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Resilient Communities: Empowering Older Adults in Disasters and Daily Life





So what I did, I'm usually the oldest person in the building, so I cooked for the younger kids, I made [food]... and they came and they ate and we had a plan. If anything happens we go up to the fourth floor. The girl on the fourth floor left and left her door open for us. When we saw the water rising, we went up.

– Residents Focus Group Participant



Framework

Efforts to increase individual preparedness among older people through the creation of “go-bags” and the stockpiling of supplies have been repeatedly undertaken but have not improved overall outcomes for older people following subsequent disasters. In addition to the lack of evidence to support the efficacy of individual preparedness, there are significant barriers faced by vulnerable urban populations in attempting to prepare, including lack of funds, transportation, and storage space, as well as difficulty reading maps and other preparedness content. With extreme weather projected to increase, a new strategy is required to keep older adults, who are often among New York City’s most long-term, civically engaged residents, safe.

A Community Resilience Framework provides an alternative, evidence-informed orientation through which to approach disaster preparedness and response for older people. The basic premise of the framework is that a neighborhood’s response to and recovery from a disaster is largely determined by how that neighborhood functioned prior to the disaster. The implications of this paradigm shift are profound: instead of investing in the colossal and questionably effective effort to get each individual prepared and equipped to face every type of disaster, resources should go toward enhancing communities’ social networks, connectedness, and integration of assets long before disaster strikes. This approach has the significant benefit of helping to strengthen communities whether or not disaster occurs.

I wasn't afraid of what could happen worse than what I had already seen in my life... I was able to accomplish a few things and help a few people so I didn't think about the misery.

– Residents Focus Group Participant

Approach and Methods

In conducting research and analysis and generating recommendations, NYAM incorporated the experiences of those directly affected by Hurricane Sandy and the perspectives of multiple sectors that routinely engage with older adults. NYAM convened an Older Adults & Disasters Policy Advisory Committee with high-level representation from over 30 institutions within the public, non-profit, health care, and real estate sectors, as well as community-based organizations from within Sandy-affected neighborhoods, to advise on all aspects of the work.

Research methods included a review of existing literature; analysis of secondary data; and mapping of areas with high concentrations of potentially vulnerable older adults. NYAM conducted 55 key informant interviews with experts across a wide range of fields; and focus groups with older adults (60+) affected by Hurricane Sandy and frontline responders of any age, from outside of the traditional emergency management sector, who assisted older people. Throughout August 2013, ten months after the storm, a total of 14 focus groups were conducted with 138 participants in English, Mandarin, and Spanish in partnership with five community-based organizations.

In case everything goes dark and I cannot communicate, remember that I am here please.

– Residents Focus Group Participant

Key Findings

Formal and informal social networks influenced decisions and facilitated access to information and assistance.

In taking preparatory actions and choosing whether to shelter-in-place or evacuate, older adults were likely to consider how their behavior would impact family, friends, and neighbors in close proximity, in addition to their own needs. When cut off from social networks due to loss of electricity and disruptions in communication, many older adults were unable to maintain situational awareness and obtain resources. Those with stronger and more numerous connections often reported having their needs met by individuals and institutions, whereas those with fewer and weaker connections were more likely to report having felt “abandoned.”

Because older people had not been engaged in emergency planning, emergency services were often inadequate, inappropriate, or inaccessible, and basic and health care needs went unmet.

Many older people believed public shelters were unable to meet their needs and as a result, refused to evacuate. The process of distributing emergency food, water, medication, supplies, and information in building lobbies and at distribution centers proved difficult if not impossible for older people with mobility impairment, as well as those who were not mobility impaired but could not climb multiple flights of stairs in the dark, walk long distances, or stand on lines for extended periods. Finally, a lack of comprehensive planning to maintain the health status of older people led to the exacerbation of chronic conditions and the emergence of new conditions.

Older adults actively supported their communities before, during, and after Hurricane Sandy.

