**Natural Disasters and Seniors**

**Seniors suffer the most after natural disasters**

In times of disaster, there are consequences that are obvious, such as loss of property and dramatic loss of life. However, there are also unseen consequences that, if left untreated, can prove just as fatal. Unfortunately, the recent horrific Hurricanes Harvey and Irma have recently disrupted the lives of millions of people and our thoughts are with them as they cope with these devastating events. *(I stayed through Irma and Ian and explain the differences was the storm surge.)*

It is essential that we work to understand what people of all ages face following disaster, as well as the unique needs of more vulnerable populations.

On Wednesday, Sept. 20, the Senate Special Committee on Aging will conduct a hearing focusing on the impact of these disasters on older adults. One such impact is that older adults become more prone to clinical malnutrition and health complications when access to food, particularly special diets, is interrupted through evacuations — and these vulnerable seniors are supposed to bring weeks’ worth of food with them when they leave.

In fact, the Centers for Disease Control and Prevention says, “Because Florida is so prone to hurricanes, its Department of Health recommends that older adults living in the state pack a 30-day supply of medication and a two-week supply of special diet foods or supplements when a hurricane is expected.”

This important Senate hearing will be held during Malnutrition Awareness Week, sponsored by the American Society of Parenteral and Enteral Nutrition (ASPEN). The simple fact is, malnutrition among older adults is a growing threat to their quality and quantity of life, whether they are in a crisis or not. It is a problem that impacts both community-dwelling and hospitalized older adults.

It is estimated that up to one out of two older adults are at risk of malnutrition — and it’s estimated that disease-associated malnutrition in older adult’s costs $51 billion annually. Although strides have been made, critical gaps remain in diagnosing and treating the condition. ASPEN estimates that “10 hospitalized patients with malnutrition continue to go undiagnosed every 60 seconds.” We also know that malnutrition increases the length of hospital stays and increases the risk of falls, contributing to readmission. *(It only becomes magnified during storms or other natural disasters)*

The Defeat Malnutrition Today coalition and Avalere Health earlier this year released the National Blueprint: Achieving Quality Malnutrition Care for Older Adults. It was referenced at another hearing of the Senate Special Committee on Aging focused on nutrition and older adults. It identifies the four steps which, if adopted, can help improve older adult malnutrition care:

One must take seriously the emerging threats to the well-being of older adults: hunger and food insecurity, chronic disease and disability, and social and mental health challenges, and that the results of these conditions can be malnutrition. There are solutions, both regulatory and legislative, which are being developed.

Through regulations, the Centers for Medicare and Medicaid Services (CMS) should add malnutrition electronic clinical quality measures to the current quality measure set. These measures have been proposed and CMS has already acknowledged the need for these measures.

Through legislation, in addition to providing full funding for all federal programs providing food and nutrition education to older adults, we need to work to ensure the nutrient quality of food provided with federal funds and that national health surveys include malnutrition measures.

We can act in this session of Congress. The Farm Bill is up for reauthorization next year, and the Older Americans Act reauthorization from 2016 is still being implemented. These pieces of legislation contain almost all the nutrition programs that serve older adults. We should make sure they’re fully funded and helping older adults maintain the nutrients they need as well as identifying older adults at risk for malnutrition.

By observing and acting during Malnutrition Awareness Week, we help to reinforce the obvious point that good nutrition is essential to better health. Whether dealing with a natural disaster or not, maintaining older adults’ nutritional status should always be a top priority.

SOURCE: The Hill (<https://thehill.com/opinion/healthcare/351377-seniors-suffer-the-most-after-natural-disasters/>)

**CAUGHT IN THE EYE OF THE STORM: THE DISPROPORTIONATE IMPACT OF NATURAL DISASTERS ON THE ELDERLY POPULATION IN THE UNITED STATES**

**I. Introduction**

Imagine checking on your grandfather in a nursing home days before a hurricane makes landfall.1 The nursing home informs you that everything will be fine and there is no need to evacuate your loved one.2 Your grandfather is unable to speak due to health issues, but you trust that the five-star nursing home will properly care for him throughout the deadly storm.3 You survive the devastating storm only to learn that your grandfather passed away because of stifling heat after the hurricane knocked out the power to the nursing home facility.4 Not only has this storm taken your grandfather’s life, but it has turned the nursing home into a death trap for seven other elderly residents.5 This story is not uncommon; it repeats itself over and over again as natural disasters continue to disproportionately impact the elderly population in the United States.6 Although preparation for natural disasters—like the hurricanes and wildfires that ravaged the United States in 2017—was prioritized by federal, state, local, and private entities, these efforts often disregard the special needs of vulnerable populations like the elderly.7 This disproportionate impact on the elderly, both before and after disasters strike, is not a new dilemma. This disparity has been an ongoing issue for some time: “[i]n Louisiana during Hurricane Katrina, roughly 71 percent of the victims were older than 60 and 47 percent were over the age of 75.”8 Surprisingly, “people aged 60 and older compromised 15 percent of the population [in New Orleans] prior to Hurricane Katrina. However, more than 70 percent of those who died as a result of the hurricane were elderly.”9

