the size of the facility.

\* Any inventory of supplies and equipment must include consideration that the patients' caregivers might also be sheltered at the facility.

## **ACTION STEPS TO MINIMIZE TRAUMA FOR HOME BASED ELDERERS**

### **DISASTER PLANNING WORKSHEET**

#### **BEFORE DISASTER STRIKES:**

*EACH INDIVIDUAL SHOULD PREPARE BY PACKING A WATERPROOF EMERGENCY SUITCASE.*

- flashlights
- fresh batteries
- battery operated radio
- bug repellent and sunscreen
- personal hygiene items
  - toothpaste and brush
  - dentures and glasses
  - deodorant and soap
  - shaving equipment
- wash cloth and hand towel
- tissues, premoistened towelettes and toilet paper
- change of clothes
- disposable incontinency supplies and other supplies if you will be providing care to a frail family member or friend.
- list of numbers of important papers
  - insurance policies
  - mortgages, bank and savings accounts
- list phone numbers - family, friends, physician, pharmacy, caregiver, business contacts
- copy of all prescriptions
- extra pair of glasses
- plastic bag with water purification tablets
- matches in plastic bag
- manual can opener
- plastic garbage bags
- map of the area

### *STORE TWO-WEEK SUPPLY OF FOOD AND LIQUID*

- special dietary needs
- small containers of canned meats and fish
- small cans of canned fruits
- crackers, dry cereal, granola bars, bread
- canned or bottled juice
- nuts, peanut butter
- dry milk
- paper plates and napkins
- water bottles (at least two quarts of water per person per day for at least seven days)

### *GENERAL*

- pre-arranged care of pets
- home construction inspection
- notify friends, family and senior services of your plans
- provide family in another city copies of important papers
- tell family, neighbors, service agencies where you would go to stay in an emergency and give each of them phone numbers in order to check on you after the disaster
- have a transportation plan for emergencies
- install shutters and storm doors

### *SPECIAL NEEDS*

If necessary (and available in your area), register with your county's Special Needs Registry.

## **DURING THE DISASTER WATCH PERIOD**

- check medication supply
- fill prescriptions
- move car to a safe area
- double check emergency suitcase
- clean and fill bathtub with water
- pick up loose objects outside
- move furniture away from windows
- make hotel reservation and get reservation numbers
- replenish batteries
- fill gas tank
- cash a check
- pack dentures, glasses
- fill containers with clean water
- pull curtains, blinds and shutters
- call family/friends, tell your plans

## **EVACUATION PERIOD:**

### **THINGS TO TAKE**

- emergency suitcase
- be sure to have identification on your person
- meet your buddy
- move car to a safe area
- post your name, phone and location on a visible inside wall of your home
- plastic bag with towels, blanket, pillow, change of clothes
- adjustable lawn chair
- pack in plastic pail tissue, paper towels, trash bags, liquid detergent, disinfectant
- turn off electricity at main circuit breaker
- unplug appliances
- Medicare, Medicaid cards
- driver's license and identification
- checkbook and credit cards

## **IV. The State Unit On Aging**

### **A. Operations**

It is the duty of the State Unit on Aging to remain calm, provide assistance, coordinate services, and play a leadership role in the event disaster strikes anywhere within the state. Some may wonder how this is to be accomplished under the great pressure of widespread disruption when it seldom takes place without that burden, but training and preparation will go far toward making a State Unit function in a positive and assistive manner.

The activities of State Units in the face of a disaster or potential disaster take place in four categories - preparedness, immediate response, recovery, and evaluation. The State Unit must coordinate the activities of the local AAAs in the event of a disaster. Whether a few communities in one AAA are effected, or an entire state, it is to the State Unit that Area Agencies and other service providers will turn to find the leadership needed.

#### **PREPAREDNESS FOR THE STATE UNIT**

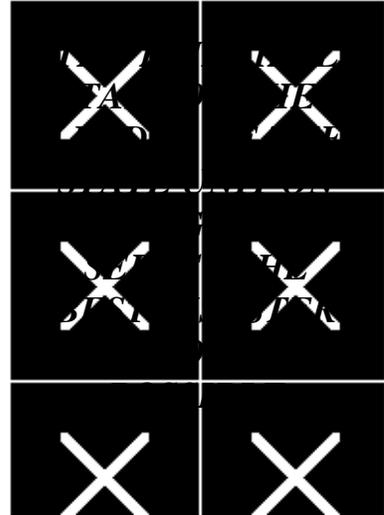
When a disaster strikes, confusion generally follows. Ordinary services and devices usually taken for granted are no longer available. Key personnel will be distracted or disabled. Links connecting State Units on Aging and local Agencies, or other elements of state government, may be destroyed or overloaded. The State Units on Aging must be prepared.

***THE WRITTEN DISASTER RESPONSE PLAN*** - In order to be prepared, a State Unit on Aging must prepare a written disaster response plan. Such a plan must be practical and it must be simple; at the same time it must be so crafted that the plan is comprehensive, covering the entire range of disasters to which all or any portion of the state might fall prey.

By following the outlines in this manual, filling in the blanks on the checklist, and spending time when the pressure is NOT on, State Units on Aging can take major steps in reaching a state of preparedness. There is no time to plan when disaster strikes, and absence of a plan can escalate a relatively modest disruption to the level of a major disaster. However, writing a disaster response plan requires significant amounts of time in preparation and conversation.

Who is responsible? Probably the first step in planning is for the State Unit on Aging to designate a **Disaster Aging Officer**. It is important that this responsibility be assigned to a senior member of the staff, one with substantial authority. This individual will be the person to whom decisions will be referred, and who will establish and maintain liaison with other elements of state government, Federal Disaster Aging Officers, and local elements of the aging network. In preparation for duties during a disaster situation, it will be the task of the **Disaster Aging Officer** to write the state aging disaster response plan.

The **Disaster Aging Officer** has as his or her first task the duty of finding the State's overall emergency planning office, meeting with representatives of that office, and learning the general plan of response to any disaster by the mechanism of state government. It is useful to learn and understand the criteria by which state proclamations of emergency or disaster are made and the effects such declarations have under the laws and regulations of the state. It is also helpful if the **Disaster Aging Officer** can take advantage of any opportunity to work with other members of the state disaster team, dealing with exercises or drills as well as with the administrative problems which face such a body. As people work together they learn the typical responses of others, and this is an important asset in situations as demanding as the presence of an actual emergency.



Like every other communicator, the Disaster Aging Officer will be required to communicate in many directions: with the executive level of state government in dealing with the State's Emergency Preparedness Plan and with other units of State Government; with Federal Emergency Management Agency personnel and persons from the Administration on Aging; with local Area Agencies and with service providers; with representatives of local and regional units of government; with key segments of communities; and, with the general public. For these reasons, it is vital that this person have excellent communications skills.

The Disaster Aging Officer **MUST** prepare a contact list and checklist to be used in the event of any kind of disaster.

How is all this to get done? The State Disaster Aging Officer must begin by contacting the State Emergency Preparedness Office, under whatever name it uses in that state.

- o Is the State Unit on Aging properly included in the State Emergency plan?
- o Is there a clear understanding of the chain of command in emergencies, from the Governor through to the field personnel, Area Agency Directors, etc?
- o Is there a listing of the agencies with which the State Unit on Aging must interrelate during the course of responding to a disaster? Is the relationship of the agencies understood and the responsibility and authority of each included in the State Emergency plan as well as the State Aging Disaster Response plan?
- o Is there a listing of key personnel in other agencies to whom questions, requests, etc., ought be directed during the period of dealing with the disaster?
- o Has the Disaster Aging Officer had opportunity to meet with and relate to each key person?
- o Has each significant contact person been listed on the Contact List? In case of change, has the contact list been updated in the computer and in the book?

The Disaster Aging Officer and the AAA's: A key part of the duties of the Disaster Aging Officer from the State Units on Aging is the duty to assure that each AAA has a written Disaster Response Plan, and a person assigned responsibility for coordinating disaster relief efforts. Ample assistance is afforded by this handbook, but it is the job of the State Disaster Aging Officer to make sure that each AAA has a plan, understands it, and has dealt with all possible contingencies.

## **CONSIDERATIONS IN DEVELOPING A DISASTER PLAN**

The Disaster Aging Officer from the State Unit on Aging may be guided by the following considerations when it is necessary to devise a disaster plan.

1. Consider the capabilities and limitations of the SUA.
2. Consider conjunctions with other agencies. It is vital that a full list of such agencies be made.
3. Consider the plans and responsibilities of AoA, and how they relate to the plans and responsibilities of the SUA.
4. Consider the degree of planning for disaster in the state, on an overall basis.
5. Consider the roles of the various relief agencies in the state, and state-level leadership for local elements of government and their service and assistance agencies. In order to do so, a comprehensive list of local agencies is needed to augment the list of state relief agencies.
6. Consider the organizations primarily responsible for relief authority and assistance in each community, inside and outside of government. Make a clear and simple chain of command for each organization, so that lines of coordination and control are clear.
7. Consider the appropriateness of dividing jurisdictions or the entire state into workable segments. Where possible, these ought follow natural or traditional boundaries, and respect AAA boundaries where appropriate. But if the flood divides an AAA, it may be necessary to provide higher-echelon coordination.

8. Consider the types of disaster most and least likely to occur in the state; pay attention to the relative probability of occurrence, the probable lead time involved, the potential magnitude, any factors which make one or another area more or less likely to be involved, and the kinds of effects which may be produced in specific geographical areas (effects on people, systems, facilities, resources and institutions.) Make sure that this is incorporated in the disaster response plan of each area agency. Also make sure that each service provider has made plans appropriate for its tasks.
9. Consider plans for sharing and disseminating information with and to other organizations which will be collecting data and doing needs assessment.
10. Consider the necessity for the State Unit on Aging to assume a significant degree of responsibility in disasters which are not national in nature but which are significant to a degree that an Area Agency is unable to cope, or which transcend Area Agency boundaries.

## **COORDINATION FUNCTIONS**

Under the leadership of the Disaster Aging Officer, the SUA must review the State Emergency Preparedness Plan and the Aging Disaster Response Plan, determining the planning and preparation tasks which remain to be done and which entity shall do them.

1. The SUA must assume a leadership role in disseminating information concerning the Aging Disaster Response Plan, making sure other units of state government, the AAA's, and the Administration on Aging understand what the State Unit is planning.
2. Investigate available disaster relief and assistance programs and identify gaps.

3. Secure inclusion in state disaster assistance planning. If none exists, initiate.
4. Be sure that agencies involved in disaster assistance understand what services and information the SUA can provide, and be sure the SUA and AAAs understand what services and information other agencies can provide.
5. Beginning from the inventory of community resources accumulated by Information and Referral activities, assemble a list of resources for the elderly for inclusion in the State Disaster systems, and insure that each AAA has done the same.
6. Establish a working relationship, and where appropriate, written agreements or memoranda of understanding, with other organizations. This should include a personal meeting with each organization's coordination person, and a listing of them in the directory. This requires constant monitoring and updating.
7. Be sure everyone understands the data needs of the Aging Network, and that the SUA understands the data needs of other agencies. For instance, many agencies do not record the age of the victim, merely the need, and although many Aging Network programs record age, they may not record occupation even though for example, "farmer" might generate additional sources of relief dollars.

This coordination process is an outstanding opportunity to make other agencies aware of the needs of the elderly and of the SUA and the Aging Network. SUA's on the state level and AAA's on the local must initiate an educational process which makes emergency organizations aware of the special needs of older persons.

## STANDARD OPERATING PROCEDURE

Based on information acquired in the planning process and in the coordination effort, devise a written Standard Operating Procedure which outlines the response process when a disaster is reported. This should include:

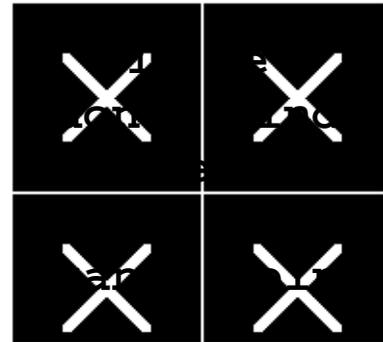
1. *WHO* is involved, primary and alternate respondents.
2. *WHAT* are the duties and responsibilities of each primary respondent.
3. *WHAT* are the alerting and mobilization procedures when a disaster is reported, during working hours and during non-working hours.
4. *HOW* will communications be maintained if the phone system is out? if the electrical system is out?
5. *WHERE* will the SUA operate if its office is located within the disaster area?
6. *HOW MUCH* will personnel be allowed to claim on a reimbursed employee expense basis?
7. *WHO* will be located where during the disaster? immediately following a disaster?
8. *WHO* is responsible for what during a non-presidential emergency, or before a Presidential Emergency is declared?

The actual arrival of a disaster is ALWAYS too soon, too much, too confusing and stressful. Preparation helps; indeed it is the **only** help available when disaster strikes. Whether the arrival is sudden and unheralded like an earthquake or anticipated, as some floods or blizzards, or whether the disaster arrives abruptly like the strike of a tornado or has grown to become a disaster, as a heat wave does, when the disaster is finally upon the community, much of the potential for diminishing the damage depends on the preparation of professionals. In the aging network, that means YOU.

## LOCATION AND IDENTIFICATION

The actual listing of older persons will probably always remain the task of the Area Agency. The SUA must be able to indicate how many might be expected in a given area, based on AAA figures or other sources. Immediately after any disaster the SUA and AAAs involved will be called upon to estimate the numbers of elderly effected by the disaster.

SUA Tasks for location and identification: The State Unit ought have a set of maps which generally displays the density of older persons, key sites where older persons may be found, and which also displays the general location of sources of assistance for older individuals. These maps must be compiled from more detailed maps which are developed by each AAA.



Area Agencies ought to identify older persons, using procedures set forth in the Area agency portion of this handbook, and SUA activities in this area ought include review of AAA efforts, identification of potential sources of information, and working on the state level to assure a smooth and uninterrupted flow of information.

## COMMUNICATIONS

In any situation of great stress, organizations and individuals behave as though they were starving for information. One of the more significant results of every disaster is the damage to the communication system. In every disaster, communication has been a major problem. Communication occurs in two directions -

*HORIZONTALLY*- with other state-level organizations, including SEMA.

*VERTICALLY* - within the aging network.

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In both instances, the SUA occupies a "crossroads" situation - it is charged with assuring the flow of information and directives between the AAA and the AoA as well as initiating or receiving messages from both directions; it is also charged with assuring the smooth flow of information from agency to agency across the structure of state government.

In addition, the SUA occupies a "switching" function, gathering information from other horizontal elements of state government and sending it upward or downward, and disseminating vertical information laterally across state-level agencies.

Because the SUA has these transmitting functions, as well as duties in gathering and analysis of information, it is vital that the disaster plan provide for constant and effective communication. This in turn requires decisions which are technologically and systematically appropriate; modem and fax might be appropriate links between the SUA and AoA but not for transmittal of flash flood information from an AAA far up a valley, where electric and telephone communication could be highly threatened.

### *GRAPEVINES*

Remember the "grapevine" technique of network communications. In order to apply this approach, preparation is required.

The "grapevine" plugs local units on aging into individuals who know the community and its elderly residents - postpersons, delivery people, meter readers, church groups, and other who reach into the daily lives of large numbers of people.

For the State Unit, particularly during the stressful times of a disaster, the parallel program is to tap into the elements of the state-wide system with similar widespread contacts - delivery shuttle drivers, law enforcement agencies, public utilities, Highway Department or Road and Bridge personnel. The idea here is to use these alternative sources of information to aid in understanding the picture in local areas and understanding how this effects the elderly clientele of SUA's.

Possible "grapevine" sources on the state level include such emergency service centers as law enforcement coordination offices, National Guard command points, etc. These are facilities which might identify problem areas on the borders between two AAAs, or point out that the northern part of an Agency's area is isolated from the remainder of the service area by rising rivers, and assistance will be required from an adjacent agency because of the inaccessibility of the location.

Just as FEMA conducts a daily meeting in the disaster area, a daily meeting or conference should be conducted on a state level. State Units on Aging must be sure to attend this conference. In addition, daily reporting requirements must be devised for information from the AAAs, and for reporting to the AAAs by the SUA. Further, a routine for dissemination of information laterally must be organized.

**The Disaster Diary:** Senior coordinating officials are not going to be able to remember every critical fact, every critical event, every material or program shortcoming. A diary is a necessity. Keep a small one, keep it private, and keep it for yourself. The diary must be honest, blunt, uncompromising. Later, this diary can serve as the basis of a written and detailed report which can be useful in evaluation of the SUA's efforts, listing of points of improvement, and so forth. But after the disaster is a good time to revise the manual to report actual experiences. In the stress of the disaster response, simple and uncomplicated language is best. In it, record triumphs as well as shortcomings. Keep track of where you have been, what you have seen, to whom you have spoken. The diary will prove to be invaluable.

**ALL OF THESE MUST BE PLANNED IN ADVANCE.**

**State Units On Aging must:**

1. Devise and monitor procedures to assure the orderly flow of information under conditions of difficulty;
2. Devise a system of regular debriefings from AAAs, its own field staff, and any other sources regularly appearing in the SUA operating headquarters;
3. Demand daily information from each AAA involved, establishing disaster impact on the elderly and indicating, where appropriate, actions to be initiated, and monitor compliance.
4. Keep others informed, particularly of decisions pending and as made, alerting AAAs and others of resources as they become available, and conducting and reporting on institutional advocacy efforts at the state level.
5. Conduct regular conferences, personally or by phone, with AAAs and key on-site elements of the Aging Network.
6. Plan patterns of communication procedures for AAAs and other elements of the Aging network, disseminate those procedures before a disaster, and require training and practice in the use of those procedures.

*A brief note here - personal communication and cooperation DURING a disaster is much more likely to occur when there has been personal communication and the establishment of some personal rapport BEFORE a disaster. State Disaster Aging Officers ought get out of the office and meet the folks with whom they will be working when the time comes.*

## DIMINISHMENT OF NEEDS AND DE-ESCALATION

As the crisis is passed and disturbance in routine operations wanes, the SUA must lead the return to normalcy of the elements of the Aging Network.

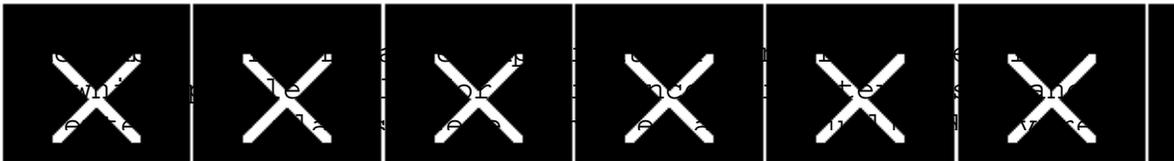
1. **Restore attention to program basics:** The continuing conduct of service programs for the large number of persons who were not directly effected by the disaster will serve as a steadying influence on the AAA's and Service Providers; as the effects of the disaster are dealt with, geographic or program areas ought be returned to routine services.

*NOTE - There is a tendency among many people to seek to continue the crisis mentality. Dealing with the urgent demands and coping with unexpected problems leads to a sort of euphoria among some who are confronting the immediate needs of large numbers of folks, and some of those who experience this euphoria are reluctant to see it as part of the past. This needs to be guarded against.*

2. **Be sure to deal with all of the remnants of the crisis.** It is sometimes impossible to read everything from the field as it comes in. It is vital that everything be read and reviewed to permit all lessons to be drawn, gaps in service to be identified, shortcomings noted, etc.
3. **Deal with the problems which flow from the crisis.** It is sometimes necessary to hire temporary help for brief periods. These people must not leave without being debriefed, and without an evaluation of their work being carried out.

## Final Efforts - Debriefing

The response to a disaster is not concluded when the water recedes, nor when the last aged victim is safely provided for, nor when the equipment is put away, nor when the use of temporary help is ended. Disaster Aging Officers must then sit down and go over the experiences gained during the periods of stress. This can be organized in several ways; one such way is to focus on material and equipment, then on individual members of the team, and then on programs.



## **B. Disaster Checklist**

### **I. Alert Your Staff**

#### **A. Institute *Planned* Call Tree**

1. Telephone communication may not be possible; contingency plans for this should be in place. For instance, will you all meet at the office? Where will you meet if the office is destroyed? Remember, if the office is destroyed, across the street may also be in trouble. **PLAN!**
2. Depending on the scope of the disaster, your staff may be victims. This should be your first question to your staff: How are **you**?

#### **B. Assign Duties**

1. Assign staff duties from prepared list.
2. Include plans for staff at the State Emergency Control Center, the Communication Center, and the support center in the field.
3. Establish an information resource center.
4. Provide for the prompt assignment of personnel to the area effected by the disaster. They need to be on-site as quickly as possible, offering support and accurate information and providing a clear view of the situation to the State Unit.
5. This process should include a review of assignments given during the preparation phase.

#### **C. When Advance Warning is Possible**

1. A and B above may begin in anticipation of the disaster.
2. Staff transportation will be an important requirement. Be sure all gas tanks are full.

**D. Contact AAA's.**

1. All should have disaster contingency plans.
2. Don't limit communication to the AAA's directly affected by the disaster. Adjacent agencies need to be called upon to lend available assistance.
  - a. Emphasize the critical need for recordkeeping.
  - b. Especially critical are records from caterers and meal site managers.

**E. Contact other State Agencies.**

1. Provide such technical assistance as may be necessary to assure that the special needs of older persons are adequately met.
2. Be prepared to provide any relevant or useful information available to the State Unit or to the AAAs.

**II. Organization**

**A. Begin Recordkeeping.** This is critical; you will need these records to receive reimbursement from the appropriate federal sources later. This must be impressed upon AAAs.

1. Staff time (including overtime).
2. Any supplies.
3. Number of senior contacts.
4. Type and amount of service provided.
5. Resource inventory used.

6. Intake forms for all seniors (samples in this manual).
7. Any contracted services.
8. Personal expenses.
9. Phone log; be specific.

**B. Begin supervising and assisting in process of locating outreach and advocate workers for the Recovery Phase.**

1. Insure disaster timeframe matches disaster needs.
2. Personal Service Contracts should be pre-approved.
3. Disaster Advocacy and Outreach section of this manual includes a training module.

**C. Begin to assemble applications for funds.**

1. These applications must be based on plans developed by AAAs.
2. The State Unit must prepare an overall recovery plan with the AAA plans attached.

**III. Assessment**

**A. To collect sufficient information** to determine the type, scope and location of disaster assistance activities by AAAs and others.

1. The AAAs should complete their first effort within 24 hours of the beginning of the emergency. They need support, not badgering or bullying. Help, don't hinder.
2. This is a very difficult time; respond, don't react.

**B. Information will help determine allocation of resources.**

**C. Collect information on:**

1. Numbers of affected senior citizens.
2. Remember nursing home populations; locations of all nursing homes in area should be noted, regardless of immediate impact. Acquire and disseminate information from state-level resources, e.g. licensing authority.
3. The kinds of services needed. Check indirect as well as direct needs - have water or electricity been interrupted? The State Unit can coordinate information concerning widespread effects. It may be wiser for the State Unit to act as liaison to the electricity provider rather than half-a-dozen Area Agencies.
4. Scarcity and disruption of transportation.

**D. Assess geographic scope of disaster.**

1. Assess amount of damage inflicted on seniors, including the type of senior citizens (frail, low-income) that are victims and their short and long-term needs.
2. Assume this initial assessment will be incomplete and imprecise.
3. Look for service gaps and advocate where additional services and resources are needed.
4. Report to state and federal agencies as soon as possible and as frequently as appropriate. Phone or Fax, and follow with a written report.

## **V. Area Agency Operations**

### **A. Preparedness**

What would you do if a disaster occurred in the area served by your area agency on aging? Do you have a clear plan of finding out the scope of the disaster? Do you know who would call you to notify you that you need to apply the resources of the area agency on aging? Who you would call first? Next?

If you have answers to these questions, you are in a better position than many people running area agencies on aging were in when flood waters covered their service areas, older people's homes were destroyed by tornados and hurricanes and earthquakes shook them awake. The point of this manual is to allow you to begin developing the information you need to answer these questions and the thousands of other questions a leader must have the answers to in times of crisis.

Disasters will place you in the position of needing to offer instant response: what do you need to do, or can you do, to ensure people in your area are safe? The response phase is that time period immediately following the disaster when you will be called upon to initiate activity to stabilize the lives of people affected by a disaster. As you have read in the previous section, Disasters and Older Persons, the effects of a traumatic event on older persons create unique needs that must be dealt with.

This stabilization phase may take from 24 hours to several months, depending on the scope of the disaster. When a tornado wipes out a block you may able to respond quickly and finish your initial work in less than a day. A flood that covers many counties may take months to respond to because the resources you would normally tap are also flooded. Once the response phase is completed, and stabilization has occurred, you will enter the recovery phase. The recovery phase is sustained care offered over a longer period of time and is intended to assist people in reestablishing their life. There is no lapse between the response and recovery phases; you will need to be ready to begin the recovery phase as soon as the response phase is completed. That means you will need to be establishing a recovery phase even while you are working on the response phase.

Neither of these phases will be executed correctly and efficiently if you don't spend the time on the first phase - preparation. To prepare for a disaster, of course, you need to understand what will be required of your agency when a disaster occurs.

**I. Read the Response and Recovery Portions of this Manual.**

- A. You will need to know what is expected of you, and those sections delineate those responsibilities. In order to be prepared, the area agency must develop a written disaster response plan. The plan should be practical and simple; however, it must be created so that the plan is comprehensive and relevant to the variety of disasters that potentially could hit the geographic area serviced by the area agency.
- B. Considerations in the construction of a Disaster Response Plan:
  - 1. Consider the types of disasters prevalent in your AAA service area.
  - 2. Consider your AAA's capabilities and limitations.
  - 3. Consider the plans and responsibilities of AoA and your State Unit on Aging.
  - 4. Consider the roles of various relief agencies in your service area.
  - 5. Consider the organizations primarily responsible for relief authority.
  - 6. Assume you will play a greater role in non-national disasters.
  - 7. Consider service capabilities by geographic areas if essential services, such as communications and transportation, are limited or destroyed.

**II. Figure out Where You Fit in All Local, State and Federal Emergency Plans.**

- A. All states have developed a systematic, written, response to disasters. This response indicates a chain of command in the event of a disaster, including which local, state and federal agency will take the lead in determining the scope of the disaster and requesting assistance from the federal government when applicable.

- B. It is the responsibility of state government to assist local government in implementing emergency management programs in order to protect life and property from the effects of hazardous events. This plan is based on the concept that initial response to an emergency will be by local government agencies and the public and private entities, such as an area agency on aging, that have been designated a role in a disaster.

As a result of this process, most of your disaster preparation consists of establishing and maintaining vertical and horizontal communications with all those people who will work with you when a disaster strikes. Do not expect to be well received if you are calling the county sheriff the day of a tornado with an offer of assistance if they have never heard from you before. If the sheriff has never heard of you, the area agency on aging, or what resources you have to offer, it will take more time than he/she may have available to figure out what role you can play in dealing with the disaster.

To determine who will perform which services in the case of a disaster, you need to know what will happen and what will be expected of you. You will be a player in a community wide response team. If you are to serve this role, you must have a clear picture of all members of this community-wide response team. Prepare the lists at the end of this chapter so you will have this information when you need it. Be sure to update this list as needed.

