Identifying Vulnerable Older Adults and Legal Options for Increasing Their Protection During All-Hazards Emergencies

A Cross-Sector Guide for States and Communities

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A Cross-Sector Guide for States and Communities

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

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Executive Summary

Introduction

We cannot accurately predict which groups of people will be most affected by future emergencies. However, recent events have shown that some characteristics of older adults put them at greater risk of illness and death during many types of emergencies. For example, older adults may have impaired mobility, diminished sensory awareness, multiple chronic health conditions, and social and economic limitations—all of which can impair their ability to prepare for, respond to, and adapt during emergencies.[1] An emergency or disaster also can disrupt vital support systems that older adults rely on. For many older adults, independent living is made possible only with help from friends, family, and in-home services that provide meals, home-based health care, and help with the activities of daily living.

Events such as Hurricane Katrina in 2005 and the earthquake and tsunami in Japan in 2011 showed how vulnerable older adults can be during emergencies. Unfortunately, research conducted for this guide found three major limitations to our ability to plan for and protect older adults:

- Many different strategies are being used to identify vulnerable older adults across the country, but none of these strategies have been evaluated.
- No consensus exists on the best way to identify and protect older adults.
- Gaps exist in legal mandates to protect older adults.

This guide is intended to help close many of the gaps in emergency planning and preparedness for vulnerable older adults. In particular, it aims to give public health officials, the Aging Services Network, emergency management personnel, and essential partners from other sectors and at all jurisdictional levels (community, regional, tribal, and state) the critical information, strategies, and resources they need to improve the planning for and protection of vulnerable, community-dwelling older adults during all types of emergencies (often referred to as *all-hazards emergencies*).

Overarching Considerations

Several overarching considerations must be taken into account when planning for vulnerable older adults during emergencies. For example, planning officials should

- Include older adult issues and needs when developing preparedness plans. These plans should identify essential agencies, organizations, and other stakeholders.
- Identify and review relevant legal authorities.
- Define the different categories of emergencies and hazards to better understand how specific emergencies may affect older adults in the community.
- Use operational models of emergency management to identify the specific needs of older adults during each phase of an emergency.

Strategies and Options for Identifying Vulnerable Older Adults

To develop this guide, we conducted research, solicited input from a cross-sector work group of subject matter experts, and collected information during site visits in different parts of the country. We found that none of the methods currently being used to identify older adults who may need help in an emergency have been evaluated.

These methods are as follows:

- **Characterizing the population:** Basic epidemiologic data can be used to guide planning for the delivery of services, medications, durable medical equipment, and other materials needed to support older adults during all phases of an emergency.

- **Using geographic information systems (GIS):** GIS mapping technology allows officials to coordinate information about the locations of vulnerable older adult populations, community resources to help older adults, and potential hazards. Understanding where older adults are located and how they might be adversely affected by different types of emergencies can help local planners and first responders prepare for how they will meet the needs of older adults during an emergency.

- **Building, maintaining, and using registries:** Registries can be developed to provide information about specific types of help—such as medical equipment, transportation, or evacuation assistance—that vulnerable older adults will need during an emergency. They also can serve the broader purpose of identifying older adults who might need any type of help in an emergency.

- **Using shelter intake procedures to identify vulnerable older adults in the community:** This information can be used to identify older adults who may need special help.

Action Options

This guide outlines specific actions that can be taken at community, regional, tribal, state, and national levels to identify vulnerable older adults and plan for their needs during an emergency. These action options are organized into the following categories:

- Develop Plans.
- Collaborate with Partners.
- Collect and Use Data.
- Conduct Training and Exercises.
- Build, Maintain, and Use Registries.

- Use Law-Based Solutions.
- Prepare Older Adults and Caregivers.
- Shelter Older Adults.
- Take Action at the National Level.

Program Highlights and Resources

Throughout this guide, we will provide examples from states, communities, and existing programs that demonstrate practical options for addressing the gaps in preparedness planning. These examples will cover topics such as developing plans for rural areas, building community partnerships, leveraging the influence of area agencies on aging, and using technology to plan for older adults' needs. These examples also serve as models for action and highlight existing resources that might be helpful to professionals working with vulnerable older adults.

Moving Forward

CDC and its work group partners hope this guide can help those involved in emergency preparedness planning at all levels understand the unique needs of older adults. This publication is also intended to offer specific strategies and options for identifying and protecting vulnerable older adults during all-hazards emergencies.