This failure to adequately prepare and assist the elderly in recovering from natural disasters will only become more important as both the elderly population increases and natural disasters become more prevalent.10 The United States is currently experiencing considerable growth in its elderly population.11 By 2050, the population aged sixty-five or older will be almost double the size from 2012, as Baby Boomers began turning sixty-five in 2011.12 This increase will further frustrate the elderly’s already limited ability to adapt, plan, respond, and recover from natural disasters.13

The United States should address the seriousness of this issue instead of relying on current misconceptions: “[t]he federal government’s attempt to provide special assistance to the elderly perhaps gives the public the impression someone else takes care of them. While many scholars concede current federal legislation fails to protect enough elderly residents, it often takes a natural disaster to wake the rest of the nation up.”14 The natural disasters in 2017 provided a necessary wakeup call. Whether it was Hurricane Harvey, Irma, Maria, or the wildfires on the West coast,15 the U.S. is aware of the devastation these natural disasters have caused. With these terrible disasters in mind, the U.S.

government cannot continue to overlook the overwhelming and disproportionate impact these disasters have on the elderly population in the United States. This Note proposes changes that should be made to meet the needs of the elderly in preparing for and recovering from natural disasters. Part II provides background information, including why the elderly population is particularly vulnerable during natural disasters. federal response plan and provides an explanation regarding the federalization of emergency preparedness that occurred over the past decade. Part III discusses and analyzes the shortcomings of these governmental authorities and examines why both agencies and legislation have failed the elderly population in preparing for and recovering from natural disasters. Part IV provides recommendations for adapting existing emergency preparedness strategies to improve assistance for the elderly population during disasters. Part V provides a brief conclusion.

**A. Vulnerabilities**

Elderly persons are recognized as a vulnerable or at-risk population.16 Specifically, elderly individuals “have additional needs before, during, and after an incident in functional areas, including but not limited to: maintaining independence, communication, transportation, supervision, and medical care.”17 Even healthy elders are at risk for falling below the level necessary for safe, independent, and efficient personal care in a disaster.18 This subsection examines various aspects that contribute to elders’ increased vulnerability before, during, and after disasters strike.

**1. CHRONIC ILLNESSES AND HEALTH**

Elderly individuals who are sixty-five or older have a higher likelihood of suffering from chronic diseases such as: hypertension, heart disease, diabetes, respiratory ailments, and more.19 Chronic diseases are so prevalent among the elderly that 80% have at least one chronic illness, and many elderly individuals have two or more chronic conditions.20 Moreover, elders “may also suffer from mobility, cognitive, sensory, social, and economic limitations that can impede their adaptability and ability to function in disasters.”21 Additionally, during natural disasters and in their aftermath, elders’ health can quickly deteriorate because of poor nutrition, extreme temperatures, exposure to infection, interruptions in medical treatment, and emotional distress.22

**2. SENSORY AWARENESS**

In general, with elderly individuals “[t]he senses of vision, hearing, smell, taste, and touch diminish with age, and loss can be intensified by chronic disease.”23 Moreover, critical senses diminish during natural disasters, and specifically “[p]oor night and peripheral vision can cause difficulties for the elderly in unfamiliar environments or during a rapid evacuation.”24 Hearing problems may also cause issues in avoiding hazards during a disaster, and create difficulty in noticing or understanding emergency instructions.25 Additionally, sensory awareness concerns continue even after a disaster has ended because “the older populations’ reduced senses of smell and taste may make them more likely to eat spoiled food, a potentially significant risk when electrical power is unavailable for extended periods of time.”

**3. MOBILITY**

Elders have a more difficult time evacuating after a disaster due to both physical and cognitive impairments, as well as their lack of general mobility in comparison to younger, more able bodied evacuees.27 Vulnerable populations, like the elderly, are less likely to evacuate prior to a disaster due to a multitude of reasons: lack of access to transportation, health conditions, financial difficulties, or misperception about their level of risk.28 This concern, regarding evacuation, is common to all elders, and especially frail elders.29 Further, many elders residing in institutions, like nursing homes, are too frail to be evacuated before a disaster strikes.30 Indeed, many elderly people who would like to evacuate find it impossible to do so because of the considerable amount of medical equipment and supplies required to maintain their health.31

**4. MORTALITY**

Elders’ mortality rates during natural disasters are much higher than the general population’s.32 Data from Hurricane Katrina revealed that the greatest proportion of deaths were among the elderly population, which is consistent with findings from other natural disasters around the world.33 Many individuals associate the higher rates of mortality during disasters with the uncontrollable variable of old age, however studies show that the high mortality rates are due to general signs of neglect.34 Following natural disasters, chronic illness worsens due to lack of food and water, extreme heat or cold, stress, exposure to infection, lack of access to medication, technologies and more.35 Thus, if the causes behind increased elderly mortality continue to be ignored, the elderly will remain susceptible during and in the aftermath of disasters.36