### **III. Preplanning Considerations:**

- A. Identify current disaster response system and where you fit in.
- B. If no disaster response system is in place, you should initiate one.
- C. The AAA should provide an inventory of community resources for the elderly.
- D. Community emergency planning can serve to educate emergency organizations to the special needs of the elderly and the AAA resources.

- E. Among the organizations that may be a part of the response team are:
1. American Red Cross
  2. Salvation Army
  3. Civil Defense
  4. Mennonites
  5. Council of Churches/Ministerial Alliance
  6. Welfare Offices
  7. Health and Welfare Councils
  8. Weather Bureau
  9. State or Regional Federal Disaster Assistance Agency
- F. Local players in a response team:
1. Local government (mayor, police, county authorities)
  2. Sheriffs
  3. Nursing homes
  4. Media (is there a warning system in place for persons with visual and hearing handicaps?)
- G. Resource people you can call on:
1. Four wheel drive, boat and ham radio owners
  2. "Grapevine technique" for finding elderly individuals during a disaster:
    - a. Mail carriers
    - b. Grocery stores that deliver
    - c. Church groups that visit "shut-ins"
    - d. Desk clerks of single occupancy hotels
    - e. Anyone trained in disaster response who knows the community.
- H. Immediately after a disaster the AAA will be asked to identify the number of elderly affected by the disaster. Information which will facilitate identification should be obtained in advance and incorporated into the disaster plan.
1. The latest census information on the number of seniors by county or track and block-group.

2. Maps that pinpoint heavy concentrations of elderly people, particularly institutionalized elderly.
3. A Geographic map (GIS) with a demographic overlay would show those in the greatest dangers when disaster possibilities and geography are related, such as floods and hurricanes.
4. Maps of concentrations of one person senior households.
5. Maps of concentrations of low income, minority and ethnic groups. (Do you have an interpreter available if language is a barrier?)
6. Locations of apartment dwellers whose need might go unanswered because of their solitude. Apartment dwellers often move immediately after a disaster.
7. Location of homeowners.
8. Specific data about the socio-economic characteristics of seniors. Often lower socio-economic individuals lack insurance and need more assistance than more economically secure persons.

#### **IV. Area Agency Functioning**

- A. Prepare a standard operational procedure which outlines what will be done when a disaster is reported.
  1. Define staff duties and responsibilities (form attached).
  2. Determine alert procedures for both working and non-working hours.
  3. Determine procedures when communications are affected.
  4. Locate operation centers and alternates when primary center is in affected area.

In the event of a disaster, you, and your staff, could well be victims. Your homes, your personal safety, your relatives and friends may need attention before it will be possible to assume the duties of the Area Agency on Aging. As unpleasant as it may be to consider, you may not survive the disaster. A specific chain of command should be in place designating the person who will assume your responsibilities during the critical response phase of disaster reaction. Throughout the preparation stage, this person needs to be involved enough to assume these responsibilities.

At the time of disaster, you will need in your possession tools to begin the response activity. Below is a partial list of what you will need, with blanks for needs specific to your area and the type of disaster you are likely to experience. These items should be assembled in a suitcase and left in a constantly accessible location, such as the trunk of your car.

- \_\_\_\_\_ The lists of phone numbers above (may be kept on a portable business organizer)
- \_\_\_\_\_ A copy of this manual on floppy
- \_\_\_\_\_ A copy of this manual
- \_\_\_\_\_ Name Badges (to prove you're not a looter)
- \_\_\_\_\_ Intake forms (samples in this manual)
- \_\_\_\_\_ First Aid Kit
- \_\_\_\_\_ Hanging Files
- \_\_\_\_\_ Flashlight
- \_\_\_\_\_ Radio with working batteries
- \_\_\_\_\_ Cellular phone, or info on how to obtain a cellular phone quickly
- \_\_\_\_\_ List (below) of 4 wheel drive and boat owners
- \_\_\_\_\_ List of Ham Radio Operators
- \_\_\_\_\_ Office supplies, including a blank overhead
- \_\_\_\_\_ Emergency hire forms
- \_\_\_\_\_ Rubber gloves

## **B. Response**

Response is that phase of a disaster in which you are working to meet the immediate needs of those affected by the disaster. For a tornado that affects three blocks you may be able to complete the response phase in a very short time. The midwest flooding involved a longer response phase because resources normally available were under water.

The response phase is your initial reaction to ensure everyone's safety, sanitation and security is ensured. Until that is complete, you are not ready to begin the recovery phase.

The response phase is a good test of your disaster preparedness. Of course, as a test it is a final exam as you will pass or fail based on your performance. When a disaster occurs a good plan will allow you to maximize your resources and be of greatest assistance to older people.

During the preparation phase you developed contacts with the people and resources who plan to respond to a disaster. This coalition will meet to perform an assessment and assign responsibilities. You should go into that meeting with your resources identified and ready to react to the disaster.

### **I. Alert Your Staff**

#### **A. Institute planned call tree**

1. Telephone communication may not be possible; contingency plans for this should be in place. For instance, will you all meet at the office? Where will you meet if the office is destroyed?

2. Depending on the scope of the disaster, your staff may be victims. This should be your first question to your staff: how are you?

#### **B. Assign duties**

1. Assign from list.

2. Include plans to staff both the Disaster Assistance Center and the senior center.

3. If a Disaster Assistance Center (DAC) is not established, establish an information resource center.
  4. This should be a review of assignments given during the preparation phase.
- C. When advance warning is possible:
1. A and B above may begin in anticipation of the disaster.
  2. Staff transportation will be the first requirement. Be sure all vehicles have full gas tanks.
- D. Contact key providers.
1. All should have disaster contingency plans.
  2. Include requirements for performance in disaster situation in all contracts or as a Memorandum of Understanding.
    - a. Emphasize the critical need for record-keeping.
    - b. Especially critical are caterers and site managers.

## **II. Organization**

- A. Begin Record-keeping. This is critical; you will need these records to receive reimbursement from the appropriate federal sources later.
1. Staff time (including overtime).
  2. Any supplies.
  3. Number of senior contacts.
  4. Type and amount of service provided.

5. Resource inventory used.
  6. Intake forms for all seniors (samples in this manual).
  7. Any contracted services.
  8. Personal expenses.
  9. Phone log; be specific.
- B. Begin process of locating outreach and advocate workers for the Recovery Phase
1. Ensure disaster timeframe matches disaster needs.
  2. Personal Service Contracts should be available.
  3. Disaster Advocacy and Outreach section of this manual includes a training module.

### **III. Assessment**

- A. To collect sufficient information to determine the type, scope and location of AAA disaster assistance activities.
1. Should be completed within 24 hours of disaster.
  2. This is a very difficult time; respond, don't react.
- B. Information will help determine allocation of coalition resources.
- C. Collect information on:
1. Numbers of affected senior citizens.
  2. Remember nursing home populations; locations of all nursing homes in area should be noted, regardless of immediate impact.

3. The kinds of services needed.
  4. Scarcity and disruption of transportation.
- D. Assess geographic scope of disaster.
1. Assess amount of damage inflicted on seniors, including what type of senior citizens (frail, low-income) are victims and their short and long-term needs.
  2. Assume this initial assessment will be incomplete and imprecise.
  3. Look for service gaps and advocate where additional services and resources are needed.
  4. Report to State Unit on Aging as soon as possible. Phone or Fax, and follow with a written report.

#### **IV. Action You May Need to Initiate**

- A. Evaluate and relocate.
- B. Maintain contact with State Unit on Aging and regional AoA office for consultation and guidance regarding assistance, resources and newly developing needs. In the case of a nationally declared disaster, pass the information on to the State of Federal Emergency Management Agency.
- C. Let those people identified earlier as information resources, such as mail carriers, that you are available to assist isolated elderly.
- D. Maintain sources of accurate information; rumors must be controlled.

## **V. Working with the Coalition of Disaster Responders**

In large disasters, most communities form coalitions of agencies that coordinate resources to meet identified needs. There are many considerations in using these coalitions most effectively.

- A. Prior to meeting with the coalition, contact your state unit on aging to determine which services beyond normal scope of service package you will be allowed to offer.
- B. This coalition should be in place as part of your disaster preparedness.
- C. The coalition may cross city, county or even state lines.
- D. Coalition will meet soon after the disaster.
  1. In major urban areas, you will want to ensure you are part of these meetings from the beginning. In other areas, you may need to initiate the meetings.
  2. Coalition will establish service centers to offer some services, and offer applications for other services. For instance, disaster victims may come to the service center to receive toiletry items, food and clothing as well as applications for emergency housing. Each of these items and applications may well be supplied by a different member of the coalition.
  3. Be sure all members of the coalition understand what resources you have to offer and your limitations. Many members of the coalition may need information on the specific needs of older Americans.
  4. Try to use the same intake forms for all members of the coalition. While not all members of the coalition will be able to do this, the fewer forms a victim has to complete the better chance the forms will be completed accurately and completely.
    - a. This form will help direct traffic for efficient service delivery.
    - b. This form should include a blanket release of information provision.

5. The coalition may initially establish a service center to offer their services. This center must be made a part of the Disaster Assistance Center if one is established. See the Disaster Assistance Center portion of this manual for more details.
  - a. Designate staff people to work at the center.
  - b. One critical job of these staff is to provide special information and referral service for elderly disaster victims. This could be a dedicated phone line, advertised as the I&R for this purpose. With proper preparation, the regular I&R personnel can assume this function.
  
- E. Identify resources of each group in coalition.
  1. Match organization with specific resources.
  2. Proper use of coalition avoids:
    - a. Duplication
    - b. Gaps
    - c. Resource hoarding by all organizations
  
- F. Media Contacts
  1. Be sure media regarding senior services are available.
  2. Be sure FEMA number is included.
  3. This contact should be maintained throughout the disaster. You will want people informed that you have AAA staff in the field and at the DACs to assist survivors.

## **VI. Field Work**

- A. DAC operations and Field Work should be simultaneous.
- B. Field work requires additional personnel.
  - 1. May be contract personnel, if necessary.
  - 2. Private, direct hire is preferable.
    - a. Emergency hire approval may be required from governing body.
    - b. Contracts are pre-drawn and included in this manual.
- C. Training of outreach workers is needed.
  - 1. Short training module is available in this manual.
  - 2. Emphasize the specific duties that you are responsible for and the resources available.
  - 3. On the job training may be needed.
- D. Outreach workers identify immediate needs for people who did not go to DAC.
- E. Outreach workers are given the job of finding survivors in need of assistance.
- F. During initial contact with survivor, outreach worker assesses need for:
  - 1. Medical Care
  - 2. Housing
  - 3. Personal safety
  - 4. Food

5. Personal needs and items (clothing, toiletries)
- G. Once the survivors and their needs are identified, specific responsibility for arranging or providing services may or may not be the responsibility of the outreach workers. What is expected of the outreach worker must be communicated thoroughly during training.

## **VII. Intake Forms**

- A. All intake forms must be maintained in a central file for follow-up.
- B. All seniors contacted by the AAA, at DACs, or by the outreach worker must have follow-up.
- C. Follow-up is required because:
  1. Additional needs will develop.
  2. Additional resources will develop.
  3. You must track services delivered and not delivered.
  4. You must have a list of people to assist them in the recovery process.
  5. This information will be critical to you in advocating for resources to assist the survivors.

## **C. Recovery**

The Recovery phase is sustained care offered over a longer period of time and is intended to assist people in reestablishing their lives. There is no way to return people to their life before the disaster; too often the mementos, landmarks, and tragically even the people that once defined their lives are no longer there. The point is to begin anew.

One important note: throughout your career working with older people you have learned that older people are unique, and their reactions will be unique. For some their life experiences have made it clear that change and even disaster will be survived. For others, the disaster seems to have destroyed all evidence that their life had value. Remember, while you know this many of the Outreach Workers you have hired don't. In your role of coach, you will need to establish within the outreach workers the knowledge they will need to effectively communicate with their client.

## **I. Administrative Changes that Occur in the Recovery Phase**

- A. Emergency needs are met; answers are more complex.
- B. More resources are available.
- C. Long range planning and coordination become paramount.
- D. You, the people who report to you, your state agency and the coalition need to refocus their energies.
  - 1. You must regroup.
  - 2. You must retrain.

## **II. Long-Range Planning**

- A. Meet with the coalition to identify needs and resources.
  - 1. Every member of the coalition will have direct service provider: volunteers, outreach workers, subcontractors, etc., who work day to day with the survivors and can identify the needs.

2. Your state unit on aging will have been working on obtaining additional resources. Current and additional resources are what you will be bringing to the coalition table.
  - a. This funding will be available only if you have effectively communicated the extent of problems and needs.
  - b. State approval will be required for expenditures; you will have a critical role in ensuring the state unit, your agency and your clients are all pulling in the same direction.

### **III. Maintaining Contact and Providing Services**

- A. Outreach workers are maintained. their roles change from meeting emergency needs to identifying needs.
- B. Arranging the delivery of services through providers needs to be arranged. Outreach workers may serve as case managers once the needs are identified. More commonly, outreach workers will identify needs and case managers will arrange service delivery.
  1. An "Unmet Needs" committee needs to be formed by the coalition members. With each member of the coalition offering new financial and physical resources, specific assignments can be made to reach the goals of the recovery phase.
  2. A system must be established and maintained to justify all financial expenditures. If outreach workers serve as case managers, some check on their expenditures must be maintained.
    - a. Always maintain accurate records.
    - b. Reporting requirements may not be explained in advance of receipt of the funds.
    - c. Keep sufficient service and fiscal records to meet any reporting requirements.

3. Your agency fiscal manager or independent auditor should work with you to make sure your reporting systems and expenditures meet anticipated standards. In some instances, for example, a FEMA number may be used as proof the person has been proven to need assistance.
4. The more services contracted, the more oversight will become your primary responsibility in the service delivery system.
5. Be sure the initial outreach efforts are followed up. During the response phase, non-immediate needs are noted. During the Recovery phase, it is your responsibility to meet those needs.

#### **IV. Funding Resources**

- A. Section J in AoA response manual.
- B. Older Americans Act Title III reallocated.
- C. Older Americans Act Title IV (disaster specific).
- D. Title 6 (see chapter 6 in this manual).
- E. Community Service Block Grant Funds (these funds may have already been allocated to your local Community Action Program; you may be given a share).
- F. Supplemental (supplemental Congressional appropriation).
- G. Donations from outlying senior organizations.
- H. Title III, National Reserve Emergency Dislocated Workers Project.
- I. Housing Community Development Block Grant.
  1. Soft money - social services.
  2. Hard money - brick and mortar.
  3. Allocated to local governments; available to local entities.

## **B. An Area Agency on Aging in Action**

### **Initial Flood Response: Emergency Care for the Elderly**

*The West Central Illinois Area Agency on Aging began its involvement with the Flood Relief Effort on July 13, 1993. Four of the six counties in our PSA were Federally declared disaster areas. The following is a description of each service that was initially provided.*

#### **A. SPECIAL OUTREACH**

##### **Area Agency on Aging, and West Central Illinois**

Case Coordination Unit/Meals Plus for Seniors staff provided special outreach in order to encourage older flood victims and to assist with the arrangement of services and programs to meet flood related needs. This service was provided by fourteen staff persons, at seven sites, on July 21, 22 and 23, 1993. Special Outreach Centers were provided by the Area Agency on Aging at specific senior citizen focal points. Interaction with the Disaster Relief Network showed that other participating agencies were only providing assistance at FEMA Disaster Assistance Centers or in their main offices. We felt that it was important for the aging population to provide information and assistance at more common locations.

#### **B. DISASTER ADVOCACY**

The Area Agency on Aging provided Disaster Advocacy in three fashions:

1. Twenty-five Area Agency on Aging and provider staff manned a booth at all FEMA Disaster Application Centers throughout the PSA from July 14, 1993 through August 8, 1993, ten hours per day, seven days a week. This was done in order to assist older victims with the application process and to assess and provide for their immediate and complex needs.

2. Area Agency on Aging and provider staff provided individual client case work, follow-up with each older victim to assure receipt of approved grants and/or services and to determine any newly developed needs, and provided linkages and advocacy to services and programs to meet those needs (i.e. housing location, employment, food, clothing, medical needs, etc.).
3. Area Agency on Aging staff provided administrative services that included: attendance at Flood Assistance Interagency meetings; coordination of available senior services and programs with other service providers; development of a database client tracking system (first on paper and then on computer); visits to flood ravaged areas to view the extent of devastation; consultations with local officials; established a community liaison for the AAA Flood Relief Program in affected areas; ensured delivery of clean up supplies and materials to senior centers and meal sites; planned, scheduled and coordinated Area Agency and provider staff involved with the flood effort; and, other necessary administrative tasks related to the flood.

#### **C. MOVING ASSISTANCE**

Area Agency on Aging staff assisted older victims with moving from their residences to temporary housing and from the temporary housing back to their residences. This was necessary as at time, when no other resources were available to assist in this emergency evacuation.

#### **D. EXPANSION OF INFORMATION AND REFERRAL**

In order to provide information, direction, guidance and assistance during the flood crisis on a 24 hour basis, Area Agency on Aging staff were issued pager devices to be used by the Aging Network. The AAA notified the Aging Network of the availability of this service as soon as the pagers were issued, so that the numbers could be placed in service. Both pagers have been used extensively by the Network since their issuance. Traditional information and Assistance Programs were not available to provide this service as they did not possess the level of expertise required to deal with this emergency condition.

**E. STAFF LODGING/HOUSING**

Due to the levee break in West Quincy, Missouri on July 16th, the bridge which connects Missouri to Illinois, was flooded and totally impassable causing provide staff, who reside in Missouri, to commute 3 1/2 hours each way to work. Due to the severe need for staff, the Area Agency on Aging arranged for lodging and house rental for the displaced staff.

**F. NUTRITION SERVICES**

The Area Agency on Aging and Nutrition Project quickly responded to the immediate nutritional needs of displaced senior flood victims. A temporary meal site was located in Kinderhook, where a vast majority of the residents of the flooded town of Hull, Illinois, relocated in temporary shelters and RV trailers. In addition, home delivered meals were provided through special delivery to senior flood victims who were lodged in hotels or other housing that had no cooking facilities. In Calhoun County, where flooding had caused entire communities to relocate, gas was being rationed due to the inability of delivery trucks to provide necessary supplies. The Kampsville meal site was being used as a Red Cross distribution/Disaster Center. In Hardin, where the water supply was inoperable, frozen meals were delivered by boat and with hip boots to those in need.

Area Agency on Aging and provider staff referred as many senior citizens as possible to Red Cross feeding sites and for food vouchers from the Salvation Army. However, many were not able to access these resources on a daily/weekly basis and did not possess the financial means to eat at local restaurants.

## **G. DIRECT ASSISTANCE**

Throughout the course of the disaster assistance effort, the Area Agency on Aging and providers have authorized payments for goods and services that were found to be essential. At all times, the payments were made only when no other payment or reimbursement could be obtained by the client, the Area Agency on Aging or any other agency or organization. Individual's financial needs were created by several factors, including but not limited to, the following: Timing - when the flood damaged property after the first of the month when all Social Security benefits had been used for purposes such as rent, utilities, food, etc.; Loss/Damage of items during evacuation; and Temporary housing environments that lacked adequate facilities to meet the needs of the clients. Many times, clients were referred by staff to Community Action Program agencies, Red Cross, Salvation Army or other agencies for direct assistance. Items included in direct assistance are medical goods/services, specialized clothing, housing, air conditioners for medical reasons, microwave ovens for preparation of frozen meals, utilities, small refrigerators, etc.

## **RECOVERY - SUSTAINED EFFORT**

*The Area Agency on Aging developed a sustained effort following its initial emergency response to the flood. The following represents the service components developed and coordinated to meet the needs of senior citizen flood victims:*

### **1. FLOOD RELIEF PROGRAM COORDINATION**

The Area Agency on Aging has established a flood relief center from which all the available services and programs for seniors are directed. A full time flood coordinator is employed to train outreach staff, provide for appropriate intake and screening of flood victim intakes and referrals, maintain a computerized data base, act as liaison for the area flood coalitions and unmet needs committees, and procure goods and services.

### **2. DISASTER OUTREACH ADVOCATES**

The Area Agency on Aging currently employs one outreach advocate for each of the four counties in the Planning and Service Area which were declared disaster areas. These Outreach Advocates canvass flooded communities to locate senior citizen flood victims, determine any immediate needs, complete a preliminary needs assessment, and conduct follow-up of services received or assistance given.

### **3. FLOOD VICTIM CASE MANAGEMENT**

The Area Agency on Aging has contracted with the area-wide case management agency to provide a comprehensive assessment and intensive case management of senior citizens in order to determine individual needs, provide or arrange for linkages/direct assistance, and provide direct advocacy on behalf of the client. Case Managers report their findings to an Area Agency on Aging flood committee for final determination.

**4. AAA FLOOD COMMITTEE**

This committee evaluates the findings of the Case Manager to: determine if other assistance agencies can meet the client's needs; determine and approve/deny an appropriate case plan; and, to authorize AAA purchase of goods and/or services.

**5. FLOOD FIELD WORKERS**

These individuals provide for the delivery and/or installation of needed materials and products to the senior citizen flood victims homes/temporary housing. Their efforts are coordinated by the Flood Coordinator based on authorized case plans.

**6. NUTRITIONAL SERVICES**

The Area Agency on Aging has contracted with the area-wide Nutrition Project for the provision and distribution of home delivered meals to flood victims and their caregiver. The Nutrition Project has utilized both hot and frozen meals to meet the needs of the flood population in extremely rural areas.

**7. GAP FILLING SERVICES**

The Area Agency on Aging assists flood victims with repairs/renovation or appliance replacement only when other client resources (i.e. insurance, FEMA, SBA, etc.) fall short of covering full replacement costs. Special emphasis has been placed on assisting flood victims with accessibility modification of their homes.

As was the case during the emergency (Response) phase of this disaster, the Area Agency on Aging staff continues to be involved with assistance that is above and beyond the services illustrated above. This includes moving assistance, painting, insulating homes, clean up for both old and new homes/apartments, application assistance, providing information to individual seniors and community groups, and providing overall guidance and direction to the West Central Illinois Aging Network.

Through a variety of resources (grants from Title IV Disaster Relief Funds of the Older Americans Act and FEMA/Illinois Emergency Management Agency, donations of money and goods from private individuals and organizations, human resources from the Illinois Department on Aging and Title III National Reserve -- Emergency Dislocated Workers Project, and Flood Victim adoption from state and national organizations and allotment of Older Americans Act Titles IIB, C1, C2, D and F by the Illinois Department on Aging) the Area Agency on Aging has been able to maintain its efforts.

## Area Agency on Aging Appendix

## **VI. Disaster Application Centers**

### **I. Description**

Disaster assistance programs are made available under disaster declarations by the President and the Governor. The primary functions of these programs are:

- A. To *register applicants* for disaster assistance *and to provide follow-up services* for those already registered.
- B. To *provide public information* and continuing assistance in disaster areas.
- C. To *support community recovery, restoration and rebuilding* efforts.
- D. To *promote community preparedness* for potential disasters.

### **II. Purpose**

Disaster Application Centers represent a transition from initial disaster response activities such as disseminating information concerning available assistance programs and processing of registrations and applications to activities focused on individual and community recovery, restoration, and rebuilding issues.

The Centers are designed to not only register individuals for appropriate assistance programs, but to accommodate the needs of individuals who need to complete processes begun either at the Centers or by teleregistration, who have specific questions about program eligibility, pending applications for assistance, or responses they have received to their applications.

### **III. Services**

The Centers offer services aimed at facilitating community and individual recovery, restoration, and rebuilding processes. The Centers are intended to be the focal point for the provision of community-oriented services and educational information offered by local government agencies and community-based organizations. Local, State, Federal, and voluntary agencies are represented so as to meet the evolving needs of those impacted by the disaster.

### **IV. Locations**

Disaster Application Centers are designed to serve multi-community areas. Centers are located based on physical damage assessments and the areas of concentration from which disaster assistance registrations were made. Site selection considerations also include public transportation and freeway accessibility and, the structural safety of facilities available for long-term occupancy.

### **V. Types of Services at Centers**

- A. ***Small Business Administration (SBA)*** - Providing low interest rate loans for home/personal property losses and damages.
- B. ***FEMA Disaster Housing Assistance Program (408A)*** - This program helps people who cannot or should not live in their homes.
- C. ***FEMA Disaster Mortgage and Rental Assistance Program (408B)*** - This emergency grant program helps people who, as a result of the disaster, have lost their job or business and face foreclosure or eviction from their homes.
- D. ***Individual Family Grant Program (IFGP)*** - Grants may be available to those eligible, who are unable to meet disaster-related necessary expenses and serious needs for which assistance is unavailable or inadequate.

- E. ***Internal Revenue Service (IRS)*** - Guidance provided in obtaining tax relief for disaster casualty losses.
- F. ***Social Security Assistance (SSA)*** - Help in expediting checks delayed by the disaster, and in applying for benefits.
- G. ***Veterans Administration (VA)*** - Guidance in obtaining death benefits, pensions, and insurance settlements.
- H. ***Crisis Counseling*** - Short term intervention counseling is available for emotional and mental health problems caused or aggravated by the disaster.
- I. ***Disaster Unemployment Assistance Employment Development Department (EDD)*** - Provides weekly benefit payments to those out of work due to the disaster.
- J. ***Local Department of Aging*** - Provides disaster relief assistance to the senior population, geared to avoid long line waits, and an understanding of the forms and process.
- K. ***Housing and Urban Development (HUD)*** - Section 8 Rental Certificate Program - To assist very low-income families.
- L. ***Contractor's Licensing*** - Homeowners may request guidance in obtaining licensed contractors to assist in repair or restoration of damaged property.
- M. ***American Red Cross*** - Immediate assistance with food, clothing.
- N. ***Salvation Army*** - Provides food vouchers, and clothing, immediately following the disaster.
- O. ***Department of Motor Vehicles*** - Provides replacement of documents and fee extensions.

***Other agencies and volunteers as are necessary and available will also be represented. Refer to the layout suggested by the Federal Emergency Management Agency (FEMA) at the end of this chapter for an idea of the floor plan and traffic flow at a DAC. While a waiting area is available, special need individuals are assumed to have preference over the able-bodied in traffic flow.***

## **The Role of the AAA in the Disaster Application Center**

The Aging Network is represented at the Disaster Application Center (DAC) by the staff of the local Area Agency on Aging (AAA). The role of the AAA is not quite the same as that of other agencies. The primary function of the AAA is to assist the elderly victims who are going through the center. This involves first making the representatives of other agencies aware of some of the special problems older persons often have during and after a disaster, and second, accompanying the elderly through the center. Of course, like the other agencies the AAA will also interview elderly victims as regards services that it can provide.

**More specifically, the AAA role in staffing DACs should include the following:**

### **I. Personnel to Staff the AAA Desk at the Center**

There should be at least four AAA representatives on duty at a center at any one time. Since the centers may be open as long as ten or twelve hours a day, two or more shifts will be necessary. The ideal staffing pattern would include:

- A. Social workers or information and referral specialist experienced in working with the elderly, who are familiar with the functioning of the existing social services structure, and who can solve the unusual problems that are sure to occur.
- B. One or two (or more in larger disasters) disaster advocates from the communities who know the elderly and who are known by them.
- C. A person designated as a supervisor or team leader of the DAC activities.

### **II. Supplies**

In operating the center desk, the personnel will need the following supplies:

- A. **Identification badges** giving the name of the AAA and the name of the individual.