There is evidence to support that older people may be more psychologically resilient than their younger counterparts following a disaster, as a result of having become “inoculated” to stress over the years, and that older adults who exhibit this kind of adaptability can be ideal participants in response and recovery efforts. That the mean age of participants in frontline responders focus groups was 51, with ages ranging from 24-83, is a strong indicator of the contributions of older people during Hurricane Sandy. Older people utilized their professional skills to aid in the recovery, such as those who had worked in construction, and provided more general support, volunteering to manage donations, staff call centers, and enter data. Older people were especially valuable in understanding and helping to meet the needs of other older people.

The local neighborhood infrastructure was effective in meeting the needs of older people.

Within the frontline responders focus groups, 73% of participants lived in the affected communities. Local institutions led response efforts, despite having sustained their own disaster losses. These organizations were especially critical when outside responders did not have the necessary capacities to address the needs of older people, including cultural, linguistic, and developmental competencies. Across communities, local organizations cited their lack of integration into the city’s emergency response plan and insufficient coordination as challenges that led to gaps and redundancies in service delivery.

Recommendations

In a more resilient New York City, neighbors talk to and check on one another. Institutions across sectors work together and are known and welcoming to all community members. And older people are seen as problem solvers rather than problems to be solved. The following recommendations present action steps to move toward this desired state.

1. Older adults in underserved neighborhoods should be trained to identify and link vulnerable people with community assets (e.g., health care, social services, benefits, food) under routine conditions and during emergencies.
2. Older adults and informal caregivers should be provided with access to and training on multiple forms of communication and technology.
3. Landlords with large concentrations of older adults and mobility-impaired people should be supported in developing plans to meet the needs of these populations in disasters.
4. Employees of city services, local businesses, cultural institutions, and others who routinely interact with older adults should be trained in identifying and providing appropriate local health and human service referrals to those who may be in need of assistance before, during, after, and outside of an emergency.
5. Communities should be assisted in organizing Community Resilience Hubs housed at the most appropriate and accessible institutions within each neighborhood to facilitate communal planning and multi-sector partnerships, and to serve as a central repository for information and supplies during an emergency.
6. Providers of essential services to older adults should develop contingency plans to ensure the needs of their patients and clients will be met during disasters and emergencies. The City should extend MOUs and set funding policies in advance to enable providers to expand their reach during disasters.
7. Systematically co-locate and coordinate mental health, spiritual care, and psychological first aid with non-stigmatized disaster response and recovery services.
8. Academia, city agencies, and community-based organizations should develop and implement appropriate metrics to indicate how vulnerable populations are affected by and assisted in disasters.
9. The City should consult older people, caregivers, and service providers on their experiences with and perceptions of the public shelter system.
10. The training for professional and volunteer first responders should include information on the needs of older adults in disasters, as well as on the cultural, linguistic, and developmental competencies that may be required to meet those needs.
11. New York State should enact a disaster pharmacy law to provide a regulatory framework for pharmacists and pharmacies to dispense medication when a state of emergency is declared.
12. New York State should enact bill S.4719/A.6530, which will require counties and cities to consult with home health care and hospice providers on emergency plans and to include provisions in those plans for the deployment of home health care and hospice personnel.

Conclusion

To ensure the safety of older people and other vulnerable populations under everyday stress and in disasters, ongoing investment must be made to strengthen the social infrastructure, with the community rather than the individual as the primary point of intervention. This involves building capacity and connection within and between sectors, institutions, and neighborhoods to facilitate improved access to the human and material resources that are so critical for older people. For gains to be sustainable, community resilience must become fully integrated into routine services, systems, and activities of daily life in the context of overall health and well being, independent of a focus on uncertain future catastrophes.

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Age-friendly New York City seeks to make New York City a better place to grow old by promoting an “age-in-everything” lens across all aspects of city life. The initiative asks the city's public agencies, businesses, cultural, educational and religious institutions, community groups, and individuals to consider how changes to policy and practice can create a city more inclusive of older adults and more sensitive to their needs. NYC is one of more than 150 members of the World Health Organization's Global Network of Age-friendly Cities and Communities.

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