**5. GENERAL HEALTH EFFECTS**

Elderly individuals are susceptible to worsening medical conditions during natural disasters.37 The Centers for Disease Control and Prevention determined after Hurricane Charley in 2004 that one-third of households, where one or more elderly individuals resided, reported worsened medical conditions of at least one member of the household because of the hurricane.38 Further, 28% of households reported that at least one elderly individual was prevented from receiving routine or expected care for their pre-existing conditions.39 For many elders, independent living would not be possible without help from the friends, family, and in-home services that provide food, home-based health care, and help with numerous activities of daily living.40 Natural disasters can cause major disruptions in these necessary services and consequently, any interruption of these services can lead to disastrous health effects on elders who rely on such services for their survival.41

**6. EFFECTS ON MENTAL HEALTH**

Natural disasters have serious mental health effects on people of all ages, because such an event can easily cause feelings of fear and vulnerability.42 These mental health effects are especially significant for the elderly who may already feel powerless due to changes in health, mobility, and sensory awareness.43 Even when elderly individuals are successfully evacuated, the evacuation process takes a toll on their mental health.44 When elders are abruptly moved from one location to another, they often feel disoriented and confused, which leads to an inability to adapt to their surroundings.45 Psychological recovery by individuals affected by natural disasters is often dependent on the availability of resources and the ability

to process and understand their experience.46 Many elders have difficulty articulating their needs and understanding problems that arise during traumatic events.47 Further, 17% of persons over the age of sixty five have dementia, which can lead to symptoms ranging from memory loss and confusion to complete loss of orientation.48 Confused elders may wander, struggle with impulse control, or resist medical assistance; all of which may impair or prevent their ability to adequately respond to natural disasters. 49

**7. ISOLATION**

Isolation following a natural disaster disproportionately affects the elderly and increases the likelihood of adverse impacts on this already vulnerable population.50 Due to various reasons, “[i]isolated elders are often left to care for themselves in the turmoil that occurs in the early stages following catastrophes.”51 Both before and after a disaster strikes, there are limited readily available resources, and typically the elderly population is less physically able to compete for necessary resources as compared to younger disaster victims.52 Due to elders’ general lack of access to transportation, particularly after a disaster, they often cannot travel or reach areas where resources may be readily available.53 Moreover, if elders are fortunate and mobile enough to make it to where resources are being disbursed, many elderly individuals are unable to stand for hours in line to receive the necessary aid.54 For instance, “[t]he widely broadcast images of older people outside the New Orleans Superdome . . . wading through waist-deep water following Hurricane Katrina . . . gave a shocking realism to these challenges [caused by isolation].”

**8. RELUCTANCE TO SEEK HELP**

It is common for elderly individuals to avoid assistance from others, and“[t]he tendency of many older persons to regard acceptance of help as a defeat or a step toward total dependency is one of the most frequently observed reactions noted in studies . . . on disaster response.”56 Elders are reluctant to use public resources for a multitude of reasons: they dislike a welfare stereotype, they are slower to report their losses, and some are worried that contact with the government may place them at risk for involuntary placement in nursing homes.57 Moreover, the complex requirements associated with obtaining monetary relief cause confusion, anger, and frustration to the point where elders reject any assistance.58 Ultimately, this unwillingness to accept assistance is bolstered by unfamiliarity with government services, especially to those elders who are eligible.59

**9. TOTAL VULNERABILITIES**

As discussed above, disaster victims depend on a variety of factors in order to properly prepare for, respond to, and recover from natural disasters.60 These factors significantly contribute to the vulnerabilities of the elderly before, during, and after natural disasters. One factor particular to the elderly population is that “[v]ictims who are housebound, socially isolated, or who have impaired mobility may be compromised in their ability to respond to and recover from disasters.”61 Moreover, individuals who rely on regular medication, medical treatments, in-home care, and the provision of care and food from service or volunteer agencies are at an increased risk.62 The correlation between advancing age and the likelihood of having special needs increases the vulnerabilities of the elderly population during disasters.63 Ultimately, if the vulnerabilities of the elderly population are not incorporated into emergency planning, the critical needs of senior citizens will continue to be unmet.64

SOURCE: The Elder Journal (<https://theelderlawjournal.com/wp-content/uploads/2019/05/Maltz.pdf>)

**Concerns for Seniors After a Natural Disaster (i.e., Hurricane)**

Seniors should evacuate!

1. The amount of debris after the storm. (Trees down, palm frans, powerlines down, roads washed out, unstable surfaces)
	1. No power, therefore, no lights to guide the way at night.
2. Dangers for those that depend on oxygen
	1. No power equals no way to charge batteries of portable oxygen packs.
3. The stress of the change of routine
	1. Med schedule
	2. Sleep/nap schedule
	3. Walking/Moving more than capable
4. Malnutrition
	1. Disruption of meals