- B. *Information blanks* to obtain basic information for follow-up activities.
- C. *Legal pads, pens, pencils, stapler, paper clips.*
- D. *Brochures* for the elderly describing the function of the AAA.
- E. *Brochures* or leaflets on the other services provided by the AAA that would be most helpful to disaster victims.
- F. *Phone numbers* of the agencies that disaster center might need to contact.

### **III. What To Do**

The staff assigned to the center should be at the center at least a half-hour before opening time. During this period, the staff should establish some contact with other agencies, explaining the role of the AAA and finding out what each of the other agencies will be doing.

When the center opens, it should be made clear to the intake workers that elderly are to be referred to the AAA station. Disaster Advocates should go up to the elderly person, explain what the AAA will be doing, and take the elderly individual first to the intake interviewer, then to the appropriate agency. If the elderly person needs to be escorted from agency to agency, the Disaster Advocate will be prepared to do so.

If possible, arrange for representatives of the other agencies to come to the more infirm elderly, rather than require the elderly to wait in several lines.

Explain to the elderly that the AAA personnel will be contacting them again to see if their problems are being solved, and will help if needed in obtaining any additional action from other agencies after the centers are closed.

Transportation to and from the disaster will probably be a major problem. The AAA may be the only source for this service, using the vehicles normally used in Title III. Providing this transportation service is, in addition to serving an urgent need, extremely helpful in establishing credibility with victims and with other agencies.



## **VII. Disaster Social Services**

The first priority for the use of funds available from the Administration on Aging, whether they are Title IV or Supplemental Funds, is the provision of Disaster Advocacy and Outreach Services. These services, as described in the previous chapter, help to assure that older persons receive disaster services established for the general population. If special efforts are not made to assure that older persons receive these services, experience has demonstrated that they will receive fewer of the services they need as compared to the general population. Once this priority is addressed, the AAA should address the need for additional services that older persons require which are not otherwise available. As a group, these services are gap-filling disaster services.

### **I. Gap-Filling Disaster Services**

Gap-filling services are those services that are necessary after a disaster because: (1) they are not available and are necessary for older persons; (2) they are not in sufficient quantity to provide services to the older disaster victims who need those services; or (3) will not be available for a long enough period of time to meet the need. Gap-filling disaster services are those provided immediately following the disaster which often continue to be necessary during long term recovery. These services may be provided for as long as one year, or even longer in catastrophic level disasters. These services are those which are necessary to maintain older disaster victims until they have recovered to the point where they do not need further assistance, to help provide the capacity to address problems that develop as a result of the disaster, and finally, to provide services that will be on-going in nature and that will transition to existing programs.

These services may be as individually designed as individual disasters are different in their impact. Most commonly identified services include:

- A. Chore Services are those which provide assistance in initial clean-up and on-going assistance with the process of restoring the home to order. This service includes the physical assistance needed in helping older persons to move from one residence to another.

- B. Legal Services are those which are provided to assist older persons in problems with insurance settlements, bureaucratic decisions, appeals, service quality and others that develop as a consequence of the disaster.
- C. Transportation services are those which may enable an older disaster victim to go to a DAC, to go shopping, to obtain prescription drugs, and attend a nutrition site or receive other services.
- D. Handyman Services include the repairing of windows, furnaces, steps or other minor repairs which are not available through other sources. This may be a major expenditure or a surprisingly small expenditure depending upon other resources that become available. For example, in some areas, the Mennonites provide tremendous support in this area.
- E. Meals Programs may include the provision of food in bulk, meals through a nutrition site, or through other avenues as available. These meals are immediate as necessary and for the period of recovery. If the general public is to be served, immediate contact with the Red Cross concerning reimbursement of the costs of the service should be initiated.
- F. Miscellaneous Programs may be developed separately, such as a house sitting service for older persons who cannot leave their homes because of a fear of looters, to moving assistance programs which will be included under the umbrella of a broader service such as chore services. The key aspect to this service is flexibility and the ability to respond to the unique individual needs of the older persons. Another example might be the provision of a generator in an isolated area so that a basement can be drained.

A common problem developing after disasters is a reluctance on the part of administrators to proceed with the provision of needed assistance because they want to be absolutely sure that they are not providing services which might be available from other sources. Sometimes, lengthy periods of time have passed while determinations are made about individual situations. While this is the intent of the strategy to provide such services within this context, it is not intended that the strategy become a barrier to the provision of needed services on a timely basis.

The best approach in such situations to assure that timely decisions can be made is the use of a defensible process. Administrators should review the service within the context of the criteria provided. A second step includes the establishment and use of a review panel which can assure that reasonable efforts have been made to explore other options. This panel should include representatives of other disaster service organizations who assure that they do not have the resources readily available to provide the service and that their information indicates the provision of services is warranted.

In many disasters, unmet needs committees are established where disaster service organizations meet to determine how needs can be met with the resources available overall to the individual organizations. The unmet needs committee is an excellent choice among potential approaches in conducting the service review.

A cautionary note is appropriate at this point. There are unscrupulous persons who will try to take advantage of the confusion that follows a disaster and will misrepresent their situation and their resources. There should not only be intensive efforts to verify the representation, especially when more substantial resources are involved for an individual, but networking with other organizations to verify the situation is important. The Federal Emergency Management Agency is an important resource, among others, to assure that the overall situation as described is accurate and that the response is appropriate.

## **II. Service Provision Mechanisms**

The role of the AAA is to assure that needed services are identified, that funding for the services is obtained, and that the service is provided. This means that the range of activities will range from an advocacy position to the direct provision of services.

For example, mental health services are often critical after a disaster. AAAs are not normally involved in the direct provision of mental health services as there are other community organization that provide this service. Before the disaster, the role of the AAA may have been to advocate for increased mental health services for older persons, to advocate for increased funding for these services or to fund an organization for these services. The AAAs most direct role may have been in referral of individuals. Following a disaster, the same role is assumed by the AAA within the context of the needs and the resources available.

At the other extreme of possibilities, the AAA may be funding transportation or nutrition services through a provider, or in some instances, directly. Another service may not be provided at all. In the case of pre-existing services, the AAA would need to identify the expansion necessary, seek funding, and assure implementation of the expanded services. **The AAA should have clauses included in contracts and grants with service providers assuring their response when natural disasters occur.** There have been instances when service providers, or more often, the staff of the service providers have refused to respond. If this happens, the only recourse is to find immediate substitutes. The situation then is the same as if the service did not previously exist and must be immediately established.

## **VIII. Fiscal Considerations**

### **A. BACKGROUND**

It is critical that services to older persons be available as soon as possible after a major disaster. This is particularly true of disaster advocacy and outreach services as older persons need the special assistance that these services provide if they are to receive the same level of assistance as the general population. In order to provide these services more readily, State and Area Agencies on Aging must have a reasonable assurance that funding is available or will be forthcoming on as close to an immediate basis as possible.

The first steps in the funding process are the determination of need and the development of a plan to respond to that need. Numbers of older persons affected, aging facilities damaged, and characteristics of the disaster impact are important elements that must be determined by the AAA and submitted to the State Agency on Aging, who in turn communicates such information to the Regional Office and to other state agencies. In this process, AAA's and State Agencies on Aging receive additional information about the disaster.

A skeleton plan is then developed with best estimates of the fiscal resources that will be needed to implement the plan. The AAA and the State Agency on Aging must develop plans for their respective levels that will factor in a knowledge of the role of other Community, State and federal agencies and their funding potentials. These plans are shared with the State and Federal Emergency Management Agencies and are forwarded to the Regional Office. The Regional Office will interact with the State relative to the needs identified and will make efforts to address the funding requirements as quickly as possible.

As State and Area Agencies on Aging respond to the disaster, individuals involved should maintain diaries of expenditures and time spent working on the disaster. Receipts and all available documentation should be maintained so that these expenditures can be reimbursed at a later time.

It may be necessary for the aging network to use funds that are already programmed for the existing program. The Administration on Aging recognizes that most states have fully committed available funds and that expenditure of such funds for disaster response puts the existing program and therefore the recipients of services in danger of terminated services. This in turn threatens those individuals as surely as the older disaster victims. Maintenance of good communications between the AAA's involved, the State Agency on Aging and the Regional Office will help in maintaining a current awareness of the likelihood of additional funding and knowledgeable decisions can be made on expenditures. Any funds a State or Area Agency on Aging has that can be made available for disaster response without later reimbursement should immediately be committed.

## **B. TITLE III, SEC. 310**

The Older Americans Act, Title III, Sec. 310, provides for reimbursement of expenditures made by States to meet the social service needs (and related supplies) of older victims of disasters declared by the President. In order to meet these costs, the Administration on Aging is directed to set aside 2% of the funds appropriated for Title IV-Training, Research, and Discretionary Projects and Programs.

In any given year, this is approximately \$500,000. In FY 1994, Title IV was appropriated approximately \$26 million, meaning that \$520,000 was available for disaster response.

In any given year, an undetermined number of Presidentially-Declared disasters will occur. So the Administration on Aging will want to be in a position to support disaster response in each of these situations. AoA limits the amount available to \$50,000 per state. In substantially larger disasters, this amount may be increased depending on the time in the year the disaster occurs and the amounts used to that time.

The Administration on Aging strongly recommends the first use of these funds to be for the provision of Disaster Advocacy and Outreach Services. Only after these services are adequately funded, and there is reasonable assurance that the scope of the disaster will not continue to grow should there be consideration of gap-filling services. There is unanimous support for this position among states and area agencies on aging polled who have experienced major disasters in recent years.

The Administration on Aging will accept an abbreviated application after declaration and attempt to fund it within 24 to 48 hours. This is deemed necessary so that states and area agencies on aging will have the assurance that initial support is available and will therefore have adequate financial support to proceed immediately to implement the disaster advocacy and outreach program. Every effort should be made to have staff and disaster advocates ready and available to staff the Disaster Assistance Centers as they are opened by the Federal Emergency Management Agency. Simultaneously, outreach to assure that older victims register must be made.

The language in the Older Americans Act indicates that these funds must be made available on a reimbursement basis. The Administration on Aging has found that a slow response to the funding needs of States and Area Agencies on Aging will sometimes mean a slow response to disasters. Consequently, the Administration on Aging has determined that an obligation of funds by a State Unit on Aging will constitute an expenditure and therefore will meet the intent of the legislation. A copy of the award document should be included in the abbreviated application submitted to the Administration on Aging in order to meet the requirements of the Older Americans Act.

**These funds do not require a non-federal match share.**

The Legislation directs that the funds held in reserve for disaster response be released after the third quarter of each year so that it may be used to meet the objectives of Title IV. It is therefore critical that any perceived needs for such disaster funding be communicated as soon as possible so that a situation does not develop in which there are no funds available at some point in the fourth quarter of the year. Early notification will permit the Administration on Aging to reserve these funds for use in the fourth quarter.

States have the authority to set aside a portion of their Title III allotment for disaster assistance. The setting aside of these funds must be included in the process for developing the state's Intrastate Funding Formula, and any unused funds must revert back to AAAs using the Intrastate Funding Formula.

### **C. Federal Emergency Management Agency**

During the 1970's, a National agreement between AoA and the Federal Disaster Assistance Administration (FDAA, now FEMA) to reflect an understanding by the two agencies that a commitment of \$40,000 of AoA discretionary funds would meet a requirement that the Administration on Aging contribute funds to meet the disaster needs of older persons before requests for funding be submitted to FDAA. Following this commitment, AoA was encouraged to submit a proposal to FDAA representing additional financial needs so that funding could be provided through a mechanism call a mission assignment. This understanding was reflected in AoA-PI-76-44 and the AoA/FDAA agreement attached to that memorandum. This understanding was also reflected in a manual prepared for the Aging Network and disseminated widely in 1980.

In 1979, AoA-PI-79-25 was issued to the Aging network which indicated the Agreement previously negotiated was still in effect. Pursuant to that instruction and the FEMA/AoA agreement, mission assignments were made in Region VII on May 1, 1979 and January 14, 1983.

In the 1980's, this agreement lapsed and an interpretation developed by FEMA which precludes funding of the aging network in disasters at either the State or Federal levels. The basis of this interpretation is that authorizing language already exists in the Older Americans Act (Sec. 310) and that increases in funding should be made in the legislation, if necessary.

From time to time, area agencies on aging have developed positive relationships with FEMA representatives in responding to disasters and have received funding based on the submittal of appropriated documentation of expenditure. Maintenance of good financial and performance records will facilitate potential reimbursement from FEMA.

At this time, the Administration on Aging and State Units on Aging are not receiving funds directly from FEMA. In some disasters, it has been required by the Office of Management and Budget that FEMA provide denials of funding requests at the state level and that those denials be submitted as part of any request for supplemental funding. Such requests are submitted from the State Agency on Aging, through the State Emergency Management Office, to FEMA. For this reason, and for reasons described elsewhere, it is important that strong cooperative relationships be maintained between the State Agency on Aging and the State Emergency Management Agency during the course of the disaster.

#### **D. Supplemental Appropriations**

In very large or in catastrophic level disasters, such as the Midwest Flood and the Northridge Earthquake in Los Angeles, the Executive Branch of the Federal Government has prepared a request which is submitted to Congress for a supplemental appropriation to finance activities that go beyond the scope of conventional disaster capabilities. In the Department of Health and Human Services, funds have been requested and become available to finance health and social services needed.

The process used in such instances by the Administration on Aging correspond with the normal planning functions which must be completed regardless of whether supplemental appropriations are requested. Area Agencies on Aging identify the services needed and the costs of providing those services. Factored into these considerations are the other resources available. These plans and budgets are forwarded to the State Office on Aging and are updated on an on-going basis. These plans and budgets are unified and communicated to the Administration on Aging. It is important that this information be communicated quickly and updated as when the determination is made that a supplemental appropriation request will be made, decisions must be made quickly and supporting documentation developed.

The Administration on Aging, based on information submitted by the State or States involved in the disaster, develops a request reflecting the information which has been developed from the States and other sources in the Department and elsewhere, such as FEMA, and submits the request to the Office of Emergency Preparedness located within the Public Health Service. All requests are combined at that point, recommendations made, and forwarded to the Secretary. With approval of the Secretary, these requests then go the Office of Management and Budget and finally to the President. These requests will then be transmitted to the Congress.

At all levels, the appropriateness of the requests will be evaluated and recommendations developed. It is in the interest of the aging network to make reasonable and well documented requests in such circumstances, not inflated requests, as a competitive situation exists where the best documented proposals have the best chance of funding. It is possible that complete funding of a request may be made or, more commonly, a percentage of the request is funded.

The time factors involved in this process also become important considerations. Typically, it has taken four to six months for funds under a supplemental appropriation to become available in a given disaster. In that period of time, the situation of the elderly may change significantly. Instead of being in the response stage, older persons are in the recovery stage and many different kinds of service gain in importance. For example, abuse and exploitation has become more important now than it was initially. The Administration on Aging attempts to maintain flexibility in the funds that are received through this process because it recognizes that the needs change through the passage of time. Nonetheless, the Administration on Aging does recognize that the more immediate the assistance provided older victims, the more impact on that persons ability to recover.

Supplemental appropriations are another instance where the maintenance of good records are critical. Whereas funds may not be available for four to six months under this process, they may be used to pay back costs accrued from the time of the disaster. State and Area Agencies on Aging are forced into a situation where severe risk-taking has taken place under this set of circumstances. The difficult decisions often faced is how much of the regular service funding should be used to respond to the disaster, what are the time frames involved, and how likely is it that funds will become available? The network will provide the best intelligence possible to assist in these most difficult decisions by State and Area Agencies on Aging. The Administration on Aging is making an effort to address this very difficult set of circumstances.

#### **E. Reallotted Appropriations**

At the end of each fiscal year, the Administration on Aging asks states to determine whether all the funds made available for that year are needed. Funds which are not needed for Title III and Title VII are then returned to the Administration on Aging and are reallotted nationally to states which have submitted a request for such funds. Added to these amounts are any funds the Administration on Aging has held for evaluation per the legislation and not used.

When very large or catastrophic disasters occur, and the disaster has occurred in the proximity to the end of the Fiscal Year, the Administration on Aging may determine that the most appropriate use of such funds are to reallot them to the states impacted by the disaster. The amount may vary from very small amounts to several million dollars.

When such funds are reallocated to states for use in responding to disasters, the same rules apply as if they were available under ordinary circumstances. They must be used in conformance with the governing legislation. For example, Title III (C) (1), Congregate Meals Program, must be used for those purposes unless transferred. These funds must be matched as usual. They may be obligated at any time in the year following the reallocation as usual. If Area Agencies on Aging are designated in the disaster areas, they must be obligated to the Area Agencies on Aging, a circumstance which may not always prevail with the use of the supplemental or Title IV funds obligated under Title III, Sec. 310. The major differences between these funds and ordinary use of reallocated funds is that they should be used for disaster response and they do not have to be obligated in accordance with the intrastate formula. They may be spent where they are needed.

#### **F. Additional Fiscal Considerations**

State and Area Agencies on Aging should be alert to the other opportunities that may be available for funding. In disasters, funds have become available to the aging network from the Community Development Act (CDA), the Social Services Block Grant (SSBG), the Community Services Block Grant (CSBG), the Economic Development Act (EDA) and other sources. Relationships and credibility have much influence on the opportunities which may develop.

Early in the disaster, the State(s) and Area Agencies on Aging should identify a potential recipient of donated funds. Substantial amounts of funds are donated in larger disasters, often directly to the aging network. A name, address and phone number for such donations should be available as soon as possible. These should not be established unilaterally, but in cooperation with other aging organizations in the community or state.

## **IX. Native Americans**

*As discussed in the preceding chapters on SUA and AAA operations and elsewhere, there are special needs of older persons in disasters which require unique strategies to assure that older persons are effectively served. Sensitivity to Native American elders' needs is particularly important during disasters due to cultural, access, outreach and coordination issues. This chapter addresses special disasters due to cultural, access, outreach and coordination issues. This chapter addresses special disaster preparedness, response and recovery issues for Tribal organizations and State and Area Agencies on Aging that have Native American Tribes within their geographical areas.*

### **A. Disaster Preparedness**

- 1. Special Needs of Native American Elders** -- As previously stated, special concerns about older persons and disasters may include sensory impairments, physical limitations and prescription drug use, etc. While all of these are important issues in working with any older population there are some additional considerations in assisting Native American elders in disasters. In working with Native American elders it is important to know that there are approximately 550 Federally recognized tribal organizations in the United States, each with rights as sovereign governments. This unique legal relationship between the U. S. government and tribal governments has been established in the Constitution of the United States, treaties, statutes and court decisions. Thus, all activities undertaken which affect tribal rights should be implemented in a knowledgeable, sensitive manner respectful of tribal sovereignty.

Sensitivity to individual needs is particularly important during the stressful times created by a disaster. Due to the complexities of differing tribal cultures and traditions, Federal, State and Tribal legal and jurisdictional issues, isolated geographical location of some tribes, and the issues of transportation, telephone service, and availability of radio, television and other media, we must give particular and ample attention to issues of access, outreach and coordination in our efforts to meet the needs of Native American elders.

A major issue involves the reluctance of some tribes to seek out government programs, especially if the program is administered through the states. In the aftermath of a recent hurricane, a tribe refused to allow state disaster workers onto the reservation to assess damages, due to ongoing conflicts between the tribal government and the state government. Without this assessment, the tribe was not able to access federal programs and so turned to other tribes for assistance.

It is important to remember that each tribe is unique in its culture and traditions. Although much of the information included in this manual on preparedness, response and recovery applies to Tribal Organizations, it is important to know about and respect the individuality of each Tribe in order for disaster responses to be tailored to the unique needs of elders within that particular Tribal government structure and cultural framework. It is vital that the general information provided in the various chapters of this manual be adapted to fit your specific needs. For example, Tribal Organizations and States that have Tribes within the state should each add the following to the **Disaster Checklist** on page 1 of the State Unit on Aging:

ADDITION FOR STATES:

**I. Alert your Staff**

**F. Contact all Tribal Organizations within the State.**

- 1. Each Tribal Organization should have a Disaster Plan.**
- 2. Don't limit communication to Tribal Organizations directly affected by the disaster. Other Tribal Organizations need to be called upon to lend assistance.**
- 3. Provide technical assistance necessary to assure that the special needs of older persons are adequately met.**

ADDITION FOR TRIBAL ORGANIZATIONS: Tribal organizations with more than one program site, particularly those in which the sites are several miles apart, ought delete part I.D. of the Disaster Checklist and substitute the following:

**I. Alert your Staff**

**D. Contact all program sites.**

- 1. The disaster plan should include plans for each program site.**
- 2. Don't limit communications to the sites directly affected by the disaster.**

2. **The Written Disaster Response Plan** -- In order to be prepared, the Title VI Program must prepare a written disaster response plan. Such a plan must be practical and simple; at the same time it must be so crafted that the plan is comprehensive, covering the entire range of disasters which may affect the Tribe, such as hurricanes, floods, earthquakes, fires, and the like. Developing a disaster response plan requires a significant amount of time for discussions and preparation. The Title VI Director should take the responsibility for developing the plan and can use the planning process discussed elsewhere in this manual as a guide. However, before beginning to develop a plan it is important to find out about the Tribe's overall disaster plan and disaster planning committee, if they exist.

Access to disaster related services can oftentimes be limited by the lack of transportation and phones. Many Indian reservations are geographically isolated and road conditions can be challenging. Many older Native Americans do not have access to transportation on a regular basis so that transportation must be arranged for evacuation or to disaster assistance centers. The common absence of phones in their homes also contributes to elders' isolation and inability to access toll-free teleregistration numbers. On some reservations, it was particularly helpful renting or purchasing cellular phones so that the Project Director could make phone calls from the elder's home. Lap-top computers also facilitated being able to take applications in people's homes so they didn't have to be transported to the Disaster Assistance Centers.

3. **Tribal Contact Person**--It is important to have a designated person for each Tribe who can be the contact person for State and local disaster officials. For the Native American elders, the Title VI Project Director or Community Health Representatives (CHR's) may serve as the point of contact for assessment and follow-up. Contact lists need to be updated annually with current names and phone numbers.
4. **Training**--Tribal organizations can contact the State Emergency Management Agencies for training in developing comprehensive emergency management programs as well as the Regional Office of FEMA. Another resource for Tribes is the Emergency Preparedness Coordinator who has been designated in each of the twelve Indian Health Service Areas.

5. **Coordination with State and Area Agencies**--It is important for Tribal Organizations to coordinate with State and Area Agencies on Aging (and vice versa) so that the maximum disaster relief services can be achieved for Native American elders. On one reservation in South Dakota, the Title VI nutrition site was flooded, but a Title III nutrition site in a nearby town was able to expand services to the Indian elders so that there was no disruption in a critically needed service. Disaster plans at the State, Area and Tribal levels should address the coordination among the geographic jurisdictions.

## **B. Disaster Response**

1. **Special Needs of Native American Elders** -- Within the cultural context, special attention should be paid to language, access to media and reluctance to seek out government programs.

A fundamental cultural element is the language or languages spoken by members of the tribe with which one might work. In some instances, the tribe has lost its tongue and everyone speaks English or Spanish; at the other end of the spectrum are tribes where elders speak and understand only the ancestral tongue. And there are those in the middle, where some speak some english but primarily speak the language of the tribe. It is important to remember that in any circumstance where English is acquired as a second language, stressful situations decrease the ability to understand instructions or questions in English. Although not always necessary to have a translator, the disaster plan should include the names and phone numbers of persons who have agreed to interpret.

Literacy can also be an issue, and elders might need assistance in competing forms.

Oftentimes on reservations there is limited access to the media (including radio, TV and newspapers) so information about disaster alerts and assistance may require another approach such as door-to-door contact. In times of disaster, outreach programs have found a reluctance among Native American elders to seek out governmental assistance or to go to disaster assistance centers. In some instances, Native American elders have experienced a lifetime of severe hardship and perceive that a disaster is just one more thing to endure. On one reservation where there was a flood many elders' basements were flooded. The Title VI Project Director said, "Their personal property became ruined. There was mildew smell in every basement and yet they did not complain to anyone of their misfortune.

On another reservation there was a widespread feeling that too many questions were being asked so no one went to the Disaster Assistance Center. In this situation, the forms were reviewed with the Tribal leadership and the Title VI Director went door-to-door to take initial applications.

Because of the reluctance to access government programs, it is important to conduct specialized and personalized outreach to Native American elders. One of the most effective strategies is to recruit Native Americans to do the door-to-door outreach and help with applying for assistance because elders are more likely to trust them. Also, this reluctance to seek assistance necessitated keeping DAC's open longer; due to the initial apprehension about what questions were asked and what documentation would have to be provided, many elders delayed their visits to the centers.

Another problem frequently encountered which limited tribal elders in their access to disaster related services is the lack of transportation. Many Indian reservations are geographically isolated, road conditions can be challenging, and there is no public transportation, including taxis. Additionally, many Tribal elders do not have access to provide transportation on a regular basis. This means that arrangements for transportation must be made during evacuations, including additional transportation to get people to and from Disaster Assistance Centers. Following Hurricane Iniki, efforts to reach Native Hawaiian elders' remote locations were hampered by gasoline shortages and rationing. Plans need to be developed for rationing items in short supply, such as gasoline, in order to get services to isolated areas. Access to disaster related services can often be limited by the lack of telephones. The common absence of phones in their homes also contributes to elders' isolation and inability to access toll-free teleregistration numbers. On some reservations it was particularly helpful to rent or purchase cellular phones so that the Project Director could make phone calls from the elder's home. Laptop computers also facilitated being able to take applications in people's homes so they didn't have to be transported to the Disaster Assistance Centers.

2. **Location and Identification** -- Title VI Directors should maintain an actual listing of all elders. Immediately after any disaster the Title VI Director will be called upon to estimate the numbers of elderly affected by the disaster.

## C. **Disaster Recovery**

### 1. **Disaster Assistance Centers**

- a. One common problem experienced by FEMA in processing assistance to Native Americans on reservations is the lack of documentation proving ownership and occupancy of residences. For want of title, property tax collections, bill of sale, etc., processing is sometimes delayed waiting for affidavits, HUD documentation, or other proof.

- b.** It was recommended that when Tribal Organizations are impacted by disaster, a Native American desk (preferably staffed by Native Americans) be established at the Disaster Assistance Center so that there is someone with the same language and cultural value system to personally assist Native Americans. This resource person could also serve as a liaison to State Disaster Officials and FEMA.
- c.** The majority of Native American elders receive health care through the Indian Health Service. If emergency health care is provided to a Native American, the Indian Health Service on that reservation should be notified within 72 hours for possible reimbursement.

## **2. Application to AoA**

Tribal Organizations may now make applications for Disaster Relief Reimbursements to the Administration on Aging following the guidelines identified in the appendices. The Title VI Director should contact their AoA Regional Office for specialized assistance in submitting the grant application forms.

## **X. Disaster and Advocacy Outreach Program**

### **A. Introductory Material**

The disaster advocate and outreach program is developed after a disaster to meet the special needs of older persons. Typically, persons are employed to serve as advocates and may work with older persons individually for as long as a year after the disaster. The purpose of the advocate program is to provide the assistance necessary for older persons to obtain access to needed services, and to provide the personal and emotional support necessary for frail or impaired older persons to work toward recovery. The functions of a disaster advocate are:

1. Development of a sound knowledge base of various relief programs.
2. Conducting interviews with older disaster victims.
3. The assessment of the individual's needs.
4. Provision of reassurance and emotional support to older victims.
5. Determination of the best resources for meeting the older person's needs.
6. Identification of individuals with needs exceeding the scope of existing programs and seeking assistance in finding ways to meet those needs.
7. Provision of on-going support and assistance in returning to normalcy.
8. Provision of assistance in obtaining disaster services after Disaster Application Centers have closed.
9. Assisting the individual in completing forms, negotiations and appeals.