For more information, resources, and practical tools, visit our companion Web site at www.cdc.gov/aging/emergency.

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INTRODUCTION

We cannot accurately predict which groups of people will be most affected by future emergencies. However, events such as the 2005 hurricane season and the 2011 earthquake and tsunami in Japan have shown that some characteristics of older adults put them at greater risk of illness and death during many types of emergencies. For example, older adults may have impaired mobility, diminished sensory awareness, multiple chronic health conditions, and social and economic limitations—all of which can impair their ability to prepare for, respond to, and adapt during emergencies.[1]

Emergencies also can disrupt the support systems that many older adults rely on. For many older adults, independent living is made possible only with help from friends, family, and in-home services that provide meals, home-based health care, and help with chores and personal care needs. In fact, the majority (93%) of Medicare enrollees aged 65 years or older live in the community, rather than in nursing homes or other congregate settings. Nearly one-third of this group lives alone.[2]

In recent years, emergency preparedness officials have begun to recognize the need to address the special needs of older adults and other vulnerable populations. Landmark publications from

AARP and the American Medical Association, such as *We Can Do Better*[1] and *Recommendations for Best Practices in the Management of Elderly Disaster Victims*,[3] highlighted the devastating effects of Hurricane Katrina on older adults and strengthened the groundwork for more focused attention on this population.

The guidance offered in this publication was developed by a work group convened by the Centers for Disease Control and Prevention (CDC). (See Appendix A. How This Guide Was Developed.) It is intended to help close many of the gaps in emergency planning and preparedness for vulnerable older adults. In particular, this guide

seeks to give public health officials, the Aging Services Network, emergency management personnel, and essential partners from other sectors and at all jurisdictional levels (community, regional, tribal, and state) the critical information, strategies, and resources they need to improve the planning for and protection of vulnerable, community-dwelling older adults during all types of emergencies.

Although officials also need to plan for and protect residents of long-term-care facilities, this guide focuses on the protection of older adults who live in community settings. It also uses the term *all-hazards emergencies* to refer broadly to all types of emergencies.

This guide begins with descriptions of the older adult population and key definitions, followed by sections on overarching considerations and strategies for identifying vulnerable older adults. It concludes by presenting a set of potential action options that can be taken in advance to improve identification, planning, preparedness, and response efforts to protect vulnerable older adults during emergencies. The appendices include information on how this guide was developed and a glossary of terms used throughout the guide.

The Older Adult Population

The older adult population is not characterized by age alone. Different laws use different parameters to define this population, especially in terms of when people become eligible for services. For example, although adults are generally eligible for Medicare coverage at age 65, they also become eligible for services and protections at age 60 under the Older Americans Act (OAA).[4] The services provided under the OAA include many types of assistance—such as meals, home health services, personal care, and transportation—that help older adults continue to live in their communities. For this guide, we define older adult as those aged 60 years or older. Another factor that influences whether older adults need help during an emergency is whether they live in a long-term-care facility or in a community setting. Community-dwelling older adults may pose more complex challenges for planning officials than those in long-term-care settings because these facilities may already be governed by specific regulations. To remain in their homes, many community-dwelling adults rely on care from family members or caregivers or from services provided by area agencies on aging, community organizations, or home health agencies.

Interruption of these services during an emergency can compromise the self-reliance and independence of community-dwelling older adults. For these reasons, this guide focuses on the protection of older adults who live in their homes in the community.

Older adults are a diverse group in terms of their physical and mental health, and vulnerability cannot be characterized by age alone. Complex variations in the health status, living environments, and social situations of older adults also make it hard to protect this population during emergencies. For example, an independent older adult who lives on the 18th floor of a high-rise building may suddenly become vulnerable if the electricity goes out

Using Population Profiles: Florida

The Florida Department of Health developed a low-tech, low-cost data collection tool that has proven useful for emergency planning in counties and communities. For each county, the state provides a description of the population, including information on age, disability status, residency status (e.g., older adults who live alone), food stamp receipt, and dialysis use.