10. Providing assistance to older persons in the Disaster Application Center.
11. Obtaining and helping provide interagency and public information.
12. Conducting door-to-door canvassing (outreach) to identify older disaster victims, with multiple visits if necessary. Encouraging and assisting them in using the teleregister system or the Disaster Application Center.
13. Continuing to conduct outreach efforts after the Disaster Application Center has closed.
14. Seeking to identify persons who have moved out of the area so that they can be notified of the opportunity to apply for disaster services.
15. Escort services for relocation and housing searches and to multipurpose senior centers.
16. Neighborhood searches to find isolated or "hidden seniors."
17. Follow up on lists of affected older persons received from other providers and agencies to assure that older victims are receiving services.

Alternative approaches may be used by States in a disaster response depending upon the resources and structures available. The same functions are performed, but social workers employed by State and local programs may be utilized instead of hiring advocates. In other situations, a matrix of existing programs may be expanded to perform the functions described. Sometimes, portions of all three alternatives may be combined to perform these services to older persons. While numerous approaches to the services may be used, it is important that the same functions are performed.

It is critical that disaster advocates work under the supervision of a disaster advocacy supervisor who has the educational and work experience necessary to help advocates determine when individuals need assistance, especially mental health assistance, beyond the scope of their capabilities. A team concept should be used with frequent, at least weekly meetings, to debrief.

A particularly important responsibility of Disaster Advocates is repeated efforts at follow-up. Older persons must be recontacted in person and by telephone as they may change their mind about receptivity for assistance or may not ask for additional assistance when assistance does not become available as anticipated. The training manual, "Disaster Advocacy: A Training Program" addresses these issues.

## **B. The Psychology of Recovery**

Recovery from a natural disaster includes more than finding a place to stay and acquiring new belongings. It means understanding the rules concerning when and how you can clean up your home, coping with television cameras and sightseers who drive by and stare and processing the anger and disappointment of finding looters stealing your remaining possessions. It can also mean learning to discriminate the hucksters from the helpers, the good guys from the bad, at a time when you are vulnerable.

Recovery also means negotiating with insurance companies and contractors, filling out seemingly endless forms and moving from one temporary home to another. It also means coping with life's everyday problems while in a very unsettled position. As one survivor who had spent four months in several different locations put it, "As a displaced person, I felt I didn't belong anywhere. I was constantly in limbo and couldn't seem to get even the basic things done".

Recovery also encompasses the re-establishment of an emotional equilibrium. All survivors, regardless of age, are affected. And, when a small community is struck by calamity, a significant number of persons become hidden victims. While many survive ostensibly appearing unscathed, friends, neighbors and family may not have been so lucky. However, as the reverberation continues, it leaves a rupture in community life and many become secondarily affected by another's tragedy. Nearly everyone is emotionally affected to some degree.

Usually following disaster, a community is awash with professional caregivers eager to help people begin re-assembling their lives. While most are good intentioned, not all are trained in outreach, crisis counseling and debriefing techniques so essential to the recovery process. As survivors struggle to cope with terror and loss, they can benefit greatly by counseling from persons skilled in disaster response caregiving.

The debriefing process is not a technical critique, nor is it a form of psychotherapy. It is a group interaction in which survivors are lead through a series of steps that enables them to talk about their experience of a disaster. Once people start to talk about personal responses to trauma, they begin to realize that their stress reactions are normal. Through continued communication, the long-term effects of trauma are lessened.

Aggressive outreach strategies become key components as many survivors do not call and make appointments for help. Frequently, they do not even realize that their emotional struggles are disaster related. Many may have limited mobility and/or access to transportation. If relocated, they may not be as visible as those who remain in close proximity to the disaster site.

Disaster relief requires non-traditional paths in order to effectively reach many victims. Typically, people's reactions during a disaster are quite similar. Many experience terror as the danger approaches and their fate remains uncertain. Yet, with some natural calamities such as tornadoes, there can be a mesmerizing affect. Many have reported becoming almost hypnotically fascinated by this awesome act of nature.

As the ominous circumstances escalate, the experience can become so intense and detailed that people perceive time and motion distortions. They may mistakenly believe that they have more time to react than in reality exists. Moreover, in panic, they may experience their reactions as unusually slowed. The latter reaction can be even more heightened for those who due to age or disability do not normally move with facility.

Immediately after the disaster comes a state of shock and denial. As one survivor put it, "Everything just shut down". During this phase, survivors will often appear dazed. Bewilderment, moving about aimlessly, or operating on "auto-pilot" might also be apt descriptions as people attempt to bring order to their lives.

Since natural disasters bring many people closer to death than at any other time in their life, the stage is set for a cataclysm of emotions. Shock is usually followed by anxiety and fear as one re-awakens to the gravity of the event. Subsequently, anger, frustration, confusion and grief often emerge. The rage can be misdirected toward others, including God, causing problems at work or in relationships. However, when those emotions appear, the cause of the feelings is usually gone. Failing to make the connection, an individual may misinterpret his/her reactions as an indication of insanity. It is critical that people realize that they are not going crazy, but rather, they are experiencing normal and very powerful feelings in response to an abnormal event.

Nightmares, flashbacks, self-doubt and fatigue are not uncommon experiences. Jumpiness is often reported as people begin to emit startled responses to noises. All of the aforementioned can be further exacerbated when the disaster is protracted, as with floods, or repeated re-traumatization occurs, as with after-shocks.

As survivors continue to grapple with their feelings, guilt and depression often emerge. Guilt can originate from at least two sources. Survivor guilt may result when one individual has suffered comparatively less than others. Self-criticism may result from the mistaken belief that a person had sufficient time to act more heroically. The guilt, "If only I would have . . .", can deter a person from coping with traumatization, thereby keeping him/her immobilized in the recovery process.

It is not uncommon for persons to move back and forth between emotions and shock as they recover. Eventually though, people begin to "test themselves" by re-establishing old relationships or developing new ones. They begin to change in some facet, whether it be in the development of a "buddy system" to prepare for future danger, reaching out to others, enjoying each day more, or redefining or reinvesting in their relationships with God. Ultimately, recovery is signaled by constructive changes that demonstrate acceptance and adaptation. Survivors can not go back to the way they were before the catastrophe. After all, as commonly expressed by survivors, "Nothing will ever be the same".

Recovery efforts need to be structured in order to account for more than an initial intervention. Often overlooked, it is important to plan for "anniversary reactions". Anniversary reactions are periods wherein survivors experience a re-emergence of the cataclysm of emotions that originally occurred after the initial shock phase. The most typical times for anniversary reactions are six months and one year post-disaster. For many, however, the yearly anniversary date can prove difficult for upward to five years.

Many communities have found it beneficial to organize a formal activity to help survivors move through these difficult times. Activities such as ceremonial tree planting, balloon launches and picnics are a few examples of the aforementioned. The activities serve as a cathartic experience allowing survivors to place the disaster behind them as well as to embrace and celebrate life.

Older Americans can experience any or all the previously described reactions. As with any age group, trauma may be expressed directly through emotional reactions or be less readily identified by physical reactions such as sleep difficulties, poor appetite, general physical ailments, a deterioration of functioning or a worsening of an already existent disease process. The difference, however, is that many elderly may not possess the same degree of resilience as their youthful counterparts.

Elderly persons can also experience particular reactions to trauma as a unique function of their stage in the life cycle. Faced with the potential losses of loved ones as well as their own abilities, older individuals can experience such feelings as increased insecurity even during normal, everyday living. After encountering the devastation wrought by a disaster, some older adults can find their natural feelings of insecurity and vulnerability magnified by the destructive, out-of-control nature of the disaster. They may react with feelings of increased hopelessness since they do not know if they will live long enough to rebuild their lives.

The impact can also trigger memories of other traumas, thus adding to an increasing sense of being overwhelmed. Many of the anchors to the past such as their home of many years, photographs and treasured keepsakes - so much a part of their identity - are gone. Poor health and social isolation can only add to the ordeal.

In the process of recovery, it is important for older people to reaffirm attachments and relationships. While they need to have access to familiar faces such as old friends and neighbors, often these supports no longer exist. If older people do not have significant others available, it is critical that contact be made via assertive outreach programs such as support groups. It is important that older Americans feel as though they still belong in the community.

Older adults need a sense of control and predictability. Re-establishing routines and having a permanent place to live can help increase a sense of security, stability and control. Relocation and emergency sheltering may be unavoidable. However, re-traumatization can be minimized by helping survivors remain as close to familiar surroundings as possible.

Older individuals also need to restore feelings of confidence and self-worth. Self-worth can be enhanced by talking about past successes. Confidence may be nurtured via guidance in setting manageable goals. Self-direction is essential to one's sense of integrity.

Because so much has been lost, older individuals also need to restore feelings of connectedness. Many will be left with little more than memories. Activities as simple as remembering and talking about their life can be a starting point that helps them reconnect with their unique perspective as a part of the history of mankind.

Each person recovers at a rate unique to that individual. The ease and speed of that recovery is affected by many factors. One important factor is the survivor's emotional state and experiences prior to the trauma. Other factors include the ability to understand what happened and the availability of a supportive environment. Recovery, then, can vary in degree from serene acceptance to a protracted and conflicted struggle.

While professional counseling is not always necessary, supportive relationships are essential. Most people find the needed support through family, friends, ministers or other systems already in place. Friends and family can help survivors by listening to them and accepting their feelings without judgement. Whether with the help of a friend or a professional, the recovery process begins in a helping, supportive context.

In summary, the recovery process for seniors is quite similar to that of other age groups but with a few unique features. Talking about the experience frees one to move forward. Discussing reactions within supportive relationships enables one to feel connected to others. Individual reactions to trauma are quite normal and similar. Recovery takes time, usually months and sometimes years. Each person moves at his or her own pace. Some, due to experience, age and/or frailty, are more disrupted by trauma. Social isolation make one more vulnerable to devastation. Finally, memories, rather than tangible property, can become the connective link to one's place in the world.

## GUIDELINES FOR CAREGIVERS

There are a few general guidelines that caregivers should consider when helping seniors cope with a tragedy.

- o Aggressive outreach strategies are needed as many elders do not or are unable to seek help.
- o Help people realize that their reactions are normal.
- o Plan group or community ceremonies for anniversary dates.
- o Supportive relationships are essential. Help seniors stay in touch with family and friends. If these relationships are not available, consider involvement in a support group.
- o Help re-establish routines and locate a permanent place to live close to familiar surroundings.
- o Enhance self-worth by encouraging seniors to talk about past successes.
- o Help elders set manageable goals.
- o Help them reconnect with their past through memories.
- o Give permission to recover at their own pace.

*Adapted from Tornado: Terror and Survival - A Kansas Community's Struggle to Recover. Copyright 1991. The Counseling Center of Butler County.*

# **Disaster Advocacy: A Training Program**

by

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## INTRODUCTION

You have been chosen for training as an advocate for the elderly who have been the victims of a disaster. You have been chosen for an important job, and this manual is designed to teach you how to do that job. In addition to providing immediate training, it also has been designed to serve you as a reference tool to help you as you encounter specific problems. For this purpose, the training manual has many sub-headings to help you locate specific information quickly.

But we are getting ahead of our story--so let's begin at the beginning.

### **The Elderly**

During the decade of the 1960's, special attention began to be focused on the older people in our society as social scientists and government leaders began to recognize that the United States was undergoing an important social change. For the first time in the history of the world, we were entering a period when people who were more than 60 years of age were going to constitute a major part of the population. Simply put, more people than ever before were living to a ripe old age.

There are many reasons that this change has occurred. For one thing, advances in public health simply make life healthier than ever before. This is the result of improved sewage and garbage disposal, safer drinking water, and greater public knowledge of how to protect one's health. Another factor is that developments in medical science in the last 60 years have made physicians more able to prevent or control and treat disease processes which were fatal in an earlier time. And, also of importance, is the fact that there have been major advances in improving the quality of life of people in our society--things like the 40-hour work week, labor-saving devices, healthier working environments, and the development of the belief that everyone is entitled to at least some rest and recreation.

In fact, late in the 1970's, it became clear that changes in health and lifestyle were producing a group of people who were not necessarily worn out by the age of 65, and laws were changed to allow many people to keep working past the age that had once been considered as mandatory retirement age for most people.

### **Attention to the Elderly**

In the face of all this information, government agencies were established to concern themselves with the special needs of the aging population. But even before this, a variety of social scientists--sociologists, psychologists, psychiatrists, social workers, and others--had begun to study older persons. In some areas of these sciences, there are people who devote their whole careers to understanding how older persons live, what they think, how they feel, and what their special needs are.

The material you are about to study will take advantage of these efforts to learn a great deal about older people, and will use some of that knowledge to guide you in your new work as an advocate for the elderly.

For our purposes in this training package, we will refer to the "aging population." For us, this will mean people who are at least 60 years of age, and who generally are 65 years of age, or more. But beyond that distinction, intended to set apart the people to whom you will be giving special attention, it is difficult to generalize.

### **The Differences**

Indeed, the differences between members of the aging population sometimes seem to be more important than the ways in which they are similar. This is the thing that makes it hard to talk in general terms about the aging population--and something you will have to keep constantly in mind as you begin to work with the elderly.

There is no magic transformation that takes place at age 60 or 62 or 65, or even at age 70, that suddenly makes a person into a so-called senior citizen, or older person, or elderly person. It sometimes seems safer to talk about "retired persons" when we are looking for a general, categorical term--but even this is misleading. As it turns out, some people who worked at boring, routine jobs were just waiting for the day they could retire and become really active. People like this are important leaders in the aging population, acting as the "spark plugs" that excite other older persons into getting involved in life.

By way of contrast, of course, there are people who have done just what many people think older people are supposed to do. They sit back and draw a retirement check, pull a shawl around their shoulders, and let the world pass them by.

But these are the extremes. The vast majority of older persons fall somewhere between these two groups. And, just like everybody else, older people have good days and bad days. They have days when they are happy, full of energy, and busy doing things. On other days, they are sad, depressed, troubled with health problems, and they withdraw from contact with other people.

It is true, of course, that a lot of people in the aging population do have health problems. These range from minor problems, such as the need to watch what they eat, to major problems, such as heart trouble, which severely restricts them in what they can do.

So keep in mind, both while you are studying and while you are working as an advocate, that no single description fits all members of the aging population. Some will need a lot of time, and a lot of your help. And there will be others who will need very little assistance. But be careful - the ones who are quickest to refuse help are often the ones who need it most.

## **The Disaster**

The reason you were selected for training as an advocate for the elderly, of course, is that there has been a disaster which has affected at least some members of the aging population.

We have attempted to generalize in the training package to enable you to deal with any kind of disaster--floods, tornadoes, hurricanes, ice storms, blizzards, etc.--but you may have been hired for a special kind of problem that we had not anticipated. So please bear with us, and attempt to use your own imagination where necessary to fill in the gaps.

Because of our need to make this training package useful for a variety of people dealing with a variety of problems, we have not provided you with specific solutions, but we have attempted to provide you with a general way of thinking that should provide flexibility in dealing with whatever problems you come up against.

In general terms, a disaster can be identified as any event--natural or man-made--which involves so many victims and so much damage that the usual resources of the community are not adequate to deal with the problems created. For that reason, a disaster was declared, and a set of special procedures was put into action.

As we indicated earlier, the growing number of older persons in our society has made it necessary to develop special programs which deal with their special problems. You are now a part of that process.

### **The Need for Advocates**

Indeed, you are a very important part of the disaster relief operation. You will be responsible for linking people with a need to those agencies which have some ability to fill the need that you have helped identify.

It will be possible, through your work, to direct older persons to those sources of help which are most appropriate for them. Also, you will help them deal with some problems for which no prior plans have been made--and this will require you to use your creative skills to their very best.

But keep in mind that you are part of a team. You will be working with others who regularly work with the aging population, both as volunteers and as full-time staff. Do not assume that you have to become an instant expert on everything. Instead, this training package, and the other training you will undergo, is intended to help you identify problems. But you may have to get help from a variety of people to respond to these problems. Don't hesitate to ask for help.

In fact, it is this very group of people who regularly work with the elderly who identified the need for disaster advocates after they themselves had to take on that job in earlier disasters. They found that many members of the aging population are not aware of the services that are available to them after a disaster, and they even found that some of the people who knew about the availability of these services were reluctant to use them.

After their own experiences in working with the elderly after disasters, these people suggested that a system be set up to train advocates to go out into the area of the disaster to locate people in need of disaster services, and to show them how to go about getting these services.

## The Training

This training package, which is intended to be part of a general period of training that should last about four hours, will help you learn how to seek out those who need assistance. It will show you how to persuade those in need of help that they should make use of the available help, how to manage those people you become responsible for, and how you connect them with the available services.

You are not expected to become an instant expert, but you will be given some basic information that should be helpful to you in understanding the elderly and their special needs after a disaster.

However, this does not mean that you are expected to memorize all the information that you will be given. It is known that people learn best by doing. Therefore this training package is only intended to be a starting point for you. After you have handled two or three cases, you will learn some shortcuts, develop your own special techniques, and you will learn where to find certain kinds of help when you need it.

In an effort to get you started, this training package includes three types of material:

1. A cognitive component--*Knowledge and information* to be acquired by an advocate dealing with the elderly after a disaster.
2. A psychomotor component--The *activities* to be performed by advocates dealing with the elderly after a disaster.
3. An effective component--The *attitudes* to be developed by advocates dealing with the elderly after a disaster.

With these three kinds of information, you should be prepared to begin helping people today.

## **The Training Process**

In order to train you as quickly as possible, four major topics have been dealt with in a self-teaching, modular format. You will move through each module (or section) of the training package as quickly as you are ready to. If you find that certain sections need more time than others, you can spend the extra time, and then move quickly through those sections that you find to be easier.

For each module, or section, you will be given a self-test review. This self-test is intended to do two things:

1. It will help you find out how much, or how little, you know about the particular section.
2. By showing you what you *do not* know, it will give you clues as to which parts of the section you should go back and review in order to increase your learning.

Hopefully you have recognized by now that the self-test is to guide *you* as you teach yourself.

The instructor may ask you some questions to verify that you have completed all the necessary units of study, and the instructor may have some additional information to give you before you go into the field.

When you do go to work, take this manual with you, and refer to it as you feel you need to. Of course, if you have questions that are not answered in the training package, or for which you cannot figure out the answers, be sure to ask your supervisor for guidance.

### **Good Luck!**

You are now ready to move on to the actual training sections of the package.

Remember--you are an important person with an important job to do. We hope we have provided you with a starting place, but we want you to keep in mind that we all make mistakes, and mistakes provide us with new chances to learn.

*One of the most important questions we asked people in the early stages of disaster was if they knew of anyone who had been affected by the flood who had not registered with FEMA. We were most anxious to touch base with those who did not understand the procedure for registering with FEMA, or who were hesitant to do so because they thought that they had to be low-income, or be participating in a federal crop insurance program, or didn't think they had as severe damage as others.*

*We also found that it was important to address the perceptions of damage by each individual in the household. Often a man and a woman sharing the same home viewed their losses from very different angles. For instance, Mr. and Mrs. C were a farming couple. They lost a tremendous amount of wheat and soybeans in their 400 acres by the river. Their cellar was completely flooded and they had water to the very threshold of their main living area. Mr. C emphasized the loss of crops and grain in storage that the family had suffered. He wanted information about where to go to talk about agricultural loss. Mrs. C was really bothered by their loss of food she had put up and stored in the basement and by the upheaval in and around the house. She wanted help getting the sandbags hauled from around the foundation and was bothered by a door that had been broken when family and neighbors had helped the C's evacuate their furniture.*

*Mrs. C's concerns appear more minor because they don't have the economic significance of her husband's concern for a year's loss of crops, but in terms of her emotional comfort, finding help to lug the soggy bags of sand and scrub salvageable canning jars was just as important as getting answers about agricultural programs.*

**Contributed by the North Central - Flint Hills Area Agency on Aging**

## **MODULE I - OUTREACH**

### **Introduction**

One of the jobs of the disaster advocate for the elderly is to seek out those members of the aging population who are potentially eligible for public assistance after a disaster, but who have made no move to take advantage of these services.

At first, of course, it may seem curious that some people are reluctant to take advantage of whatever assistance may be available to them after a disaster. But extensive experience by workers in the aging network has demonstrated time after time that some members of the aging population are hesitant to ask for help--especially public assistance.

Because of the widespread nature of this reluctance, one of the major roles assigned to disaster workers is to seek out those persons who may be able to qualify for disaster assistance and help them obtain that assistance.

### **The "Welfare" Stigma**

One of the major reasons for this reluctance to seek help is that such assistance is perceived to be "welfare." To many people in our culture, "welfare" is a very disagreeable concept. It is used as a label for those people who are unable or unwilling to help themselves.

One of the tasks of the advocate is to explain that disaster assistance is **not** welfare. Rather, disaster assistance has many components that function for different reasons. For our purposes, we will take two examples of programs normally included in disaster assistance centers, and demonstrate that they are not "welfare," at least not in the way that "welfare" is commonly defined by those persons who are critical of government assistance.

The first is the service provided by the Internal Revenue Service. The Internal Revenue Service staff which works in disaster assistance centers is there to assist victims of disasters in identifying which of their losses may constitute income tax deductions, and to help the victims file the appropriate forms to claim these losses for deductions.

The second service to be considered here is provided by the Small Business Administration. This agency of the federal government functions to help victims of disasters with *loans* to replace or repair businesses and homes damaged in the disaster. This is a special service of the Small Business Administration not provided under normal circumstances. These loans must be paid back to the government--but they are available at an interest rate that is well below the interest generally charged by commercial lending institutions such as banks, savings and loan companies, and small loan firms.

Certainly it should be clear from this information that neither of these programs can be reasonably described as "welfare."

In fact, this designation is difficult to attach to any of the programs provided in a disaster assistance center. It is more appropriate to understand the programs provided as one way that the state and federal governments use the taxes that they collect from all of us each year. At both the state and federal levels, taxes are collected in order to pay for services which are generally helpful to a broad segment of the population--services which usually are so expensive that we could not afford to pay for them individually, but services that we can afford if we pool our tax money.

The kinds of services that become available after a disaster are all a part of this system.

### **Finding Victims**

Disaster workers must find the victims of the disaster before they have anyone to explain this to, however.

This may not always be the job of the disaster advocate. Sometimes this will be the task of the regular staff of the area agency on aging, or some other group. But the job does sometimes fall to disaster advocates, and therefore it will be discussed here so that you will be able to perform the task if it is assigned to you.

Depending on the kind of disaster you are hired to work in, the warning notice before the disaster may have ranged from none to several days. Indeed, it is possible that you are reading this material, and getting your training, even before a disaster has occurred, but after one has been predicted. This might be true of a flood, for example, where the National Weather Service has been able to predict that a flood will occur in your area because of heavy rains or melting snow or some other such event far up a river which runs near your location.

If there has been considerable time between the warning of the disaster and the occurrence of the disaster, some orderly evacuation program may have occurred, and all the victims may be located in emergency shelters.

It is more common, however, to have limited warning of a disaster, and little time for evacuation. This will mean that many of the victims still were in their homes when the disaster occurred, and those who were not at home are widely scattered and will be difficult to locate.

Certainly the local news media should be used to alert the victims of the disaster to the fact that a special center has been established to assist them. But experience has shown that such information will bring in only a portion of those persons who need assistance, and who are entitled to it.

Therefore it is the task of the disaster advocate to find those members of the elderly population who need help, and are entitled to it, and help them find the agencies they should contact.

It is important to undertake this job with a sense of urgency. The victims of disasters--and especially the elderly--often become the victims of a variety of crooks, especially those who charge high prices for shoddy repair work. If the advocate can reach the victims quickly, the advocate may prevent these people from suffering additional losses.

### **Outreach Work**

The term "outreach" is used here to describe the process whereby the disaster advocate leaves the disaster assistance center and goes out into the community to locate older citizens who need help. It also includes the process whereby the advocate attempts to explain the functions of the disaster assistance center to victims in a way that persuades them that they should use the services available.

Here we will list a number of approaches to locating the victims of the disaster. Some of them may not be appropriate to your particular disaster, and you may think of others which will work just as well, or even better. The purpose of this list is to demonstrate that there are several ways to do the job you have been hired for, and the best approach may be to combine several approaches.

1. **Contact existing aging programs, especially those in the area where the disaster occurred.** You should attempt to contact those agencies in the disaster area which carried out programs for the elderly before the disaster. Such agencies would include those which provide housing for the elderly, those which provide meals for the aging population in a group setting, those which provide special recreation programs for the elderly, and those which are responsible for providing transportation for older persons. Each of these programs should be able to provide you with the names and addresses of some of the older persons they served, provided their records were not destroyed in the disaster.
2. **Contact older persons living outside the disaster area.** If there is a problem with the availability of records from aging programs within the disaster area, try contacting programs for the elderly *outside* the immediate disaster area, and talk to the older persons who use those services. Ask these persons if they had friends who lived inside the disaster area and try to get names and addresses of those persons. (Be cautious here; the people you are asking for information may be very worried about the well-being of their friends. Explain that you need their information in order to get into the disaster area to check on the victims. If specifically requested to do so, you may take a message to give to the person being identified for you. However, you probably will not have time to re-contact your information source to report on the well-being of a friend. Further, if the report must be negative, such as severe injury, death, etc., this is a task that should be handled by others who are skilled in such matters.)
3. **Visit the disaster area.** If conditions permit, you should begin a driving tour of the area, looking for homes which are damaged or destroyed. At the homes, attempt to contact the occupants. If no one is at home, ask neighbors who live in the houses, and try to find out if one or more of the occupants is elderly. If you find that one or more residents is elderly, and did survive the disaster, then you should attempt to learn from neighbors where the person is and how you may contact the victim. Of course, many of the houses you check will not have elderly occupants. You may take the time to tell the occupants that the disaster assistance center is operating, and where it is, but you should complete your visit as rapidly as possible so that you may move on in search of persons for whom you have real responsibility. Naturally you should ask all the people you encounter if they know of elderly persons who suffered disaster losses.

4. **Contact local politicians.** Local area politicians - either those who have been elected to office, or those who ran for election and were defeated -may have developed a special file identifying members of the aging population so that they might get special attention during the campaign. Request the politician who has such information to allow you to copy it from his or her files, and return it. If the politician does not have this information personally, he or she may be able to direct you to a neighborhood campaign worker who has the information.
5. **Contact the U.S. Postal Service.** Most letter carriers, especially those who have been carrying mail on the same route for quite some time, know quite a bit about their patrons, especially those who are retired and often chat a minute when the letter carrier makes the daily delivery. Go to the local postmaster and ask for help in identifying the carriers whose routes go through the disaster area, and then request the help of the individual letter carriers in compiling lists of names and addresses where older persons lived. (You should be certain to have good identification here because the Postal Service is usually quite reluctant to give out information about its patrons for fear of violating their privacy rights. If you identify yourself properly, and explain your mission carefully, though, you may be able to gain very helpful information.)
6. **Hire a sound truck.** In some areas of the country, a common practice in political campaigns is to hire trucks or cars with public address systems to drive through neighborhoods broadcasting messages. Find out if this is a common practice in the community where you are working. If so, you should be able to hire a sound truck to broadcast a message to older residents, encouraging them to visit the disaster assistance center.
7. **Contact local government officials.** Local government officials, especially those who administer programs involving older persons, often maintain files on the elderly in a local community. Check on the availability of such files.

8. **Contact law enforcement agencies.** Older persons often have problems that bring them in contact with law enforcement officers--requests for police to watch their houses closely in passing, frequent problems with neighborhood children damaging their property, etc. Check with law enforcement authorities to see if they can direct you to such persons. (Again, you will need to identify yourself properly, and carefully explain your job. The police will be watching for those unscrupulous persons who attempt to take advantage of the victims of disasters, especially older persons. This also is an opportunity for you to acquire any police passes necessary to get into the disaster area.)
9. **Contact transportation services.** Agencies which provide transportation - both public and private - often have considerable contact with older persons who no longer drive. You should contact any service which provides transportation for the elderly as its primary mission, but you may also need to check with commercial transportation services, such as taxi companies, to identify elderly persons who frequently use the service.
10. **Contact churches and ministers.** Many members of the aging population have important ties with their churches. You should check with churches and ministers in and around the disaster area to identify those elderly persons who were members. Such inquiries may lead you into a whole social network of older people who need your help.
11. **Contact senior citizen clubs, or Older Americans' Clubs.** Clubs especially designed to meet the needs of older persons can be important sources for you in identifying those persons who need your services. They can be expected to have rosters that identify their members and tell you where to find their homes.

This does not identify all the possible resources you may use, but it should suggest to you that there are a variety of ways to locate elderly persons who live in the disaster area. Talk to the people who regularly work with the aging population to find out about other local agencies which may be especially helpful to you.

In addition, as you begin making direct contact with older persons, use them as key informants. As them if they have older friends who live in the disaster area--then ask the friends, when you contact them, if they have friends who live in the area. This process can rapidly snowball, giving you long lists of persons to contact. In fact, you may get so many leads that you need to share them with other advocates so that help can reach the victims more quickly. Check with your supervisor for specific instructions if you begin to collect a lot of names.

## **Making the Contact**

Merely locating a member of the aging population who has suffered a loss in the disaster is not enough, of course. You have to move in and begin working with the victim if you are to be a successful advocate.

You should present your identification in all contacts. It is especially helpful to have some identification that you can leave with the persons you visit. A photocopy of a form letter inviting the victim to contact you at the disaster assistance center is fine, and it should include your name and telephone number where you may be contacted at the center.

It is helpful in making a contact to have a brief speech of introduction prepared. It could be reprinted in the form letter you leave with the victim to explain how you may be contacted later. You may wish to memorize something like the following example to introduce yourself:

*Hello. My name is \_\_\_\_\_.*

*I am a disaster advocate hired by the \_\_\_\_\_ Area Agency on Aging.*

*It is my job to help persons who are 60 or older in using the disaster assistance center. A number of services that may be useful to you are available in the center. I would like to take a few minutes of your time to explain the services available.*

*In addition, I can help you in getting help if you have suffered damage to your home, or some other loss. It is my job to help you get all the help you can so you can get your life back to normal.*

You may, of course, find it necessary to repeat your name, and even repeat your message of introduction, to insure that the victim understands why you are there.

Keep in mind that the victim has just been through a very traumatic experience, and may be very upset.

### **The Rejection Response**

Do not expect to be welcomed with open arms.

Certainly some people will be very happy to see you, and will be eager to fill out the forms, and claim whatever assistance is available to them.

But experience has shown that many older persons will be very cautious in dealing with you. In fact, they may refuse to talk to you about their losses the first two or three times you visit with them. One of the reasons that we suggest you leave a copy of your letter of introduction is to give the reluctant victim a chance to think about your visit, and what it may mean.

Some advocates involved in disasters in the past have found that they have to return four or five times before the victims become comfortable with them, and come to believe that they are really interested in helping.

You may want to begin your contact with a general conversation. Certainly it is reasonable to talk about the disaster. That is likely to be the subject uppermost in the mind of the victim, and something that you know about, so it provides you a common ground for discussion.

But *do not* spend all of your time talking. Spend time listening. Many people who have just been through a crisis want to talk to others about it. This is a way of testing their perception of reality. They want to be sure that what they experienced is what other people experienced. This means that they are not "different," or making a mountain out of a mole hill.

Psychologists call this kind of "talking out" of a problem "catharsis." This means the victim is opening up and letting out the stress that has built up in the traumatic event. Many psychologists think this kind of catharsis is healthy and helpful to the victim.

But even though the victim is willing to talk about the disaster experience, he or she may not be willing to show you the damage suffered until you have returned two or three times. Your repeated visits may help wear down any resistance, and may serve to show the victim that you are truly interested in helping.

## **The Grief Response**

Another reason the person may not be willing to show you the loss, of course, is that the victim is actually grieving.

This kind of emotional response to the loss of personal property has been identified among the victims of extensive fires in the home - fires which destroyed precious belongings.

It is important to keep in mind that people place different values on material possessions. The photograph of a son or husband killed in war, for example, may be more valuable to the victim than an entire house.

Despite much study and research, the human mind is not fully understood by scientists. But it does seem clear that we all assign meanings to the things around us. Some of these things are identified as being useful, but not particularly valuable. Other things have no practical use at all, but they are associated with important memories. These values are individual responses, and should be respected.

For example, a statue of the Empire State Building may be an important keepsake. And, although it has little value in terms of money, it may serve as the trigger that allows the person to remember all the details of a long ago, once-in-a lifetime trip to New York City.

Under normal circumstances, the person probably does not even take notice of the statue. But if the statue is lost in a disaster, it may make the person feel threatened - fearful that he or she never again will be able to recall all of the memories associated with a very important event.

In response to such a loss, the victim may exhibit all the signs of grief that we usually see in a person whose best friend or close relative has died.

You should never take such a situation lightly, just because you feel no loss. Instead, you should attempt to demonstrate that you understand the victim's concern. This is easy to do if you think of some personal possession of yours that you would especially hate to lose.

It is also possible that you will encounter a victim who indeed *did* suffer the loss, through death, of a loved one in the disaster, or a victim who at least has a loved one who is hospitalized with serious injuries.

This will be important to the victim, and may be something the victim wants to talk about, perhaps in great detail. Try to be patient, and try to respond in the way that you would like someone to respond to you if you were in the victim's place.

Coping with grief is difficult. And not all the victims you encounter will be handling it well. You may encounter some victims who are so grief-stricken that you feel they need professional counseling. In such situations, remove yourself from the situation as gracefully as you can and notify your supervisor that special help is needed. Then move on to another case where your skills may be more properly used.

### **Keep Moving**

Keep in mind that you need to stay on the move, especially during the initial period after a disaster when you still are trying to locate victims.

It is important to develop the best possible estimate of the number of persons who will be needing disaster assistance. This number must be generated as early as possible so the disaster assistance center can be properly staffed to handle the workload.

One of the functions of the outreach effort, of course, is to help turn up those persons who need assistance but who might not know it is available, or who might be unwilling to use the available services without some explanation.

Therefore it is important for you to reach as many people as possible. If you uncover more victims than you can help, some of the load may need to be shifted to other advocates, but this decision cannot be made until the outreach task has been finished.

Again it is important to stress that this work needs to be done as rapidly as possible so that you can help older persons avoid the crooks who move into disaster areas to take advantage of the victims.

As you identify the victims who need advocacy help, you should report their names and locations to your supervisor so that a central file can be established. This will enable supervisors to make the best possible use of advocates by cross-checking the names of the victims to insure that everyone is being helped, but that there is little or no duplication of effort.

It also is helpful to the total disaster assistance effort if you are able to begin producing an assessment of needs of the victims you contact as early as possible. If you can begin this needs assessment process on your first or second visit, then the agencies involved in disaster aid can better plan their work so that all needs are met.

**Congratulations!** You have completed the Outreach module. You are now ready to move on to the self-evaluation quiz. If you are not able to answer all the questions on the quiz, you may review the module to find the answers you are unsure of.

When you feel you are familiar with the material, then you should ask your instructor for the post-test.

When you complete the post-test successfully, you are ready to move on to the next module.

## SELF-TEST FOR MODULE I

1. The aid that is provided after disasters should not be identified as:
  - a. Government assistance
  - b. Public assistance
  - c. Welfare
  - d. Public aid
  
2. Efforts to notify victims about the availability of disaster assistance should include:
  - a. Radio and television broadcasts
  - b. Outreach workers
  - c. Contacts with community organizations
  - d. All of the above
  
3. When making the first contact with an elderly victim of a disaster, the advocate should:
  - a. Make his or her identification clear
  - b. Leave some information for the victim to study
  - c. Tell the victim how to reach the advocate later
  - d. All of the above
  
4. In making a contact with a victim, the advocate should:
  - a. Do all the talking
  - b. Not talk, but only listen
  - c. Both talk and listen
  - d. All of the above
  
5. The advocate making the first contact with a victim can expect to:
  - a. Always be accepted on the first visit
  - b. Always be rejected on the first visit
  - c. Encounter different reactions from different people
  - d. None of the above
  
6. One reaction of disaster victims may be to feel \_\_\_\_\_, just like they would feel over the death of a loved one.

7. The advocate must be prepared to deal with people who need assistance, but who do not seek help because:
  - a. They do not know help is available
  - b. They think the help is welfare and don't want that
  - c. They need some explanation before they are willing to take help
  - d. All of the above
  
8. The disaster advocate who is trying to locate victims should:
  - a. Sit around the center, waiting for people to come in
  - b. Sit around in the disaster area, waiting for victims to appear
  - c. Stay on the move in the disaster area, looking for victims
  
9. The job of getting out and looking for victims is called \_\_\_\_\_ work.
  
10. The names and locations of victims discovered through outreach work must be recorded in a central \_\_\_\_\_, available to all disaster workers.

## ANSWERS TO SELF-TEST FOR MODULE I

1. The aid that is provided after a disaster should not be identified as (c.) welfare. This often has a negative meaning for people, and should be avoided. Besides, this is not an accurate description of disaster services.
2. Efforts to notify victims about the availability of disaster assistance should include (d.) all of the above, it should include radio and television broadcasts, outreach workers and contact with community organizations.
3. When making the first contact with an elderly victim of a disaster, the advocate should (d.) all of the above. The advocate should make his or her identification clear, leave some information for the victim to study, and tell the victim how to reach the advocate later.
4. In making a contact with a victim, the advocate should (c.) both talk and listen. The advocate must talk to explain why he or she is there, but the advocate should also be a good listener.
5. The advocate making the first contact with a victim can expect to (c.) encounter different reactions from different people. Some victims will accept the advocate on the first visit, but other victims may not accept the advocate until two or three visits have been made.
6. One reaction of disaster victims may be to feel grief, just like they would feel over the death of a loved one.
7. The advocate must be prepared to deal with people who need assistance, but who do not seek help because (d.) all of the above. Some victims will not know help is available, some will think disaster assistance is welfare and won't want that, and some will need an explanation of disaster assistance before they are willing to accept help.
8. The disaster advocate who is trying to locate victims should (c.) stay on the move in the disaster area, looking for victims. Waiting for victims to ask for help will cause many persons who need assistance to go without aid.
9. The job of getting out and looking for victims is called outreach work.
10. The names and locations of victims discovered through outreach work must be recorded in a central file, available to all disaster workers.

## **MODULE II - CASE ASSESSMENT AND MANAGEMENT**

### **INTRODUCTION**

One of the major problems in a disaster is confusion. This is true both for the victims of the disaster and for those persons like you, who are attempting to help the victims.

This module will deal with the mechanics of organizing your work in order to reduce the confusion that could greatly complicate your efforts to help victims. It is here that you will be given some clues on how to set up and manage your caseload.

#### **Establishing Order**

A carefully organized management system for advocates can make an important contribution toward bringing order to a confused situation. An important key to accomplishing this is the development of files which reflect **all** the contacts that advocates have with the victims of disasters.

But the development of files is only one part of the process of service management. This job of service management can be broken down into six major tasks. These are:

1. *Assessment*
2. *Development of a service plan*
3. *Arranging for service*
4. *Follow-up*
5. *Re-assessment*
6. *Case recording*

To help you understand each of these terms, we shall define them.

**Assessment.** Needs assessment is the collection of information about a person's situation which allows identification of a person's problems in major functional areas. The needs assessment is done to learn about the victim's situation and service needs in order that something might be done to bring about change as requested or accepted by the victim. The coverage of all areas of a victim's situation is essential in order to get a total picture of the needs to be filled. This will make it unnecessary for the victim to bounce from one agency to another seeking resolution of problems.

***Development of a service plan.*** A service plan is an agreement between the victim and the advocate regarding the problems identified, goals to be achieved, and services to be pursued. This allows the advocate to outline the various tasks that must be performed to provide necessary assistance to a given victim. However, this is not a task that should be performed by the advocate alone. The victim and the advocate should work together to decide which of the service alternatives will be selected. The victim should consent to accept the services agreed upon.

***Arranging for service.*** Arranging for service is defined as the contacting of service providers and negotiating with them for the delivery of needed services to the client in the manner prescribed in the service plan. This obviously is a key step, because the development of a service plan is useless if there is no effort made to put the service plan into operation.

***Follow-up.*** The follow-up task consists of contacting service providers and victims to see that service delivery has begun, or is scheduled to begin as planned. Failure to provide this follow-up can cause major problems.

***Reassessment.*** Reassessment is defined as the scheduled re-examination of the victim's situation to identify changes which have occurred since the initial assessment. It measures progress toward the goals outlined in the service plan needs to be up-dated, or the pattern of service delivery changed in some way.

***Case recording.*** None of the other tasks can be carried out well, unless there is adequate recording of each case that the advocate has. Thus case recording is vitally important in each of the components. Every contact with the victim, or service providers, should be recorded in the case file that the advocate keeps. In fact, case recording is so important that the whole next section will be devoted to the details of the job.

## **Maintaining Files**

It is important to maintain two sets of files. One set of files is maintained by the advocate for personal use. The other set is maintained in a central place - usually the disaster center.

It is important that the two files contain the same information. This is usually best handled by having the advocate photocopy all of his or her notes, reports, contact observations, etc., and put the originals into the central file.

The advocate uses his or her files for day-to-day contacts with the victims. It is also very likely that there will be instances in which the victim will call or visit the disaster center when the advocate is not there. In such a situation, another worker needs to be able to pull a copy of the victim's file and assist the victim. It would be difficult to maintain continuity of service with all clients if the advocate were to be constantly interrupted when with one client in order to help another. Therefore some back-up assistance from the disaster center is highly appropriate and adds to the efficiency of the advocacy effort.

The file is initially created when the advocate has the first contact with the victim. The first contact report should reflect as much information as possible. This should include disaster needs, health-related and nutritional needs, and other needs which seem important. After that, a new entry is made in the file every time the advocate makes contact with the victim. Such an entry should indicate the time, date and nature of the contact, services provided, additional services needed, and any new observations which seem appropriate.

Similarly, the staff working in the disaster center also has a responsibility for contributing to this developing file by recording any contacts that the victim has with the center. This would include filing a copy of any telephone messages that the victim might leave for the advocate, or a contact report on any visit that the victim might make to the center.

In addition, the file should include copies of any records or forms that are developed during the course of helping the victim. This should include copies of papers filled out for the victim, reports submitted to other agencies in support of the victim's request for disaster assistance, reports developed by damage appraisers, and virtually any other paper work involved in dealing with the victim. These copies are important because it may be difficult for the victim to provide security for such papers in a damaged home. Also the older person sometimes becomes confused over the processes involved in making claims. These copies also provide a means of following the flow of assistance given to the victim. Such files will help in identifying situations in which inappropriate delays are occurring in responding to the needs of the victims.

After the disaster, there will be a need to evaluate the performance of the disaster relief efforts, and advocate files can tell a very important part of the story.

After an initial flurry of activity involving a number of people, the advocate staff will gradually be reduced to only a few people. The files should be as complete as possible so that those who remain can do the best possible job for the victims. If you are one of the persons who remains on staff for considerable time, you will certainly appreciate the efforts of others who leave good, solid information on each case you must complete.

Your supervisor will provide you with copies of certain forms to be used, and these usually are a major part of the file. However, the structure of forms does not always allow for all the necessary, appropriate and desired information. One way to deal with this is to add sheets of notebook paper, or sheets from pads, to your field materials so that you may make initial notes beyond the information contained in forms, and include that in the client files.

### **The Right Involvement**

A filing system is just one aspect of an organizational response which encourages effectiveness. The filing system can be an important aid in ensuring that the right level of involvement is maintained with each victim. One function of the frequent staff meetings, which should be held in the disaster center, is that advocates and their supervisors may exchange information on the cases which are actively being worked on. An examination of the files will make this easier.

Here again the value of a good file system is readily apparent. With a good case file, the new advocate can be made aware of all the details surrounding the case, and can have a better chance of dealing with it successfully.

Naturally the opposite kind of situation also can crop up. In fact, it is common for the advocate to become so well trusted by an older person, and so appreciated, that the victim will then tell the advocate about deeper levels of personal needs, or will want the advocate to intervene in unresolved problems in the lives of acquaintances. Here the advocate will want to move cautiously, checking to insure that there is no inappropriate interference in the case of another advocate, and using the available referral network to deal with those problems that are not related to the disaster.

But it is just such a relationship which may lead victims to offer the advocate gifts, ranging from money to prized personal possessions. Obviously such gifts must be refused. However, there have been instances in past disasters in which an advocate and victim developed a lasting relationship, which resulted in periodic social contacts long after the disaster problems had been dealt with. Obviously each case will require careful judgment to insure that the level of involvement is appropriate to the situation.

## **Being Reachable**

The advocate will not develop these close relationships if he or she is difficult for the victim to contact. As we suggested in Module I on Outreach, it is highly desirable for advocates to carry cards, or short pamphlets, that tell who they are, what they are doing, and where they may be reached. Many people will try to reach the advocate by walking into the disaster center; others by telephone. In either instance, it is important for the staff on duty at the disaster center to offer help with immediate problems. The advocate who is working the case must then be made aware that the victim contact has been made, and should make a follow-up visit to insure that all necessary services were provided. Other victims, especially those who develop a close relationship with the advocate, will only deal with the advocate. In such cases, it is vital that telephone calls and other messages be relayed to the advocate as quickly as possible for follow-up. This may make it necessary for the advocate to check in with the disaster center several times a day to see if there are messages. When the victim takes the time and effort to request assistance, this request should be treated as a high priority item.

## **A Variety of Services**

The range of services which the advocate can provide - either directly, or through use of a referral network - is very broad. And, almost inevitably, some victims will ask for aid that was never anticipated when these training modules were developed. Yet, if the request is legally and ethically appropriate, the advocate should attempt to find a way to fill the request. This call for help may vary from assistance in arranging for the safekeeping of very valuable possessions to notifying friends or relatives that the victim has survived the disaster. (These contacts should be logged in the files; after all, the victim may forget where the advocate arranged for the same valuable property to be stored.)

But the truly successful advocate will be the person who develops real skills in using the referral system well and who finds the most appropriate resources to deal with whatever problem arises. It is through such an approach that the advocate arranges for legal advice for the victim, professional appraisal of property damage, and care for emotional, medical, or religious needs.

It is not unusual, for example, to find a victim who believes that the disaster was directed at him, or his community, because he or the community (in the view of the victim) has violated religious traditions. In such a situation, the disaster is seen as the penalty exacted by God. Rather than arranging for a referral to a mental health worker the advocate may first consider involving a clergyman in the case. The victim is perceiving the disaster in religious terms, so why shouldn't the response be made in the same terms? This is the kind of reasoning that may be produced by the advocate who really attempts to put himself or herself in the shoes of the victim and sees the situation in the same light as the victim. Obviously this takes some artful effort if the advocate is responsible for a large number of cases, but it often can prove to be a worthwhile effort; each case file might contain an entry which briefly summarizes the way a particular victim looks on the disaster so that the advocate may remind himself or herself of this perspective before each contact with the victim (and such a note would be helpful in the event someone else has to take over the case.)

### **Doing the Whole Job**

It should be obvious from everything you have read up to this point that the job of the disaster advocate is a complex one. But take heart. Many cases are uncomplicated, and can be handled with a minimum of problems.

This module, and the Outreach Module, have attempted to look at the problem from the point of view of the "worst possible" situation. This seems defensible because very difficult cases will be found, and they, too, must be dealt with.

The disaster advocate for the elderly is an important person--one who is performing at the cutting edge of social work. The advocate is expected to facilitate the provision of a broad-spectrum of assistance, and is expected to insure that such assistance is of high quality.

The advocate will be working in a setting where emotions are intense, and the need is often severe.

But the job can be done. These modules were constructed on the basis of experiences reported by advocates actually working in disasters, plus the theory and data developed by social scientists who are concerned with the problems of the aging population.

You will not find an answer to your every need in this module, or even in the whole set. But you gradually are being exposed to basic information, and approaches to thinking, that should help you deal with most of the problems you will encounter. When you find a problem you cannot solve, reach out to others - just as the victim has reached out to you - for help. Call on your supervisor, and explain the problem to other advocates in staff meetings. Collectively, thinking humanistically, you should be able to develop a solution to even the toughest problems.

**Congratulations!** You have completed the Case Assessment and Management Module. You are now ready to turn to the self-assessment quiz. If you are not able to answer all the questions on the Case Assessment and Management self-assessment quiz, you may review the module to find the answers you are unaware of.

*(Note: The authors found the service management manual developed by the Philadelphia Geriatric Center to be especially helpful in preparing portions of this module.)*

## SELF-ASSESSMENT TEST FOR MODULE II

1. A carefully organized management system for advocates can:
  - a. Help bring order to a confused situation
  - b. Improve the delivery of services to clients
  - c. Help the advocate in managing his or her caseload
  - d. All of the above
2. The advocate should maintain \_\_\_\_ sets of client files.
3. Maintaining two sets of client files enables the advocate to:
  - a. Maintain one for personal use in the field
  - b. Maintain a back-up file in the disaster service center
  - c. More easily turn a case over to another advocate
  - d. All of the above
4. Group meetings of the advocate staff and supervisors should be:
  - a. Just an excuse to kill time
  - b. A time for exchanging important information
  - c. An opportunity to exchange jokes
  - d. All of the above
5. The advocate should:
  - a. Spend more time on casework than on keeping records
  - b. Spend more time on keeping records than on casework
  - c. Keep as few records as possible
  - d. Keep records sufficient to accurately reflect what casework has been done
6. The advocate should:
  - a. Always work strictly alone
  - b. Never do anything without supervisory approval
  - c. Demand total control over all clients
  - d. Be creative and flexible enough to meet client needs
7. The advocate should expect to:
  - a. Become lifelong friends with all clients
  - b. Never develop any personal relationship with a client
  - c. Maintain the same relationships with all clients
  - d. Develop different types of relations with different people

8. An advocate may need to have a client transferred to another advocate because:
  - a. The client does not like the advocate
  - b. The advocate does not like the client
  - c. The client and advocate cannot communicate well
  - d. Any of the above
  
9. If an advocate is asked for a kind of disaster assistance not readily available in the center, the advocate should:
  - a. Seek guidance from his or her supervisor
  - b. Consider how this request may be referred elsewhere
  - c. Talk the matter over with other advocates for advice
  - d. All of the above
  
10. The advocate must be willing to help in providing:
  - a. Only those services available in the disaster center
  - b. Only the services he or she is familiar with
  - c. Any service which is ethically appropriate
  - d. Only those services he or she approves of

## ANSWERS TO SELF-ASSESSMENT TEST FOR MODULE II

1. A carefully organized management system for advocates can (d.) all of the above. It can help bring order to a confused situation, improve the delivery of services to clients, and help the advocate in managing his or her caseload.
2. The advocate should maintain two sets of client files.
3. Maintaining two sets of client files enables the advocate to (d.) all of the above. The advocate can maintain one set of files for personal use in the field, one set for back-up in the disaster service center, and use these files to more easily turn a case over to another advocate.
4. Group meetings of the advocate staff and supervisors should be (b.) a time for exchanging important information.
5. The advocate should (d.) keep records sufficient to accurately reflect what casework has been done.
6. The advocate should (d.) be creative and flexible enough to meet client needs.
7. The advocate should expect to (d.) develop different types of relations with different people.
8. An advocate may need to have a client transferred to another advocate because (d.) any of the above. This need may arise because the client does not like the advocate, because the advocate does not like the client, because the client and advocate cannot communicate well, or some combination of factors.
9. If an advocate is asked for a kind of disaster assistance not readily available in the center, the advocate should (d.) all of the above. The advocate should seek guidance from his or her supervisor, consider how this request may be referred elsewhere, and talk the matter over with other advocates to see if they have had to deal with similar situations.
10. The advocate must be willing to help in providing (c.) any service which is ethically appropriate - not just those that the advocate personally approves of, or those services which are easy to provide.

## **MODULE III - LIFE INTERVENTION**

### **INTRODUCTION**

The disaster advocate is called upon to intervene in the lives of others, often with dramatic impact. This is a large responsibility, and one the advocate should understand before entering the field to begin work.

One of the things that you must remember is that the job of being a disaster advocate may have an important, and long-lasting, effect on the people you are trying to help. This module will attempt to provide guidance for you on how to conduct yourself in your job. It will try to help you better understand this special segment of the population you are going to be working with.

### **The Psychological Impact**

It is important to understand that the victims of a disaster (whatever their age) have suffered an intense emotional experience. As a result, the victims may well require anywhere from a few days to several months merely to sort out the details of what has happened. This *does not* mean that the victims are ignorant or incompetent. Rather, it means that they have been overwhelmed by their experience, and they are attempting to make some sense out of it in regard to the way they understand the world.

Perhaps it would be helpful here to point out that if a hundred people undergo exactly the same experience, they may well describe that experience in a hundred different ways. Police long have recognized this fact as being a problem in getting different people to describe what they saw when they witnessed a crime.

Another way to look at this matter - the way some sociologists look at it - is to say that reality is socially constructed. This means that people think about events, talk about them with other people, and compare these events to their previous knowledge, in an effort to make sense out of them. In this process, each person involved may come up with a slightly different "definition of the situation" - or a slightly different conclusion as to what has happened, and what it means.

Several responses can be expected in such a situation. One response may be the adoption of the attitude that there is no hope for the future. This may be related to the attitude that things are so horrible that they can never be put back in order, or it may be related to the attitude that there is no use in trying to put things back in order because another disaster probably will come along and ruin it again.

Another response, and the one that has allowed humans to bounce back after problems for thousands of years, probably will be that the disaster was only a "freak" occurrence; something that likely never will happen to the victims again. People who adopt this attitude probably will want to get on with the job of cleaning up, fixing up, and returning life to normal.

### **Confusion in the Elderly**

Any of the responses suggested above may be found in the elderly population, just as they may be found among any other group.

But the problems may be worse among the elderly because of some condition that already existed before the disaster. The elderly may already have significant problems, such as housing, financial, health, medications, drugs, alcohol or family. Any of these problems is only compounded by the disaster. This adds to the confusion that the advocate may have to help the victim sort out.