This information can help counties identify the specific needs of older adults and other vulnerable populations in an emergency. State officials collect data at the county and zip code level from human service agencies and other sources, such as the U.S. Census Bureau and the End-Stage Renal Disease Network. Data are given to counties in a spreadsheet that can be easily shared and accessed during emergencies.

during a hurricane, shutting down the building's elevators. Older adults are at increased risk of disease and death during emergencies because of factors such as the following:

- A higher prevalence of chronic conditions, physical disability, cognitive impairment, and other functional limitations.
- Dependence on support systems for medical care, medication, food, and other essential needs.
- Potential limitations in their mobility, their access to transportation, or other aspects of functional autonomy.[1,3]

In addition to the direct relationship between age and the prevalence of chronic conditions,[5] nearly 82% of Medicare beneficiaries have at least one chronic condition, and 64% have multiple conditions.[6] The treatment of these conditions may require daily medications, specialized equipment, or care coordination.[7]

If older adults are not able to get the medications, equipment, or special care they need, they can be at increased risk of complications and death during an emergency.

Definitions

Efforts to protect older adults can be complicated by debates about the sensitivity and accuracy of methods used to define the population in need. A variety of terms have been used to define populations considered to be "vulnerable" or in need of special attention in an emergency. These challenges reflect the need for terms that are specific enough to include people who need special attention, but inclusive enough to encourage the members of this population to participate in the planning process.

Making Communities Stronger: AARP and New Orleans

One way to improve emergency response and recovery efforts is to build strong communities. After Hurricane Katrina in 2005, staff in the AARP office in Louisiana and residents in the Hollygrove neighborhood of New Orleans came together to finds ways to make sure the needs of older adults are met in an emergency. Their goal was to increase connections between people, stabilize community groups, and help local residents build their leadership and problem-solving skills.

Local groups Trinity Christian Community, the Carrollton-Hollygrove Community Development Corporation (CHCDC), and Hollygrove Neighbors helped residents rebuild their homes and lives after Hurricane Katrina. In 2007, AARP staff and eight Hollygrove community leaders began working together to improve the neighborhood and local partnerships.

Training Local Leaders
Their first project was to create the Livable Communities Academy (cosponsored by AARP and the Louisiana State University Agricultural Center). Twenty-seven residents met for 8 weeks to learn about community issues, develop priorities for recovery, and learn new leadership and advocacy skills. After 8 weeks, residents set the following priorities: public safety and resident engagement, economic development, health and caregiving, and mobility and transportation. They continued to meet monthly to find ways to get other residents involved and to address the issues identified.

The partnership between Hollygrove residents and AARP Louisiana has since received funding from the AARP Foundation and the Harrah's Foundation. This funding pays for technical, research, and evaluation support and helps the group build organizational capacity.

Preparing for Emergencies
Trinity Christian Community and the CHCDC also developed a block captain program and an emergency preparedness and response guide for residents. Forty-five residents were chosen to be block captains and learn how to answer questions about disaster recovery and evacuation. Block captains received manuals with information about services such as the Supplemental Nutrition Assistance Program and service providers such as the American Red Cross and FEMA. The manual also has guidance on how to choose a contractor and how much repairs should cost.

Block captains identify people who need help during evacuations, and they help residents keep track of their medications, financial papers, and family contact information during an emergency.

Although no consensus has been reached on the most appropriate and useful terminology, this section describes several terms that are common in emergency preparedness planning.

Vulnerable Populations

Vulnerable populations are defined by one expert group as follows: "People who cannot comfortably or safely access and use the standard resources offered in disaster preparedness, relief and recovery. They may include people with sensory impairments (blind, deaf, hard-of-hearing); cognitive disorders; mobility limitations; limited English comprehension or non-English speaking; as well as people who are geographically or culturally isolated, medically or chemically dependent, or homeless."[8]

Although no universally accepted term exists to define specific vulnerable populations, this guide uses the term "vulnerable older adults" to describe older adults who may need additional help during an emergency.

At-Risk Populations

At-risk populations were defined by a pandemic planning advisory panel to the Association of State and Territorial Health Officials as follows: "Those people most at risk of severe consequences from the pandemic, including societal, economic, and health-related effects."[9]

They are defined by the Office of the Assistant Secretary for Preparedness and Response as follows: "Some individuals may have greater difficulty accessing the public health and medical services they require following a disaster or emergency. At-risk individuals have needs in one or more of the following functional areas: communication, medical care, maintaining independence, supervision, and transportation."[10] The functional areas cited in this definition are commonly known by the acronym CMIST.

Communicating with Older Adults in an Emergency

To be able to take action in an emergency, people need information they can understand. Officials who work in emergency planning must be aware of the needs and limitations of diverse populations, including older adults.[11] Age-related limitations such as cognitive, hearing, and vision impairments can make it hard for some older adults to get and understand health messages or emergency information.[12] A person's cultural background, language, and literacy level can also affect his or her ability to get, understand, and act on information in an emergency at any age.