The advocate may have to distinguish problems related to the disaster from problems that already existed. The advocate must watch for evidence that the victims of a disaster already had problems that needed attention. These may be social work, or something else. If pre-existing problems are identified, they must also be dealt with - but those problems should be delegated to others who have responsibility for these concerns. In a situation like this, the advocate should rely on the professional staff of the area agency on aging for guidance in referring the non-disaster problems to other persons and agencies who have responsibility in these areas. When this task is accomplished, the advocate can then make better progress in helping with the disaster-related problems.

It is vital that the advocate learn to recognize the difference between these problems which are related to the disaster and those problems which are not. It also is important for the advocate to understand that some clients will attempt to establish dependency relationships, or other kinds of relationships, with the advocate. These would demand more time than the advocate will be able to give. The advocate is responsible for caring for many people in a rather specific way, and must not become overly involved with any single case.

Advocates must work to achieve a reasonable balance between the job of being an advocate and the desire to respond to the needs that some victims will have for friendship. While it is true that warmth and friendliness are characteristics that an advocate should have and use, it is also true that these aspects of personality cannot be exercised as fully as some people would like.

Filling the needs of some victims for the companionship and friendship of individuals - as important as they may be - will prevent the advocate from reaching those victims who have more immediate needs directly related to the disaster.

### **Some General Characteristics**

As we said in the introduction, it is impossible to generalize about older people, just as it is impossible to generalize about younger people. This means that - as we have suggested repeatedly - different people will respond to the same event in different ways. But it also means that not all old people hear poorly, or have any other impairment. Yet it still is useful to know that there are certain *tendencies* that advocates should watch for, so that they may best help disaster victims.

If the advocate has these tendencies clearly in mind, he or she can then compare each victim to this list and see if any of these tendencies apply to this specific victim. If a victim is found to have one or more of these tendencies, then the advocate should be aware that the special efforts must be taken to address these problems so that disaster assistance can more easily be provided.

For ease of discussion we are going to list some of the most common problems in functioning:

- 1. Communications deficits.** The ability to hear and see well tends to decrease with age, and older persons often require a higher level of stimulation for communication. For example, more than half of all men over the age of 65, and a third of all women over 65, have been found by researchers to have some hearing loss. This may make the physical event of a disaster more threatening to the older person, and it may make it harder for the advocate to communicate with the victim.

2. **Learning impairment.** The ability of older persons to learn may be diminished--especially when they are exposed to new information for only a short time. Therefore you should exercise patience when you seek to explain programs or obtain information you need to fill out forms. Some individuals may take more time to understand the meaning and intent of your questions and explanations.
3. **Problem-solving deficiencies.** Research has shown that some older people have difficulty in figuring out ways to solve problems. One result of this is that they often prefer to do things in their usual ways and are reluctant to adopt new ways of doing things. You may get more understanding, and a better response, if you exercise great patience in explaining alternative strategies for solving problems.
4. **Slow memory function.** Older persons may require more time to retrieve and organize information from their memory. You should provide plenty of time for victims to remember as you seek to learn about things that have been lost, or things which may be needed.
5. **Limited formal education.** The generation of Americans now identified as "senior citizens" generally has had less formal education than you have received. The average person over age 65 today may only have completed the 9th or 10th grade. This varies from one state to another, and from one region to another. This is important to understand because you should recognize that the formal education of many victims, as well as their life experience, has not acquainted the victims with the complexity of government responses to social problems. You should not assume that the victims are aware of all available disaster programs. You should be prepared to explain *why* such programs exist, *how* they work, and *what* they may mean to the victim.

6. **Psychological depression.** The most common psychological problem among older persons (especially those over the age of 70 or 75) is depression. The symptoms may be sadness, lack of interest, pessimism, and difficulty in making decisions - all of which may be made worse by the trauma of a disaster. The advocate cannot be solely concerned with repair of physical damage to the victim's property. The advocate should attempt to use whatever resources the victim needs - including aid in overcoming emotional or psychological problems - as well as physical and economic assistance. Depression may come and go, and it may be brought on by a distressing event in life. The repeated visits of the advocate may serve to identify changes over time that would not be observed on a single visit. The advocate must be careful not to impose his or her values on the situation. Things that an outsider may view as trivial concerns may be extremely significant for the older person and may produce emotional distress that will lead to social isolation. This may increase needs for the services of the advocate.
7. **Different values.** The present group of older Americans grew up at a time when the most cherished values in American society were independence and self-reliance. They were teenagers and young adults before Social Security and most of the present public assistance systems were developed. As a result, many members of the aging population have very negative views of these programs because they think their independence and self-reliance will be diminished. Part of the job of the advocate may be to help these people overcome their doubts about the appropriateness of participating in government disaster programs.
8. **Welfare Stigma.** In other disaster situations, it has been found that some older people refuse help from federal programs because they view such assistance as "welfare." Among many people in the United States--and especially older people--being identified as "being on welfare" is very objectionable, and suggests that the person is lazy and not willing to work. For people who value independence and reliance this is a real stigma. As we indicated in the Outreach Module, it is important to convey to disaster victims that the programs you are suggesting to them are not welfare programs. You may need to explain to the victims that the aid they are being offered is nothing more than a return of some of the federal tax dollars they have paid over the years. If this explanation is rejected, you may need to seek help from your supervisor in devising ways to distinguish between disaster assistance programs and so-called "welfare."

## **The Low-Key Approach**

Nothing in this module, or any of the others, should suggest that advocates are expected to force disaster programs on the victims. Nor should any approach be adopted which tends to "push" the victims into any action. Advocates should keep in mind that they are dealing with adults, and not assume that all older persons have lost their ability to think and function.

The clues offered in this module are intended only to help the advocate in overcoming barriers to communication. The advocate should recognize that a hearing deficiency, or the perception of all government assistance as welfare, may be the reason that the victim does not readily accept assistance. If this turns out to be the case, then the advocate is expected to identify this factor, and develop a way to deal with it in a helping fashion.

If at first the advocate finds the victim unwilling to cooperate, it might be well for the advocate to leave a written message about who he or she is, and why the visit was made. The advocate then can withdraw and move on to visit with another victim. After some thought is given to the reluctant victim's case, the advocate may be better prepared to try again to approach him or her in a way that is more understandable to the victim. As indicated before, it may take several visits with the same victim before the advocate earns the required degree of acceptance to help the victim obtain needed aid. It is the repeated demonstration of interest and concern in the victim that is more likely to break down resistance than any "hard-sell" approach.

## **Careful Judgment**

Once the advocate does gain acceptance from the victim, and it is allowed to explain the availability of assistance, the advocate may be asked for advice about what the victim should do. If these questions relate directly to the programs that the advocate is trained to deal with then the advocate should be able to respond rather easily.

But it also is reasonable to expect that once you are accepted in an advice-giving role, the victim may call on you for advice about things which lie beyond your specific competence or outside the scope of your job. When such situations arise, you must keep in mind that no one is an expert on all things. Therefore you should feel no sense of failure if you cannot answer the question that is asked. This is the reason that the aging network is funded to hire experts in a variety of areas to assist elderly persons. The job of the advocate is not to know all the answers, but the advocate is expected to know where to obtain reliable information for victims.

An important service that has been offered in past disasters, through the aging network, has been the service of professional damage appraisers. They have been used to help victims of disasters get full value from their property damage insurance.

In some disasters, attorneys have been hired with public money to provide limited advice to victims.

Other kinds of advice may be obtained from a variety of sources. Some of these are regular public agencies which already exist.

It is the job of the disaster advocate to keep in mind that he or she needs to turn to others for specific, expert advice on many questions.

The advocate, then, should use careful judgment when asked questions by victims. If the advocate does not have real knowledge sufficient to answer the question correctly, then the advocate should explain to the victim that the advice of a specialist is needed, and explain how this may be arranged. Frequently the advocate will need to refer such a question to the supervisor in order to obtain expert assistance.

It **is not** the job of the advocate to be all things to all people. Instead, the advocate is intended to be one who facilitates--one who sees that the proper resources are brought to bear at the proper time.

This is another way of making the point that we made at the beginning of this module: intervening in the lives of other persons is a large responsibility that may have important and long-lasting effects. Thus it is more desirable for the advocate to admit that he or she does not know the answer to a particular question than to give the wrong answer. A good advocate will not merely decline to answer the question, but will indicate to the victim that efforts will be made to obtain the answer from an appropriate source and transmit the information to the victim later. This should be followed up later, so your credibility is maintained.

## **The Full-Service Advocate**

This module has attempted to cover a broad range of issues. It has attempted to help you understand the mental processes that are likely to be encountered in dealing with the victims of disasters, and how to cope with them.

This module has not only outlined some of the problems that you may encounter, and how you may resolve them, but it has attempted to teach you problem-solving.

In brief, the module has undertaken these tasks:

1. *It has explained how important your job is;*
2. *It has described what the effect of a disaster may be on the victims;*
3. *It has identified problems common to older persons;*
4. *It has identified strategies for responding to these common problems; and,*
5. *It has pointed out secondary resources that you may use.*

In short, the module has attempted to give you some real skills as you work to become a helpful, efficient problem-solver.

**Congratulations!** You have completed the Life Intervention Module. You are now ready to turn to the self-assessment quiz. If you are not able to answer all the questions on the Life Intervention self-assessment quiz, you may review the module to find the answers you do not know.

### SELF-ASSESSMENT TEST FOR MODULE III

1. Being the victim of a disaster may have psychological impact; the job of sorting out the meanings of this event may take:
  - a. Very little time
  - b. A great deal of time
  - c. Different amounts of time for different people
  - d. No time for the mentally competent
  
2. Some victims of disasters may feel:
  - a. There is no hope for the future
  - b. There is no use to restore things since another disaster probably will come along any way.
  - c. All of the above
  
3. The disaster advocate may find some elderly victims to be confused. This may be caused by:
  - a. Some condition they had before the disaster
  - b. Problems in understanding what happened in the disaster
  - c. Medications or alcohol
  - d. All of the above
  
4. When the advocate is asked for a personal judgment by a disaster victim, the advocate should:
  - a. Answer those questions about which the advocate has real knowledge
  - b. Seek help with those questions the advocate can't answer
  - c. Suggest other sources for opinions on things not related to the disaster
  - d. All of the above
  
5. All older people hear poorly
  - a. True
  - b. False
  
6. All older people see poorly.
  - a. True
  - b. False

7. There are certain tendencies that may be seen among older people, such as having poor hearing or poor eyesight.
  - a. True
  - b. False
8. All older people are slow to remember things.
  - a. True
  - b. False
9. When people get older, they lose the ability to think and function on their own.
  - a. True
  - b. False
10. The disaster advocate should try to be all things to all people.
  - a. True
  - b. False

### ANSWERS TO SELF-TEST FOR MODULE III

1. Being the victim of a disaster may have psychological impact; the job of sorting out the meanings of this event may take (c.) different amounts of time for different people. Two people very seldom respond in exactly the same way to a situation.
2. Some victims of disasters may feel (d.) all of the above. They may feel there is no hope for the future, that things can never be restored to be like they were, and that there is no use to restore things since another disaster probably will come along any way.
3. The disaster advocate may find some elderly victims to be confused. This may be caused by (d.) all of the above. Some conditions the victims had before the disaster may cause them to be confused, problems in understanding what happened in the disaster may cause problems, and the use of medications or alcohol may contribute to their confusion.
4. When the advocate is asked for a personal judgment by a disaster victim, the advocate should (d.) all of the above. The advocate should answer those questions about which the advocate has real knowledge, seek help with those questions the advocate can't answer, and the advocate should suggest other sources for information on things not related to the disaster.
5. (b.) False. Not all older people hear poorly. It is true that many older people have poor hearing, but each person must be evaluated individually by the advocate.
6. (b.) False. Not all older people see poorly. It is true that many older people have poor vision, but each person must be evaluated individually by the advocate.
7. (a.) True. There are certain tendencies that may be seen among older people, such as having poor hearing or poor eyesight.

8. (b.) False. Some older people are slow to remember things, but not all older people are. Further, some people may remember things from several years ago better than things that happened yesterday.
9. (b.) False. Some older people have a diminished ability to think and function on their own, but this is not true for most older people.
10. (b.) False. The disaster advocate takes a certain set of skills into the job situation; to attempt to go beyond those skills is wrong for the advocate, and may cause future problems for the victims because they have been given poor advice. No one can be all things to all people.

## **MODULE IV - The Central Role of The Advocate**

### **INTRODUCTION**

We have attempted in many ways to illustrate the important role the advocate has to play in the delivery of services to the aging population after a disaster. In this, the final module in this training package, we focus heavily on the key task of advocates - working with other agencies.

As an advocate for the elderly, you are hired as a temporary staff member for the area agency on aging. But your job is to work with all of the agencies which provide assistance to disaster victims - including other agencies of government, and private organizations. The major function of the advocate is to insure that your clients get the maximum assistance to which they are entitled.

It is your job to keep uppermost in your mind your responsibilities to your client. We have outlined ways in which you get people to trust you and ways in which you gain access to quite personal information; but gaining trust and collecting information is helpful only if you can use this trust and information to assist the victims who become your clients.

In this module, we will first outline the characteristics of a good advocate, and then we will discuss your role in working with agencies which can provide assistance to your clients.

Note that we have adopted the term "client" here, and elsewhere in the modules, in the same way that it is used by professional social workers. This is appropriate because you perform many of the same functions that a social worker would if a social worker were put in your job.

## Characteristics of an Advocate

In order to be effective, the advocate must be willing to address each client's needs comprehensively. There are at least five key dimensions of the role of an advocate in management of a case. These dimensions are:

1. *A willingness to serve as a client advocate.* You should not take on the job unless you feel that it is important and a job that you really want to do.
2. *A commitment to help clients receive maximum disaster help.* No one wants you, or the client, to cheat or lie to increase the assistance that a client gets. However, it is your job to help the client get the maximum assistance to which he or she is entitled.
3. *An ability to identify the needs of a client and match available services to the needs.* You often will be required to do considerable digging to understand the full dimensions of a client's needs. This is terribly important. Yet, your work is of no value unless you can help the client express these needs to the appropriate agencies.
4. *An ability to act as a third party who can deal with any agency and whose primary concern is the client.* Each agency responding to disaster needs has its own responsibilities, and its own assistance to provide. In addition, each agency has its own limitations which must guide its staff in assisting victims. The primary job of the advocate **is not** to represent the agency he or she works for. Instead, the advocate is hired to help the victims. The work of the advocate helps carry out the job of the local, state and federal agencies on aging, but the advocate is there to help the victims in the aging population make maximum use of the available resources.
5. *A person who is capable of relating to clients with warmth and concern.* The relationship between the advocate and each victim must be a positive one if the advocate is to get the job done. The advocate must have real concern for the needs of the client. (If a problem arises, talk with your supervisor. As we have suggested before, some cases may best be handled by changing advocates.)

## Exploring the Full-Range

It should be clear that the success of the disaster advocacy program rests on two people - the client and the individual advocate assigned to that person's case.

The victim has the right to refuse participation in disaster assistance programs and that right must be respected by the advocate. However, if the victim elects to participate, then he or she has a responsibility - after the disaster assistance programs have been fully explained - to cooperate with the advocate. The victim has the responsibility to make appearances as needed to fill out forms, sign papers, and otherwise cooperate in the helping programs.

But the major responsibility is focused on the advocate. It is the job of the advocate to make certain that all necessary services are coordinated and are provided to the victim.

This means that **the advocate must not merely respond to client needs on demand, for the client cannot be expected to recognize all possible needs.** Instead, the advocate must take the lead and help the client explore the full range of possible needs. Once the needs are identified, then the advocate must serve as a coordinator to insure that help is forthcoming and is not fragmented and piecemeal. It is the job of the advocate to see that aid is comprehensive in nature, and that all available resources are packaged together.

In the case of damage to a home, the job of coordination might well mean immediate aid to protect the portion of the house and its contents that escaped damage in the disaster. After this emergency aid is arranged and scheduled, then the advocate may need to arrange for an independent appraisal service to visit the home, make a detailed assessment of damage and provide an estimate of repair and replacement costs. The advocate may then need to help the victim contact insurance adjusters and arrange for the maximum possible payments. Since insurance policies often do not cover the total cost of restoring a home after a disaster, the advocate then may need to seek out agencies which provide loans and grants to finish the repairs. Even then the job of the advocate is not done. The advocate must make periodic visits back to the victim to insure that all the agencies which have committed themselves to help are actually providing the aid they promised. Once all the arranged services are completed, the advocate must conduct a reassessment to insure that all identifiable needs have been met. The assessment of whether all needs have been adequately met is not a determination the advocate should make alone, but is one which must be shared with the victim. If the victim still sees needs which have not been met, or new needs have arisen, or needs have not been met adequately then the job may not be complete.

The advocate is expected to be more calm and clear-headed than the victim during this process. The advocate must think ahead and insure that help extends across the full-range of needs, not just the immediate ones. For example, the advocate, dealing with victims of a late spring flood, may be expected to check on possible damage to the victim's air conditioner. But the advocate must check on the future possible needs. In this example, this means the advocate would want to also insure that the victim's furnace - which will not be needed for six months - also is in working order, that the victim's clothing replacement includes winter garments, etc.

### **The Pigeon-Hole Problem**

These broad concerns the advocate is expected to deal with are likely to produce problems in obtaining assistance. But that is why the job of advocate has been created. It has been said that the only thing that fits neatly into pigeon-holes is pigeons. Similarly, the advocate can expect to find problems that do not fit neatly into any single program. Such problems often can be resolved by finding two or three programs which each fill a portion of the needs.

This job of working with a variety of agencies to answer diverse needs is made easier by the establishment of the disaster assistance center. Yet, merely bringing the agencies together may not achieve integration of service delivery. But the advocate can provide the coordination that will allow the services of these agencies to be effective and efficient.

This involves considerable planning on the part of the advocate. Such planning may need to allow for different degrees of intensity at different times, while maintaining the continuous pattern of services that is necessary. By providing a high level of human concern, and skill in mixing and matching programs, the advocate can produce a response of very high quality, which will appropriately meet the needs of the client.

### **The Service Job**

It should be clear by now that the advocate is a provider of services.

The advocate has no ready supply of money, nor any secret formula for solving all problems, but the advocate does have the training and resources (through the area agency on aging) to bridge the gaps between the various agencies.

Part of the training for advocates should include a short visit with each of the agencies represented in the disaster assistance center. These visits should include a briefing by someone at each agency who is familiar with the help offered by that agency. (If such a visit with all agencies is not offered to you, be sure to ask for it, because it is important.)

While visiting each of the agencies, you should ask for copies of the forms that they will expect victims of the disaster to fill out. Try to familiarize yourself with each of these forms. This will be important to you when you are attempting to help a client apply for aid.

The tour of other agencies also should let you see special services you may want to provide for an elderly person seeking help. Is there a special desk set up for older victims of the disaster? Are any of the agencies willing to let you set up appointments for your clients so that they do not have to wait in line? Can the form filled out for one agency also be used for another agency?

If you can gain this kind of understanding, you are in a better position to find ways to help your clients. For example, if they are expected to stand in line and wait their turn, you may want to provide chairs for those who have been injured, or who have trouble walking. It is the little things like this that can make life after the disaster a bit easier for your clients.

Transportation may be a major problem for your clients. One of your jobs may be to drive them to and from the assistance center. Providing this transportation not only fills an urgent need, but it is very helpful in demonstrating to your clients - and to other agencies - that you are concerned with all the needs of your client.

### **Alphabet Soup**

You will notice rather quickly that the people who work for disaster relief agencies and other agencies, often use shorthand names for their agencies. To help you better understand the conversations around you, we offer the following list as a starting place.

First, we give you the name of the agency or program, and then indicate the shorthand reference:

Area Agency on Aging--*Triple A (or AAA)*  
Housing and Urban Development--*HUD (pronounced like one word)*  
American National Red Cross--*Called simply "the Red Cross," or sometimes "The Red-X"*  
Mennonite Disaster Service--*The Mennonites*  
Internal Revenue Service--*I.R.S. (say each letter separately)*  
Federal Emergency Management Administration--*FEMA (pronounced FEE-mah)*  
Emergency Food Stamp Program--*Food Stamps*  
Small Business Administration--*S.B.A. (say each letter separately)*

### **Special Services**

Other special services may be available to help victims of a disaster. For example, the area agency on aging may establish legal services or damage appraisal services.

Other government agencies may be involved. For example, the U.S. Department of Agriculture may be involved if there is extensive flooding to farm land, or the National Guard may be called in to help prevent looting.

Therefore no single list of services will cover all disasters. Your agency should have on hand a book which deals with disaster planning and implementation which will give you basic information on what services each agency offers in the disaster center from which you are operating. This information, combined with your visit to each agency, should prepare you to start work.

### **Going into the Field**

Starting any new job tends to make people a little bit nervous, and your new job will probably be no different. You are trying something you may have never thought about before; you are working with an agency which may be new to you; and you are expected to go out and locate strangers to work with.

But don't be afraid!

Disasters, by their very nature, cause a great deal of confusion. But they can be dealt with almost like any other job.

Start out slowly. Find one client, fill out the necessary forms, and try to understand that case very well. Put forth your best effort to help that client.

When you think you have done your best for that client on your first contact, locate another client and start all over again.

Very soon, perhaps by the time you have worked with only three or four clients, you will begin to find you understand the system better, and you will begin to feel that you really are helping people. By the time you have worked with about a dozen clients, you should begin to feel that you are pretty calm about the whole process.

As you gain more experience, and more information about the help that is available to victims, you may come to think that you overlooked some avenues of possible help with your earlier clients. If that is so, go back to the ones you think may be able to qualify for additional assistance, and help them apply for the new kinds of aid you have discovered.

When you begin to find ways to improve your own work, you really are learning to be a good advocate.

Keep this manual around for future reference. In addition, you may want to read it again from time-to-time just to be sure you are making maximum use of it.

## **Conclusion**

This training program has covered a broad range of materials intended to help you become a good disaster advocate as quickly as possible.

The training has been broken into segments so that you may learn a piece at a time, at your own pace.

After each section, you have taken an examination and demonstrated that you have learned at least some of the information that you need.

But the training is not over. Your instructor or your job supervisor will continue to work with you all through the disaster as special problems come up.

Don't be afraid to ask questions.

You will get along far better if you ask questions than if you try to bluff your way through by pretending you know everything. Remember, **no one knows everything.**

You can't wait until you have all of your questions answered before you start work.

Just keep in mind that you already know a great deal more than most of your clients will, so you really are qualified to begin helping people right now.

### **On Being Human**

We only have one final point to make to you: *Be human at all times.*

We have talked about clients, cases and victims. We have referred to you as an advocate.

But keep in mind that you are an individual human being. And each of the victims you work with is an individual human being. Don't let your file folders become more important than the people for whom they were created--people who need to laugh and cry, people who need help in a time of tremendous strain.

Do not let yourself become cold and uncaring. Look at each government rule and each program requirement in terms of what it means to real people.

Don't approach your job as an advocate dealing with a victim, instead, work as one person helping another person solve a problem. Then you will be a really good advocate.

**Congratulations.** You have completed the last module in this training package. You are now ready to turn to the self-assessment quiz. If you are not able to answer all the questions on this module in the quiz, you may review the module to find the answers you don't know.

## SELF-ASSESSMENT TEST FOR MODULE IV

1. The major responsibility of the disaster advocate is to:
  - a. The agency which hires the advocate
  - b. The disaster service center
  - c. The victims the advocate works with
  - d. None of the above
  
2. The major responsibility for the success of disaster advocacy work rests primarily with:
  - a. The advocate
  - b. The client
  - c. The area agency on aging
  - d. None of the above
  
3. The disaster victim should be responsible for:
  - a. Knowing what help is needed
  - b. Knowing what damage has been done
  - c. Knowing which programs can help
  - d. Helping the advocate understand the full range of need
  
4. A disaster advocate is expected to deal with:
  - a. Immediate needs
  - b. Possible future needs
  - c. A combination of present and future needs
  - d. None of the above
  
5. The disaster advocate can expect his or her work to:
  - a. Vary in degrees of intensity
  - b. Always be very intense and stressful
  - c. Usually be quite easy
  - d. None of the above
  
6. The major tool of the advocate is:
  - a. A ready supply of money
  - b. A secret formula for solving all problems
  - c. (Training) and some resources that can help
  - d. one of the above

7. The name "Area Agency on Aging" is usually shortened to "Triple A," or \_ \_ \_.
8. The major responsibility for arranging disaster assistance falls on the Federal Emergency Management Administration, abbreviated as \_ \_ \_ \_.
9. The disaster advocate should try to:
  - a. Take on as many cases as possible the first day of work
  - b. Avoid any work and take things easy the first day of work
  - c. Start out slowly and work carefully
  - d. None of the above
10. The disaster advocate should try to be:
  - a. Very official acting
  - b. Very casual acting
  - c. Very human in working with clients
  - d. None of the above

## **ANSWERS TO THE SELF ASSESSMENT TEST FOR MODULE IV**

1. The major responsibility of the disaster advocate is to (c.) the victims the advocate works with.
2. The major responsibility for the success of disaster advocacy work lies primarily with (a.) the advocate.
3. The disaster victim should be responsible for (d.) helping the advocate understand the full range of needs.
4. A disaster advocate is expected to deal with (c.) a combination of present and future needs.
5. The disaster advocate can expect his or her work to (a.) vary in degrees of intensity.
6. The major tool of the advocate is (c.) training and some resources that can help.
7. The name "Area Agency on Aging is usually shortened to "Triple A" or AAA.
8. The major responsibility for arranging disaster assistance falls on the Federal Emergency Management Administration, abbreviated as FEMA.
9. The disaster advocate should try to (c.) start out slowly and work carefully.
10. The disaster advocate should try to be (c.) very human in working with clients.

## **XI. Preventing Abuse and Exploitation of Seniors After a Disaster**

*When we talk about exploitation of elderly, we think of the traveling con artist that comes through after a disaster and takes all of poor Mr. Jones' money. However, Mr. Jones may be just as much at risk from his own local contractor. At the recovery phase of a disaster, local contractors can over extend themselves to the point of not getting all of the local needs met. Clients should be careful about giving money to local persons without having a signed contract and a date the work will be started and completed. For more information the client should be encouraged to call their attorney general's office to find out what they should know to protect themselves.*

Contributed by Liz Smith, District III AAA, Salisbury, MO.

*(The Following article is by Bet Tzedek Legal Services, Los Angeles)*

Seniors can be particularly susceptible to abuse or exploitation in the aftermath of a large-scale disaster. Numerous factors, including immobility, isolation, anxiety and, importantly, the perception by potential abusers that seniors are particularly vulnerable, contribute to the possibility that seniors will be abused or exploited. The purpose of this section is to discuss ways in which the Area Agencies on Aging can coordinate with government agencies and local legal services programs to help prevent seniors from being victimized in the wake of disasters.

### **I. Problems to be Addressed**

As with their younger neighbors, seniors may have basic needs for food, water or shelter after disasters. They may need to make repairs to their homes. They may be traumatized and anxiety-ridden.

Seniors may be more susceptible than others, however, to abuse or exploitation, for the reasons cited above. In particular, seniors are likely to confront the following post-disaster problems, among others:

1. Home improvement fraud;
2. Insurance fraud and inadequate service;
3. Exploitation by landlords;
4. Exploitation by commercial vendors of necessities;
5. Exploitation by individuals purporting to be related to FEMA or similar authorities, representing either that they can expedite delivery of relief for a fee, or that certain home repairs are required by law;
6. Inability to obtain appropriate emergency relief in a timely manner; and,
7. Inability to find suitable replacement housing.

## **II. Abuse and Exploitation Prevention Program**

Preventing these problems from becoming pervasive requires advance planning and coordination among local Area Agencies on Aging, local, state and federal emergency response personnel, AAA service providers, and law enforcement, among others. When disasters occur, a senior abuse and exploitation prevention program should already be in place, and be implemented immediately.

## **Steps to Take Now:**

### **A. Develop a senior-friendly disaster relief plan.**

A major deterrent to senior abuse and exploitation is a disaster relief program which responds in a timely and effective way to seniors' immediate needs. Local Area Agencies on Aging throughout the country should work with federal aging officials, FEMA and SBA officials now to develop local emergency relief plans that are sensitive to seniors' needs.

These plans might include:

1. Determining how basic services, nutrition in particular, will be delivered after a disaster;
2. Using senior centers as disaster application centers;
3. Creating mobile interdisciplinary teams to travel to homebound seniors;
4. Establishing free shuttle service to and from disaster relief centers;
5. Designating AAA staff members to monitor emergency relief delivery at disaster application and service centers;
6. Appointing AAA staff to provide specialized senior citizen assistance, including expediting emergency relief for seniors, at disaster assistance centers used by the general public; and
7. Planning for an "800" emergency relief hotline to be established for seniors as soon as possible after a disaster. Callers would be directed to appropriate agencies for further assistance.

If past disasters are any guide, as important as the substance of these plans are two additional elements: a clear understanding of which entity is primarily responsible for responding to seniors, and positive working relationships among staff members at relevant agencies. Thus, AAA staff should establish basic relationships with FEMA and other emergency relief agencies now. For example, in each community an AAA staff member should be assigned to act as a liaison to FEMA in the event of an emergency.

**B. Develop post-disaster community education strategy**

Post-disaster community education is essential to preventing wide-scale abuse and exploitation. AAAs, local legal service providers and FEMA officials should plan jointly to perform presentations including discussions of home improvement fraud prevention, insurance, landlord/tenant, FEMA and SBA related issues.

In addition, FEMA supervisors should be trained to identify potential senior abuse, including home improvement fraud, and apprised of appropriate legal services referrals for victims.

**Steps to Take Immediately Following a Disaster:**

**A. *Implement senior-friendly disaster relief plan***

With the pre-designated agency taking the lead, the senior-friendly disaster relief plan should immediately be implemented.

**B. *Monitor provision of emergency relief at disaster relief centers, to identify deficiencies and recommend changes.***

Local legal services program staff and AAA officials could perform this important role.

**C. *Organize and implement extensive community education campaign.***

The plan discussed above should be implemented at locations convenient for seniors, at times during which they are likely to attend. Written materials should immediately be disseminated to locations frequented by seniors, and to homebound participants in senior citizens' networks.

**D. *Mobilize legal services program home improvement fraud efforts.***

AAAs should immediately contact local legal services providers, to assure they are capable of responding to direct legal services needs of senior clients.

**E. *Assure general legal services are available.***

Local legal services programs, bar associations and law enforcement agencies, including district attorneys and city attorneys, should make services available through disaster assistance centers, and at other sites accessible to seniors. Home visits should also occur as needed.

## **XII. Special Disaster Insights**

### **A. CIVIL DISORDERS**

#### **I. Description**

A civil disorder can be described as an open, armed display of defiance or resistance to an established institution, which is usually some form of government. Activities may be planned or unplanned, are usually sporadic in nature, and result in injuries, death, property damage and destruction. The geographic location of the disorder may be large in area, but can usually be isolated. Damage and destruction is usually targeted to public institutions and commercial business districts, however, damage and destruction has been know to occur in residential property districts.

Civil disorders usually occur as the result of some feeling of injustice that has occurred in relation to a social issue, e.g., war protests in the 1960's and 70's on university campuses, racial protests in the 1960's in urban areas, student protest in China in the early 1990's, reaction to police brutality in 1992, etc.

#### **II. Disaster Preparedness**

##### **A. Purpose**

To end the disorder and maintain basic infrastructure services to the affected community(ies).

##### **B. Emergency Operations Board/Emergency Preparedness Committee**

###### **1. Suggested composition/responsibilities -**

###### **a. Local representatives should include the following:**

- (1) Mayor/Manager/Board of Supervisor or administrator of affected community(ies) - to provide coordination of government relief efforts at the local level.**

- (2) Public safety (police, fire) - to maintain order, reduce injuries, death and property destruction.
- (3) Utilities (gas, water, electricity) - to provide utility service to the community when possible.
- (4) Essential infrastructure services (public works/building engineers and inspectors) - to provide status regarding the use of government owned buildings, particularly those necessary to provide essential services.
- (5) Public schools, parks department - to provide status regarding use of buildings for provision of disaster relief services to victims.
- (6) Public transportation - to provide status of service to affected and unaffected communities and/or portions thereof.
- (7) Health care providers (e.g., large hospitals, trauma centers or representative of the local hospital council to coordinate services) - to treat injured.
- (8) Area Agency on Aging (AAA) - to coordinate disaster relief efforts for affected elderly.
- (9) Coordinator of volunteer services to be provided by local non essential government employees.
- (10) Disaster relief organizations (e.g., Red Cross, Salvation Army, Volunteers of America) - to coordinate and provide relief of basic needs (e.g., food, shelter, clothing to victims).

- (11) Other representatives should include the following (will only be available after the disorder begins):
  - (a) Federal Emergency Management Agency (FEMA) staff - to provide status of federal assistance during the civil disorder.
  - (b) State level emergency preparedness personnel - to provide status of state assistance during the civil disorder.

2. Meetings

a. During the Disaster -

(1) May begin hourly for status reports and taper as the situation is controlled.

b. Pre/post disaster -

(2) Minimum quarterly for update on related technology, reporting systems, etc.

3. Equipment (recommended):

a. Cellular (preferred) or car phones - telephone lines may not be functional.

b. Telephone/addresses of all emergency operations board/emergency preparedness committee members (preferably on a personal electronic organizer with hard copy back up. This should be maintained in a secured manner, so as not to be subject to unauthorized access, environment - dampness, etc.)

(1) Board/committee members should also maintain this information on all service providers and other critical contacts necessary to coordinate disaster relief.

c. Directories of programs that are administered by board/committee members should be provided to all board/committee members for coordination of service in and to affected areas.

d. Transportation

(1) Transportation needs to be made available to all committee members during the disorder to facilitate planning and service provision if use/access to personal vehicles is not possible.

4. Education

a. Emergency Operations Board/Emergency Preparedness Committee.

(1) Regularly scheduled training efforts (at least biannual).

(a) Target audience

(i) Local government employees.

(ii) General community.

(b) Methods/minimum frequency

(i) Mock preparedness days/annually.

(ii) Disaster preparedness fairs/annually.

(iii) Printed material (may need to be translated into different languages) biannually.

### **III. Disaster Relief Efforts -**

#### **Short range (1-2 days)**

##### A. Needs

1. Should focus on critical needs of shelter, clothing, food with consideration for safety of providers and recipients (police/national guard escort may be necessary to provide services or to remove residents from affected areas).
2. AAA Response
  - a. Determine affected community(ies) service areas, providers, and senior residents.
    - (1) Contact network of providers of care and services for the elderly.
    - (2) Current service providers (emergency telephone and address contacts must be maintained for all providers) may include: Critical subcontractors, e.g., caterers; Telephone and address list of all homebound program participants (IIIB, IIIC2 & IIID) which should be updated regularly and maintained at AAA:
      - i) Senior housing facilities.
      - ii) Mobile homes.
      - iii) Residential care facilities for the elderly, e.g., board & care homes.
      - iv) Skilled nursing facility(ies)

B. Service Provision

1. Providers

- a. Should focus on local mobilization of service providers, e.g., Red Cross, Salvation Army.

2. Location

- a. Shelters

3. AAA Response

- a. Facilitate use of available and accessible focal points/senior multipurpose centers (MPCs) as service locations in unaffected areas.

4. Long range (3 days - end of disturbance)

- a. Needs

Information and referral as it pertains to temporary housing placement, food, transportation (particularly access to needs), income, telephone reassurance

- b. Service Provision

(1) Providers

(a) Federal and state government - FEMA, Department of Social Services (DPSS).

- (b) In addition to established disaster relief agencies (e.g., Red Cross, Salvation Army), mobilization of community based/private providers of services activated solely to assist relief efforts during this emergency (e.g., taxis, churches, restaurants, caterers, etc.).

- (i) Facilitate use and/or coordination of community focal points/MPCs as sources of information, referral and reassurance.

(2) Location

- (a) Disaster Assistance Centers (DACs).

- (b) AAA Effort

- (i) Facilitate use and/or coordination of community focal points/MPCs as DACs for affected elderly residents.

#### **IV. Disaster Recovery Efforts**

A. Needs

- 1. Information and referrals as it pertains to housing replacement, replacement of personal possessions, business replacement, long term employment (or permanent income source).

B. Service Providers

- 1. Housing Placement/Replacement -

- (a) FEMA
- (b) HUD
- (c) SBA

2. Replacement of Personal Possessions -
  - (a) FEMA
  - (b) SBA
3. Employment -
  - (a) EDD (Information and Referral)
  - (b) AAA (Title V, NCOA)
  - (c) FEMA (under certain circumstances)
4. Business Replacement
  - (a) SBA

## **B. HEAT WAVE**

### **- PART ONE -**

#### **STATE UNIT**

##### **I. Assessing Capacity to Respond:**

- A. Consider the capabilities of the Aging Network.
- B. Consider conjunctions with other state and volunteer agencies.
- C. Consider available statewide and local resources.
- D. Consider plans for dissemination of information to other organizations which will be collecting data and doing needs assessment.

##### **II. Coordination Efforts:**

- A. Establish linkages regarding information and services with the following:
  - 1. State Disaster Management Agency
    - a. Request assistance toward maximizing the SUA's efforts, avoiding service duplication, and adjusting to gap-filling measures, as required.
  - 2. Division of Family Services/Public Assistance
    - a. Contact agencies providing direct care services, requesting that they agree to:
      - (1) Provide listings or indications of available assistance.

- (2) Distribute information to clients or participants.
- (3) Collect data re: the well-being of their clients or participants.
- b. Contact agencies providing income maintenance requesting that they agree to:
  - (1) Provide information to clients/participants.
  - (2) Collect data regarding the well-being of their clients/participants.
- c. State agency responsible for licensure of nursing and boarding homes.
  - (1) Contact and request an agreement regarding the formation of medical team to accompany social services personnel on visits to problem nursing and boarding homes.

**NOTE: This area is critical and should not be overlooked. Documentation by medical staff must be maintained should legal action be taken against the state.**

d. Health Department

- (1) Contact and request the monitoring of statistics reflecting heat wave victims and establish a mechanism for reporting or sharing data with the State Unit on Aging.
- (2) Request an agreement to provide a two-tier surveillance of heat-related illnesses and subsequent reports.

e. Mental Health

(1) Request an agreement which includes using Mental Health facilities for alternate housing.

(2) Request an agreement which includes using Mental Health expertise to provide training toward reducing traumas caused by crisis intervention.

f. State Education Authorities

(1) Request an agreement to include using educational facilities for alternate housing.

(2) Request an agreement to use extension offices to assist in outreach efforts.

g. Weather Bureau

(1) Provide daily forecasting and weather trends.

(2) Provide daily reports on both a statewide basis or area basis for distribution to AAA's.

h. Private/Volunteer Agencies

(1) American Red Cross:

(a) Request an agreement for emergency services.

(b) Request an agreement for cooling stations.

(c) Request an agreement for transportation.

(2) Salvation Army: Emergency services: Older Adults Summer Emergency Services (OASES) (This acronym reflects facilities utilized commonly referred to as heat shelters, cooling shelters, comfort stations, etc.).

(3) Utility Companies.

(4) Request an agreement to accept deferment or time on utility bill payments for elderly.

(5) Request an agreement to promise no "cut-offs" without notification.

### **III. Develop Financial Resources**

- A. State funds: May require emergency appropriations.
- B. Federal funds: Available in a nationally declared disaster. Governor must initiate the request.
- C. Older American Act funds.
- D. Title XX Block Grant funds.
- E. Private sources.

### **IV. Compile a Standard Operational Procedure, Outlining Response Process When a Pending Heat Wave is Reported.**

- A. Define duties and responsibilities.
- B. Determine alerting procedures for both working and non-working hours.
- C. Determine policies for personnel and allowable expenses.
- D. Determine procedure which allows for timely area plan revisions and approval to assure continuity in service delivery.

**V. Complete an Assessment to Target Vulnerable Elderly and Higher Risk Areas.**

- A. Urban areas.
- B. Begin collection of weather information, on a daily basis, starting two to three weeks prior to State's usual onslaught of hot weather.

**VI. Establish a Communication System.**

- A. Develop a hotline.
  - 1. Utilize a statewide hotline, if possible.
  - 2. Coordinate statewide hotline with community hotlines.
  - 3. Assure that trained personnel man the hotline.
- B. Develop a system for the provision of public information.

**VII. Advocate and Participate in an Inter-Agency Coordination Team.**

- A. Provide available materials on aging relief plans to other team participants.
- B. Assist in the provision of support functions for the team's efforts.
- C. Assist in the assurance that the team's findings result in appropriate actions or response.

**VIII. Systematize a Methodology for Monitoring Activities.**

- A. Accumulate information and/or listings which indicate vulnerable and high risk areas.
- B. Consolidate information and prepare so that it is easily accessible and translatable.
- C. Design and produce monitoring tools.

**IX. Organize daily briefing for Governor's staff or designee.**

**X. Conduct staff orientation and training.**

**- PART TWO -**

**AREA AGENCY ON AGING PRE-PLANNING SPECIFIC TO HEAT WAVE**

**I. Assessing Capacity to Respond.**

- A. Identify agency resources including facilities, staff, volunteers and equipment. For example:
  - 1. List nutrition sites and Senior Centers identifying A/C or not.
  - 2. List of Nutrition and Senior Centers should identify capability for 24-hour opening or not.
- B. Contact appropriate agencies to identify their capacity for response.
- C. Consider the roles of various relief agencies and organizations in the AAA service area.
- D. Subdivide area served into workable quadrants for planning and response purposes, if necessary.
- E. Identify hospitals and nursing homes in the AAA service area and determine which will be resources or problems.
- F. Plan dissemination of heatwave information to individuals and other agencies.
- G. Establish means for adjusting budgets to meet the identified needs.

**II. Coordination Efforts:**

- A. Investigate available heat wave assistance and identify gaps which exist. Identify, as well as possible, resources which should be available and which will be available.

- B. Request inclusion in area heat wave assistance planning efforts and, if none exist, help initiate development efforts.
- C. Inform agencies involved in heat wave assistance what services and data the AAA can provide.
- D. Provide an inventory of community resources for the elderly (especially information developed by Information and Referral) for input into community systems.
- E. Develop flyers and brochures for distribution to the elderly.
- F. View this planning process as an opportunity to educate emergency organizations to the special needs of the elderly.
- G. Establish a working relationship and where appropriate written agreements with area organizations.
- H. Identify data needed from other agencies - such as hospitals, health services, ambulance services - when gathering victim information. Working agreements would be helpful.

**NOTE:** Many agencies do not list age of victim, only the need.

- (1) Contact emergency medical services, particularly ambulance drivers, and ask that they alert the area agency regarding repeat service requests for a particular area (i.e., nursing homes; boarding homes; specific locales).
- (2) Request from hospital; contracts an agreement that they will notify the area agency regarding increased admissions and/or deaths, identifying particular residency patterns (i.e., nursing homes; boarding homes; specific locales).

**III. Compile a Standard Operational Procedure, Outlining Response Process When a Pending Heat Wave is Reported.**

- A. Define duties and responsibilities.

**NOTE:** Assure availability of adequate support staff to respond to a 24-hour crisis. Heat crisis occurs during peak vacation periods. Prepare listing of contractors which would include home addresses and home phone numbers.

- B. Determine personnel procedures for both working and non-working hours.
- C. Determine appropriate training for AAA staff.
- D. Locate heat centers and alternatives in geographic area. This would include hospitals, nursing homes, housing projects and other possible housing.
- E. Determine policies for personnel and allowable expenses.
- F. Determine procedures for obligations/responsibility regarding non-presidentially declared disaster (or before the presidential disaster is declared).
- G. Watch for time lags which create unnecessary new problems for the elderly. Services should be immediately available.
- H. Develop responsible fiscal mechanism.
- I. Anticipate the need to revise Area Plan to reflect heat-crisis expenditures.
- J. Develop fiscal reporting system for heat-crisis expenditures reflecting standard audit tracking procedures and documentation.

**IV. Complete an Agreement to Identify Priority Target Areas Most Likely to Suffer the Effects of a Heat Wave.**

- A. Compile the latest census information on the number of seniors (by county or track or block group).
- B. Design a map that pinpoints heavy concentration of elderly people. Plot with a separate symbol the location of nursing homes, etc., in a census tract. This is a critical component. Consideration should be given to color-coding nursing homes indicating whether air-conditioned or not (e.g., air-conditioned, blue; no air-conditioning but one-story, yellow; and no air-conditioning and 2+ stories, red).
- C. Identify concentrations of the following:
  - 1. Low income.
  - 2. Minority.
  - 3. Ethnic groups, especially those who do not speak English and would need an interpreter.
  - 4. Apartment complexes.
  - 5. High-rise apartments.
  - 6. Residency hotels.
- D. Compile socio-economic characteristics of the seniors; class differences may point out different needs.
- E. Utilize the "grapevine technique" in assessing and monitoring.
  - 1. Contact individuals who know the community and the elderly residents.
  - 2. Contact door-to-door mailmen.

3. Contact grocery markets with home delivery.
  4. Contact church groups that visit "shut-ins."
  5. Contact desk clerks of single occupancy hotels.
  6. Contact law enforcement people.
- F. Compile lists from social service providers. Most victims were already being served by one or more agencies. For example:
1. Telephone assurance.
  2. Home-delivered meals programs.
  3. Information and referral requests.
  4. Social services recipients.
  5. Ombudsman program.

**V. Establish a Communications System.**

- A. Assure that problems are averted by establishing and maintaining maximum communications. Remember that many problems can be solved if others know precisely what problems exist.
1. Provide horizontal communication within affected community.
  2. Provide vertical communication within agency structures.
- B. Promote education.
1. Public - Should include "what-to-do" material--first aid information, watch out for your neighbor.
  2. Staff - Should be oriented regarding the special needs of older persons, the plan, and responsibilities.

3. Agencies - Should be informed of AAA resources and capacity-consciousness.
  4. Local government - Should be informed about older persons' needs and the increased vulnerability.
- C. Provide public information including media and brochures.
1. Pre-education awareness - Prior to heat crisis provide information about potentially available services, particularly cool shelters and possible utility relief.
  2. Alert and survival tips - Published and ready for distribution.
    - a. Inform public about increased danger of spoilage.
    - b. Encourage elderly to operate cooling devices despite effect on utility bills.

**VI. Design Method for Weather Tracking, Weather Alert and Weather Triggering Mechanism.**

**VII. Establish System for Local Hot Line Facilities to be Used and Coordinate with the State.**

- A. Identify one phone number to be used in community.
- B. Select an existing number perhaps one tied to I & R and Outreach line.
- C. Assure 24-hour capacity.
- D. Develop capacity to coordinate needs requests with state-wide hotline.
- E. Develop follow-up reporting mechanism to assure immediate resolution of problems.

### **VIII. Plan for the Needed Response Services.**

- A. Outreach services to canvass high risk target areas (advisable to use outreach staff of agencies experienced in dealing with the aged).
  - B. Housing alternatives - Potential relocations for persons from nursing homes, boarding homes, hospitals, and individual residences.
    - 1. "Cooling centers."
    - 2. Churches
    - 3. Educational facilities dormitories.
    - 4. Individual homes.
    - 5. City buildings.
    - 6. Mental Health facilities.
  - C. Energy assistance and cooling devices - These may be purchased on a state-wide basis and loaned to elderly.
    - 1. Pre-plan for the availability of fans/air conditioning and need criteria.
    - 2. Assist elderly in applying for energy assistance as available, i.e., utility bills relief.
- NOTE:** Prior to installation of cooling units in older homes or facilities, wiring should be checked for capacity and life safety.
- D. Plan for each agency to build-up or extend their own services. Demand may significantly increase during the emergency.
    - 1. Senior Centers.

2. Congregate meals.
3. Home delivered meals.
4. Transportation.
5. Friendly visitor.
6. Telephone reassurance.
7. Home health.
8. Shopping assistance.
9. Chore services/handyman services.
10. Weatherization.
11. Legal Assistance.
12. Escort for relocation.

**IX. Development of the Inter-Agency Coordination Team.**

- A. Consider the local community (county) design which has already identified the key actor for disaster response. This agency or governmental unit should have been identified as a resource.
- B. Call a planning meeting of the resource agencies to outline their resources and responsibilities in a heat wave response. The roles and responsible parties of these agencies must be identified.
- C. Develop necessary interagency agreements.
- D. Develop the coordination team which will be responsible for implementing and managing the heat wave response.

**X. Monitoring a Potential Heat Wave.**

- A. Monitor local weather patterns to forecast potential heat wave to the local coordination team, and report to the State Unit on Aging.
- B. Development of triggering mechanism for response stages.
  - 1. Agree on a triggering point by Interagency Coordination Team. If possible, one mechanism should be determined for the state.
  - 2. Assure that triggering point criteria is defensible as "disaster level," if different triggering mechanism is determined.

**XI. Plan Daily Debriefing for Coordination Team.**

- A. Meet daily to assess the day's activities.
- B. Develop media releases.
- C. Organize following day's activities.
- D. Maintain and distribute notes regarding decisions, future actions, etc.
- E. Distribute necessary updates and information to other agencies, governmental units, and organizations.

**XII. Provide Training--All Persons, Including Volunteers, Who May be Working with the Disaster Relief Effort Should Receive a Formalized Training Program.**

- A. Provide information regarding the effects of heat on the elderly.
- B. Suggest methods of communicating with the impaired or distressed elderly.

- C. Disseminate Aging's plan for disaster response and resource listings.
- D. Teach methods of recognizing heat-related symptoms.
- E. Teach proper reporting and tracking mechanisms.

## C. TORNADOES

### I. Description:

*A tornado can be defined as a violently rotating column of air extending from the base of a thunderstorm to the ground. Tornadoes usually develop from strong thunderstorms. A tornado often takes the shape of a funnel but it can also appear as a twisting rope. Its color can vary from grayish white to black.*

*Tornadoes may occur any place in the United States at any time of the year. However, they happen most frequently in the midwestern, southern and central states during the months of March through September. They frequently occur between 3 and 7 p.m. but have occurred at all hours. They tend to move from a westerly direction, usually from the southwest. The path of a tornado is anywhere from 10 to 40 miles long. The average width is about 400 yards but some have been as much as mile wide. They travel about 25 to 40 miles an hour with wind speeds as high as 300 miles per hour within the tornado. Tornadoes vary in intensity and destructive power as the following chart shows.*

<b>Weak Tornadoes</b>	<b>Strong Tornadoes</b>	<b>Violent Tornadoes</b>
69% of all tornadoes	29% of all tornadoes	Only 2% of all tornadoes
Less than 5% of tornado deaths	Nearly 30% of all tornado deaths	70% of all tornado deaths
Lasts 1-10+ minutes	May last 20 minutes or longer	Lifetime of tornado can exceed 1 hour
Winds less than 110 mph	Winds 110-205 mph	Winds greater than 205 mph

## II. Preparedness Measures:

### A. Purpose:

To insure when or if a tornado should occur that adequate and timely emergency response measures are in place to address needs of older adults affected by the tornado.

### B. Structures to be in place:

#### 1. Emergency response/preparedness committee:

Many communities have standing emergency response or preparedness committees. If you are not already a part of one of those committees, you should take steps to get involved. Typically these committees are composed of officials of the local government and other essential infrastructure systems, various emergency response organizations, utilities, school officials, health care and social service agencies, and disaster relief organizations. These committees are generally responsible for insuring a coordinated response to the disaster situation. Area Agencies on Aging (AAAs) must be involved to guarantee that issues related to aging and older adults are adequately addressed in all pre-disaster planning. Some communities may not have standing emergency response committees. In those situations, AAAs can advocate for their creation.

#### 2. AAA Emergency Response Committee:

Area Agencies should also consider developing a special version of the emergency response committee. This committee, however, will be specifically focused on the aging network in your area. The purpose of this committee is to prepare the network so that it is ready to respond should a tornado strike. AAAs should take the lead in the creation and ongoing development of this committee.

C. Pre-Need Operations:

1. Emergency response/preparedness committee:
  - a. Insure that community emergency response committee is aware of the AAA and the services it is prepared to offer older adults if a tornado should strike.
  - b. AAA staff could prepare fact sheets about how older persons respond during time of emergency (i.e. the need for outreach as opposed to waiting for them to go to a Disaster Assistance Center) and distribute (or present) them to members of the community wide emergency response committee.
2. AAA emergency response committee: to insure the success of this committee, the following pre-disaster operations are recommended:
  - a. Appoint one staff person and one back-up staff person to serve as designated disaster response coordinator for your AAA.
  - b. Contact all key providers and players (i.e. senior centers, nursing homes, etc.) in your local aging network and request they designate one person and one back-up person to serve on the committee. It's probably a good idea to develop a document that spells out, in advance, mutually agreed upon duties and responsibilities. Don't wait until the tornado has come and gone to decide who will do what.
  - c. Develop an emergency phone tree list which can be used to mobilize the committee and the aging service network should a tornado strike your area. Verify and update this list twice a year.

- d. If at all possible convene the committee a month or two prior to the "official" start of tornado season (usually March through September). This would also be a good time to test your emergency phone tree.
- e. Insure that all appropriate AAA staff (i.e. case management and information and assistance staff) receiving training on disaster response and recovery as it pertains to elderly and the impact of events like tornadoes. You should invite providers and other key players from your aging network. In some case and for certain providers (i.e. senior centers), AAAs might incorporate into their contracts with such providers the requirement to receive disaster response training.

D. Material & Equipment Needs:

- 1. Cellular or mobile phones - tornadoes have a nasty habit of demolishing telephone and utility poles.
- 2. Copies of emergency phone trees for both community-wide and aging services committee.
- 3. Hard copy printout of persons served by your AAA. Given that tornadoes are basically seasonal (i.e. more probable from March through September), it's a good idea to obtain a current listing (i.e. name, address, phone, etc.) of all clients around the end of February. The disaster contact person for your AAA should keep this listing in a safe place. If your AAA loses electricity or is hit by the tornado you will have a current listing of your clients from which to work. This can save valuable time when time is what you will need most after the tornado has struck.

## **D. EARTHQUAKE**

### **I. Description**

An earthquake is defined as a vibration, which can sometimes occur as a violent movement of the earth, that follows an energy release in the Earth's crust. It occurs when the earth's "plates" (which are massive, irregular pieces of the outer layer of the earth's crust) which are constantly moving, grind and scrape against one another.

Earthquakes can occur virtually anywhere. Although they cannot be prevented, damage, destruction and loss of life can be reduced with sufficient preparation.

Earthquakes are commonly measured by the Richter magnitude scale, which measures the size of earthquakes. On the Richter measurement, the size, or magnitude of an earthquake, is usually expressed in whole numbers and decimal fractions. Each whole number increase in magnitude represents a release of about 31 times more energy than the preceding whole number value, or a tenfold increase in amplitude.

Generally, earthquakes that measure 2.0 or less on the richter scales are called microearthquakes and are usually not felt. Earthquakes of approximately 4.0 to 6.9 on the richter scale are considered to be moderate. However, moderate earthquakes can cause significant destruction and loss of life, particularly in densely populated areas. Earthquakes that measure 7.0 or greater on the Richter scale are considered major earthquakes and can have devastating consequences.

### **II. Disaster Preparedness**

#### **A. Purpose**

To prevent crime and maintain basic infrastructure services to the affected community(ies).

B. Emergency Operations Board/Emergency Preparedness Committee

1. Suggested composition/responsibilities

a. Local representatives should include the following:

- (1) Mayor/Manager/Board of Supervisor or administrator of affected community(ies) - to provide coordination efforts at the local level.
- (2) Public safety (police, fire) - to maintain order, reduce injuries, death and property destruction.
- (3) Utilities (gas, water, electricity) - to provide utility service to the community when possible.
- (4) Essential infrastructure services (public works/building engineers and inspectors) - to provide status regarding the use of government owned buildings, particularly those necessary to provide essential services.
- (5) Public schools, parts department - to provide status regarding use of buildings for provision of disaster relief services to victims.
- (6) Public transportation - to provide status of service to affected and unaffected communities and/or portions thereof.
- (7) Health care providers (e.g., large hospitals/trauma centers or representative of the local hospital council to coordinate services) - to treat injured.
- (8) Area Agency on Aging (AAA) - to coordinate disaster relief efforts for affected elderly.

- (9) Coordinator of volunteer services to be provided by local non essential government employees.
- (10) Disaster relief organizations (e.g., Red Cross, Salvation Army, Volunteers of America) - to coordinate and provide relief of basic needs (e.g., food shelter, clothing to victims).
- (11) Other representatives should include the following (will only be available after the disorder begins):
  - (a) Federal Emergency Management Agency (FEMA) staff - to provide status of federal assistance during the civil disorder.
  - (b) State level emergency preparedness personnel - to provide status of state assistance during the civil disorder.

## 2. Meetings

### a. During the disaster -

- (1) May begin hourly for status reports and taper as the damage information is more readily available.

### b. Pre/Post disaster -

- (1) Minimum quarterly for update on related technology, reporting systems, etc.

## 3. Equipment (recommended)

- a. Cellular (preferred) or car phones - telephone lines may not be functional.

- b. Telephone/addresses of all emergency operations board/emergency preparedness committee members (preferably on a personal electronic organizer with hard copy back up. This should be maintained in a secured manner, so as not to be subject to unauthorized access, environment - dampness, etc.).
  - (1) Board/committee members should also maintain this information on all service providers and other critical contacts necessary to coordinate disaster relief.
- c. Directories of programs that are administered by board/committee members should be provided to all board/committee members for coordination of service in and to affected areas.
- d. Transportation
  - (1) Transportation needs to be made available to all committee members during the disorder to facilitate planning and service and services if use/access to personal vehicles is not possible.

#### 4. Education

- a. Emergency operations board/emergency preparedness committee.
  - (1) Regularly scheduled training efforts (at least biannual)
    - (a) Target audience
      - (i) Local government employees.
      - (ii) General community.

- (b) Methods/minimum frequency
  - (i) Mock preparedness days/annually
  - (ii) Disaster preparedness fairs/annually
  - (iii) Printed material (may need to be translated into different languages) biannually.

### **III. Disaster Relief Efforts**

#### **A. Short range (1-7 days post moderate to major earthquake)**

##### **1. Needs**

- a. Should focus on critical needs of shelter, clothing, food with consideration for safety of providers and recipients (police/fire escort may be necessary to remove residents from affected areas).

##### **b. AAA Response**

- (1) Determine affected community(ies) service areas/providers/senior residents.
- (2) Contact network of providers of care and services for the elderly which may include:
  - (a) Current service providers (emergency telephone/address contacts must be maintained for all providers). Critical subcontractors, e.g., caterers (emergency telephone/address contacts must be maintained for all providers). Telephone/address list of all homebound program participants (IIIB, IIIC2 and IIID) which should be updated regularly and maintained at AAA.

- (b) Senior housing facilities
- (c) Mobile homes
- (d) Residential care facilities for the elderly, e.g., board and care homes.
- (e) Skilled nursing facility(ies).

2. Service provision

a. Providers

- (1) Should focus on local mobilization of service providers, e.g., Red Cross, Salvation Army.

b. Location

- (1) Shelters

c. AAA Response

- (1) Facilitate use of available and accessible focal points/senior multipurpose centers (MPCs) as service locations in unaffected areas.

B. Long Range (8 days - 21 days post moderate or major earthquake)

1. Needs

Information and Referral as it pertains to temporary housing placement, food, transportation (particularly access to needs), income, telephone reassurance.

2. Service provision

a. Providers

- (1) Federal and state government - FEMA, Department of Social Services (DPSS).
- (2) In addition to established disaster relief agencies (e.g., Red Cross, Salvation Army), mobilization of community based/private providers of services activated solely to assist relief efforts during this emergency (e.g., taxis, churches, restaurants, caterers, etc.).
  - (a) Facilitate use and/or coordination of community focal points/MPCs as sources of information, referral and reassurance.
  - (b) Location
    - (1) Disaster Assistance Centers (DACs).
    - (2) AAA effort.
- (3) Facilitate use and/or coordination of community focal points/MPSs as DACs for affected elderly residents.

**IV. Disaster Recovery Efforts**

A. Needs

Information and referrals as it pertains to housing replacement, replacement of personal possessions, business replacement, long term employment (or permanent income source).

B. Service Providers

1. Housing placement/replacement

- (a) FEMA
- (b) HUD
- (c) SBA

2. Replacement of personal possessions

- (a) FEMA
- (b) SBA

3. Employment

- (a) EDD (Information and Referral)
- (b) AAA (Title V, NCOA)
- (c) FEMA (under certain circumstances)

# **Earthquake Hotline Fact Sheet**

## **Reasons for Setting up the Hotline**

We in the Aging Network, including the State Department of Aging, were concerned that seniors might get lost in the shuffle in the overall response to the earthquake.

Many seniors live alone and have no immediate family or friends to look after them in times of crisis.

Other seniors are frail or in other ways impaired, and are likely to have difficulty in accessing services and filling out FEMA applications forms, etc.

## **Steps Taken in Setting Up the Hotline**

Determined the volume of calls anticipated and the number of phone lines and staff needed to handle the volume. We started out with 10 lines.

Determined the hours of operation. We started out operating seven days a week, and later cut back to five, as the calls tapered off.

Made arrangements with the telephone company to obtain an 800 number and install a phone bank to handle the calls.

Recruited and trained volunteers and other staff to handle the phones.

Sent press releases to the local newspapers and public service announcements (PSAs) to all the local television and radio stations. All of the media were told about the hotline.

Developed a comprehensive resource directory for use by hotline staff to provide accurate information to callers.

### **Description of the Hotline**

The Senior Earthquake Hotline was established on February 1, 1994.

We originally set up the hotline to operate with 10 phone lines, seven days a week.

As the number of calls tapered off, we've now cut back to give lines and operate five days a week. The telephone number, incidentally, is 800/204-6444.

The hotline is staffed with Public Service Employees from the State's California State Employment Development Department who lost their earlier jobs as a result of the earthquake.

### **Number and Types of Calls Received**

We have received almost 2,000 calls through the hotline, 85% of which have come from seniors or someone concerned about seniors. Many seniors have been in their 80's and 90's.

During the first two months of operations, the vast majority of calls were about how to obtain FEMA services through its network of Disaster Assistance Centers (DACs). Most calls involved how to obtain rent vouchers, loans and other assistance to repair damaged homes or find other housing. We also received a large number of calls on how to obtain food stamps and devices such as dentures, hearing aids and eye glasses.

Since March 1, most of the calls have been from callers frustrated over the length of time it has taken FEMA to process loans and grant applications. It is obvious that FEMA has been overwhelmed by the huge number of applications they have received. Many callers are still in need of funds to repair the damage done to their homes or to secure permanent alternative housing. Many have received some funding, but not enough to repair all of the damage sustained through the quake.

The most critical calls have been those involving frail or disabled elderly who live alone and need assistance in applying for grant, loans and other services. Each day we carefully review the referrals received and forward referrals like these to our Adult Protective Services program. Since the inception of the Hotline, we have referred an average of 19% of the calls received to APS.



## **E. DISASTER TYPE SUMMARY**

### **AGRICULTURAL - DROUGHT**

Agricultural disasters may have many causes, such as flooding or winter storms. The consequences of these causes are discussed in their proper place. However, a drought is the one disaster which focuses on agriculture because it is agriculture. Agricultural disasters are primarily economic, and the impact on the populace is financial and emotional/psychological.

#### **LEADTIME:**

Droughts have extended lead time and even significant portions of a year in warning time. Further, a drought is one of the few natural disasters which can be naturally and suddenly alleviated; two or three days of gentle rain and the drought is merely a memory.

#### **DAMAGE:**

Widespread; extensive to universal. Crops first, then native flora; then fauna, particularly livestock.

#### **CASUALTIES:**

Actual physical injury to persons from a drought is rare.

#### **IMMEDIATE RESPONSE:**

Need to focus as much on the emotional and psychological impact as the economic; may need to advocate relocation early in the drought, and an abandonment or temporary withdrawal from agriculture on the part of older persons. Resource information dissemination is important, as is information on assistance targeting farmers.

**LONG TERM ACTION:**

Loans, relocation advocacy and assistance with the possible decision to terminate active farming operations.

**OBSERVATIONS AND COMMENTS:**

Drought generally involves a large area, frequently crossing AAA and state boundaries. There is a tendency among older farmers to remain on the farm and battle a drought. Persons of strong religious faith frequently encounter a crisis of belief or strong feelings of guilt as a result of experiencing a drought, and counselling assistance may be required in this area.

## **AVALANCHES AND MUDSLIDES**

These are the result of a situation where gravity overcomes friction, and portions of the upper part of a mountain decide to join the valley below. These are among the most capricious disasters, destroying some property and totally sparing others nearby.

### **LEADTIME:**

Winter avalanches and rainy season mudslides require specific conditions, and when conditions support such slides the fact is usually publicized. This is comparable to a "watch" condition, but warnings are seldom available. Rockslides are less predictable.

### **DAMAGE:**

Initial damage from descending material can be total. Consequential damage may include loss or disruption of electric, water, sewer, and other services. Flooding may result upstream from a blockage in a flowing body of water, isolation and disruption of distribution of food and other necessities, and the paralysis of some communities.

### **CASUALTIES:**

Casualties may be severe when avalanches strike occupied places.

### **IMMEDIATE RESPONSE:**

Rescue; victims frequently survive in buried structures for substantial periods of time. Shelter, alleviation of the effects of isolation, more severe among older persons. Establishment of services or substitutes; reassurances about the availability of food and other necessities.

### **LONG TERM ACTION:**

Usual procedures for disaster relief.

## **OBSERVATIONS AND COMMENTS:**

Usually a narrow band of damage or destruction. Localities which experience these disasters have usually experienced them before, and older persons have often had substantial experience in dealing with these phenomena. It would not be unusual to encounter older persons demonstrating the toughness and resiliency which is frequently present as they deal with the events before them and tell tales of the "Big Slide of 47."

## **RIOTS AND CIVIL DISORDERS**

Older persons usually understand themselves to be among the weaker elements of society, protected by the social structure. When that is destroyed, they properly feel highly vulnerable.

### **LEADTIME:**

Seldom any leadtime at all; the civil disorders that marked the assassination of Dr. Martin Luther King flared up on a city-by-city basis that sometimes provided a 24-hour warning period, but usually not. No warning preceded the disorders attendant on the "Rodney King Verdict" disorders in Los Angeles.

### **DAMAGE:**

Physical damage to structures by fire was frequent; damage by looters forcing entry, or by rioters merely doing damage is substantial. Economic damage to small businesses is frequent. The greatest damage is the crisis in confidence caused by an apparently impotent governmental system.

### **CASUALTIES:**

Frequent; often fatalities are "personal", the result of a specific episode between individuals or an individual and a group. Civil disorders are propelled by great rage in individuals, and violence can become random.

### **IMMEDIATE RESPONSE:**

Identify vulnerable older persons and seek to devise protective measures for their safety, and less urgently for the safety of their property. Deal with the urgent and immediate needs only during the course of any widespread civil disorder.

### **LONG TERM ACTION:**

Usual disaster responses, depending on the nature of the damage suffered. A key target area is the restoration of comfort with the community and the authorities, and the restoration of a feeling of safety or a reduction in the feeling of fear in public places.

## **OBSERVATIONS AND COMMENTS:**

Riots and civil disorders generally operate in an atmosphere of "WE" against "THEM." Racially or ethnically motivated disorders often impose great risk on older persons of the "wrong" ethnic or racial group, while only offering minimal threat to those older persons of the same racial or ethnic background as the rioters. In these cases, care must be taken to reduce the risk to caregivers as much as possible by choosing the most acceptable persons to actually enter unstable areas and then only if necessary. Remember, too, that even after the principal centers of civil disorder have been stabilized, small pockets of disruption may remain in cities.

## **EARTHQUAKE**

Earthquakes are severe seismic disturbances which may be localized or general. Although they usually occur in locations which are known for earthquakes, they may and do happen in every state, and a major earthquake is now expected within a century at New Madrid, Missouri, hardly a center of seismic activity.

### **LEADTIME:**

Almost none; although major quakes sometimes have "foreshocks", it is not now possible to distinguish a foreshock from a smaller earthquake.

### **DAMAGE:**

Damage can range from disruptive to devastating, depending on the severity of the quake and the location. In addition to collapsing structures, and the elimination of the structural integrity of apparently sound buildings, great damage is caused by **SECONDARY EFFECTS**; these include fires, local flooding from ruptured water and sewer pipes, and the possible escape of damaging agents ranging from toxins to zoo animals.

### **CASUALTIES:**

Can range from mercifully light to decimation, depending on the time and circumstances of the quake. The 1994 Martin Luther King quake in Los Angeles had modest casualties compared to the earlier World Series earthquake in San Francisco, because it struck early in the morning on a Monday holiday.

### **IMMEDIATE RESPONSE:**

Rescue, especially since older people often can give only feeble alarms. Emergency services of all kinds to those in the afflicted areas.

**LONG TERM ACTION:**

Every possible kind of service and advocacy, including repairs, rebuilding and relocation. There will be specially heavy demands for respite services as primary care providers are called upon to deal with their own problems as well as the problems of their elder dependents.

**OBSERVATIONS AND COMMENTS:**

Of all the disasters, earthquakes strike most suddenly, deal horrendous damage, and attack the confidence of the victims. When older persons no longer feel safe inside, it is sometimes difficult for the aging network to deal with their problems. This is particularly true when helpers and caregivers share the unease indoors.

## **EPIDEMIC**

A widespread medical emergency, usually dealing with communicable disease. This disaster carries with it the seeds of great panic.

### **LEADTIME:**

Usually little or none prior to the recognition of the presence of an epidemic; once an epidemic is noticed and measures are taken to deal with it, the emergency becomes self-sustaining for the duration of the emergency.

### **DAMAGE:**

None, unless structures need to be razed because of contamination or because they are a source of a carrier of a disease, as in the case of rats with bubonic plague.

### **CASUALTIES:**

Depend on the virulence of the disease and how widespread it might be. However, as we are reminded during most flu seasons, older people are at greater risk in the face of medical problems and their needs in this area are often greater than the general public.

### **IMMEDIATE RESPONSE:**

Assist in securing medical attention, seeing to it that the special needs of the older people, who are particularly vulnerable, are not lost in the general excitement. Dissemination of medical information, once again with particular attention to the needs of older persons.

### **LONG TERM ACTION:**

Probably very slight; aftereffects of some diseases may change the service requirements or capabilities of older persons, requiring extra effort from case managers.

## **OBSERVATIONS AND COMMENTS:**

A key concern is the alleviation of panic. It is also important to remember that among older couples one patient may well require services for two because of the absence or incapacity of the partner.

## **WIDESPREAD FIRE**

Forest fires, prairie and brush fires, and other widespread conflagrations. These may be the result of other disasters such as EARTHQUAKES or may be caused in the usual way.

### **LEADTIME:**

Fires rarely threaten occupied areas suddenly; there should be hours or days of notice.

### **DAMAGE:**

Varies. Frequently severe or total destruction, especially to closely located buildings. Catastrophic to victims, who rarely save anything.

### **CASUALTIES:**

Burns and wounds suffered fighting fires and seeking to prevent the destruction of property are common, although severe, life-threatening injury is less frequently encountered. Fatalities sometimes occur.

### **IMMEDIATE RESPONSE:**

Where possible, encourage limited efforts to avoid total loss, but such measures **MUST** be of limited duration. Evacuation is the wisest response.

### **LONG TERM ACTION:**

Assistance with rebuilding or repairs; temporary shelter and meals, perhaps relocation in certain instances. General disaster assistance.

### **OBSERVATIONS AND COMMENTS:**

Residents only rarely can take effective ad hoc actions to preserve their residences. Widespread fire can sometimes induce great panic in individuals, who will take irrational steps to preserve their property. On occasion, evacuation may require forcible assistance. In many instances, high proportions of the casualties in widespread fires result from the efforts of homeowners to preserve their dwellings, only to realize too late that their own safety was in peril.

## **FLOODS**

Floods are of two types - General widespread flooding from the rising of rivers and streams; and, Flash Floods, where strong rains and narrow drainage channels combine to overburden runoff routes, causing sudden dramatic rises, generally on a local basis. Flash Floods are discussed in the next section.

### **LEADTIME:**

Floods of the general widespread type, like those encountered in the Midwest in 1993, are seldom sudden. Leadtimes of days and even a week sometimes occur. Floods are monitored by the Weather Bureau, which has warning standards.

### **DAMAGE:**

Extreme. Structures may be washed away, or their foundations may be so weakened that they are unsafe for any purpose. Damage may not show up for extended periods; for example, a furnace may be destroyed by a spring flood but the malfunctioning may not be evident until the fall when it is first turned on.

### **CASUALTIES:**

With adequate lead time, these are generally slight, although there is a tendency among many people to overwork. The risk of heart attacks, as well as such stress-induced afflictions as stroke, is magnified during the period leading up to the crisis.

### **IMMEDIATE RESPONSE:**

Rescue and evacuation, if necessary enforced evacuation when further effort is dangerous and futile. It is vital that areas where older persons may be found be identified by local Aging Network organizations. In addition, flooding disrupts road networks, making travel especially difficult for those who are readily confused. Service systems will be disrupted and may be out of service for extended periods.

**LONG TERM ACTION:**

The usual range of disaster relief services.

**OBSERVATIONS AND COMMENTS:**

Once again, the experience of older persons who have long lived in flood-prone areas make these people a resource as well as a dependent community. Among such people, a feeling of resignation is as likely as a feeling of panic. Service providers would do well to consider the older community as a source of information and assistance, every bit as much as a center of needs.

## **HEAT WAVE**

A prolonged period of high temperature often offers a special threat to older persons. This is particularly true among older persons of limited means, for whom an increase in a utility bill is an important disincentive to taking advantage of air conditioners or fans, and for whom the purchase of a fan is a major expenditure.

### **LEADTIME:**

Usually from day to day.

### **DAMAGE:**

None.

### **CASUALTIES:**

The death rate among Older Americans rises sharply during any sustained period of heat. This is especially true for those with respiratory disorders. Preventive action can reduce these heat-related deaths. Among those older persons who occupy their own homes, and those who lead active lives, there is a tendency to attempt to carry on with activities which could be hazardous when it is hot outdoors.

### **IMMEDIATE RESPONSE:**

Establish temporary facilities where the effects of heat can be reduced. Conducting a two-part publicity effort, to make the elderly aware of the location of cooling places, and to counsel against exertion in the heat. Some communities establish fan banks where an older person can borrow or be given a fan.

**LONG TERM ACTION:**

Not much long term action can be taken. Most utility companies have special provisions for older and poorer customers, which permit the use of cooling electricity without fatal effects on a budget, and the Aging Network can coordinate information programs with the directors of the utility programs.

**OBSERVATIONS AND COMMENTS:**

Heat waves happen from day to day. No research has been found which indicates how many days of heat must pass before adverse effects become significant, nor is there a standard to determine when "a couple of hot days" becomes a heat wave, so service providers must be alert during summer because sometimes one day is enough to cause distress or injury to some. In addition, the off-season is the time for service providers to begin to line up cool environments for use in summer. Schools, churches and libraries are among the kinds of facilities which might be willing to offer respite for the heat. Remember, too, prolonged heat attacks tempers with as much vigor as bodies.

## **HURRICANE**

A hurricane is a severe tropical storm bearing high winds and heavy rain. They generally have the greatest impact in coastal areas, although their destructive force can reach well inland, to cities as far from the sea as Charlotte, North Carolina. They may carry with them a "tide surge" which brings great quantities of the ocean flooding inland, and even when they are no longer of the force of a hurricane they can do dreadful damage, causing flooding as Alberto did in 1994. Pacific hurricanes are called "typhoons."

### **LEADTIME:**

The Weather Service maintains a National Hurricane Forecasting Center in Miami which is dedicated to providing the greatest lead time available. There is generally a few hours at least, but the warnings tend to cover large areas of coastline, reflecting the fact that the path of a hurricane is quite unpredictable. In addition, the strength of a hurricane varies greatly from hour to hour. A storm which seems to be spent and drifting on out to sea may suddenly regather force, change direction, and batter the shore in an unexpected direction.

### **DAMAGE:**

Damage can be great. Wind can open a structure and then attendant rain can ravage the interior. Heavy rains and tide surges can bring flooding and the damage which attends flooding. The winds can destroy power lines, send trees crashing into houses, and rip the very skin from buildings. In low-lying areas such as some of the barrier islands, severe hurricanes can push a tide surge completely across the land.

### **CASUALTIES:**

Can be moderate to great. This varies with warning time, storm strength, and the severity of flooding and other secondary effects.

**IMMEDIATE RESPONSE:**

Evacuation of low-lying areas. Rescue. Generally similar to the response to flooding.

**LONG TERM ACTION:**

Wide-ranging disaster response activities.

**OBSERVATIONS AND COMMENTS:**

A hurricane leaves a broad path of destruction from wind and water, and is capable of reaching far inland. Where the sea reaches inland, destruction can be much greater because of the effects of sea water on property.

## **NUCLEAR**

This contemplates a peacetime nuclear disaster, such as Three Mile Island or Chyrnoble. It may involve an explosion or the escape of radioactive matter into the air.

### **LEADTIME:**

None.

### **DAMAGE:**

An explosion will result in total destruction in the immediate vicinity of the center of the explosion, ranging down to modest damage further away. The radius of the area of total destruction and the distance at which damage becomes modest and occasional depends on the magnitude of the explosion. Secondary damage will result from firestorms, the windstorms which spring up at the edge of the devastated area, and from fires started in damaged structures.

### **CASUALTIES:**

Casualties will be of three kinds: (1) those suffering injuries from burns and blast as a result of the direct forces of the explosion; (2) those suffering from the effects of radiation; and, (3) those suffering the ordinary injuries which follow any destructive episode, sustained fighting fire, negotiating wrecked and ruined structures, cuts from flying glass and debris, etc. In many cases, ordinary injuries will be complicated by radiation burns or radiation sickness. Prognosis for those so injured is limited.

### **IMMEDIATE RESPONSE:**

Rescue. Temporary shelter. Triage.

**LONG TERM ACTION:**

The range of disaster responses.

**OBSERVATIONS AND COMMENTS:**

A nuclear explosion will doubtless bring every federal disaster response entity, the Defense Department, and an entire alphabet soup of federal agencies. Aging Network elements will doubtless receive immediate (and perhaps conflicting) direction from federal entities. In addition, older persons are apparently extremely susceptible to radiation poisoning and radiation sickness, and casualties among older survivors will be much higher than the general population.

## **TORNADO**

A violent, twisting windstorm, generating winds of up to 300 mph at the center and sometimes keeping these twisting winds confined to a disc of 100 yards or less, as if the wind were blowing at 300 mph from the south at the visitor's goal posts and 300 mph from the north at the other end of the field. Tornadoes are especially formidable because their path on the ground is so unpredictable.

**LEADTIME:** The National Weather Service Severe Storms Forecasting Center in Kansas City, Missouri, is dedicated to providing as much lead time as possible for tornadoes. A system of watches and warnings for severe thunderstorms and tornadoes has cut down drastically on the number of casualties, but the warnings are for general areas of up to a few hundred square miles, so the actual location of a tornado is usually not predictable.

### **DAMAGE:**

Destruction is nearly total in the path of a tornado, which may be up to a mile in width, although the average is about 150 yards. Debris and even entire structures may be borne for miles by the wind.

### **CASUALTIES:**

May be great in the storm track, although the danger of injury decreases dramatically when people take proper shelter at the warning of a tornado.

### **IMMEDIATE RESPONSE:**

Rescue. Emergency shelter and meals. Because services are often disrupted, particularly electrical service, assistance must be provided in this area.

**LONG TERM ACTION:**

Typical disaster response activities.

**OBSERVATIONS AND COMMENTS:**

More than most disasters, injury from a tornado can be reduced by taking shelter promptly. Therefore, the importance of these measures must be stressed beforehand and reinforced when warnings are issued. Although tornadoes have been reported in every state, certain areas of the country are particularly prone to these storms, especially states in "Tornado Alley,": Texas, Oklahoma, Kansas, Nebraska, the Dakotas, Missouri, and Illinois. Tornadoes are also frequent and damaging in the states bordering the Ohio River. Residents of these areas, including older persons, often have a supply of tornado anecdotes and a full stock of tornado lore.

## **WINTER STORM**

Winter storms include blizzards, heavy snowfall without wind, extended periods of cold weather, and ice storms. Blizzards are storms which combine snowfall with high winds, and in coastal areas may result in dangerously high tides and local flooding. They also lead to diminished visibility and disorientation. Any winter storm includes the hazard of reduced visibility and road peril, which frequently cause people to stop their cars or become stuck; lives are often threatened by conditions along the road.

### **LEADTIME:**

Usually several hours or more, occasionally less.

### **DAMAGE:**

Damage to structures will usually be the result of the heavy winds associated with blizzards, less frequently from the weight of snow. Ice storms cause damage to power lines and other suspended cables and to trees, while severe cold may cause freezing and ruptured pipes.

### **CASUALTIES:**

Could be severe. In addition to the cold, and injuries sustained from structural collapse, there is a need to guard against the effects of isolation. Starvation might result from the disruption of food supplies, and fuel supplies could be interrupted.

**IMMEDIATE RESPONSE:**

Rescue. Monitoring the condition of older persons, either while they remain in their usual dwelling, or when they have been removed to a central location. Isolation brings problems to the older person with special needs, over and above the community-wide need for emergency food, power, and services. Hypothermia begins sooner in older people and has more severe consequences.

**LONG TERM ACTION:**

The usual range of disaster relief services.

**OBSERVATIONS AND COMMENTS:**

The onset of a feeling of isolation may occur when older persons see the unshoveled walkway leading to their house. Walk shoveling is an important assist to many older persons. In addition, these weather conditions result in more falls among every segment of the population, but older bones tend to be more brittle.

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