When you create health or emergency messages or instructions, keep in mind the needs of special populations such as older adults, people with sensory impairments, and people with limited English proficiency. At CDC's Health Literacy Web site, you can find practical information, resources, and tools on how to develop materials for older adults (see www.cdc.gov/healthliteracy/DevelopMaterials/Audiences/OlderAdults/index.html).[13]

Special Needs Populations

The National Response Framework defines *special needs populations* as follows: "Populations whose members may 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. Individuals in need of additional response assistance may include those who have disabilities; who live in institutionalized settings; who are elderly; who are children; who are from diverse cultures; who have limited English proficiency or are non-English speaking; or who are transportation disadvantaged."[14]

People Requiring Additional Assistance

This term is used by the Massachusetts Task Force on Emergency Preparedness and People Requiring Additional Assistance.[15]

Functional Needs Support Services (FNSS)

The Federal Emergency Management Agency's (FEMA's) *Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters* uses a functional needs framework to determine which individuals might need help in an emergency. FNSS are defined as services that enable individuals to maintain their independence in a general population shelter. They include the following:

- Reasonable modification to policies, practices, and procedures.
- Durable medical equipment.
- Consumable medical supplies.
- Personal assistance services.
- Other goods and services as needed.[16]

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OVERARCHING CONSIDERATIONS

Every jurisdiction (community, regional, tribal, state, and national) faces different challenges in preparing for and protecting vulnerable older adults in an emergency. Many different factors must be considered, including the existence (or lack) of relevant legal authorities, the type of emergency most likely to happen, and whether the jurisdiction is primarily urban or rural. Other relevant factors include the jurisdiction's demographics, geography, and specific environmental considerations.

Despite the local nature of many emergencies, events such as Hurricane Katrina and the terrorist attacks of September 2001 showed that planning and response requirements for major emergencies must go beyond the local level because additional help is often needed from state and federal agencies. This section outlines key overarching considerations identified during the development of this guide. These considerations may help officials at all levels plan and implement measures to protect vulnerable older adults during emergencies.

For example, planning officials should

- Include older adult issues and needs when developing preparedness plans. These plans should identify essential agencies, organizations, and other stakeholders.
- Identify and review relevant legal authorities.
- Define the different categories of emergencies and hazards to better understand how specific emergencies may affect older adults in the community.
- Use operational models of emergency management to identify the specific needs of older adults during each phase of an emergency.

Developing Plans

Comprehensive, all-hazards emergency preparedness requires the development and maintenance of emergency operations plans (EOPs) that address the needs of vulnerable older adults. The planning process helps encourage key organizations and entities to establish and maintain relationships essential for community, regional, tribal, and state jurisdictions to effectively respond to emergencies.

Cross-Sector Collaboration

Cross-sector collaboration between all key partners across jurisdictions is a vital part of preparedness planning. Planning for special needs populations, including older adults, may also benefit from including community members who represent special needs populations. Basic cross-sector activities should include the following: identifying vulnerable older adults and other populations with special needs before an emergency occurs, developing plans for risk communication, providing

shelter, ensuring continuity of medical care, transporting these groups to shelter and safety, and reintegrating displaced older adults back into their communities.

Essential Partners

Agencies and organizations from a variety of levels will be key in the planning process. These groups may include government entities, Aging Services Network agencies (which may or may not be governmental), and community partners.

Government Entities

Government agencies at all levels are critical partners in emergency planning and response and may include the following:

- Federal agencies.
- U.S. Department of Health and Human Services (HHS) agencies, including CDC, the Administration on Aging, the Centers for Medicare & Medicaid Services, the Office of the Assistant Secretary for Preparedness and Response,

the Indian Health Service, the Food and Drug Administration, and the Health Resources and Services Administration.
- U.S. Department of Homeland Security agencies, including FEMA and the Customs and Border Patrol.
- State agencies.
- State Attorneys General.
- Medicaid programs.
- State civil defense.
- State departments of behavioral health.
- State departments of public health.
- State emergency management agencies.
- State units on aging.

- Regional agencies.
- Metropolitan Transportation Authorities.
- Regional governing councils.
- Regional planning commissions.
- Local agencies.
- Aging services providers.
- Area agencies on aging.
- Fire departments.
- Hospital associations.
- Law enforcement agencies.
- Local health departments.
- Local emergency management offices.
- Long-term-care associations.
- Tribal organizations.
- Bureau of Indian Affairs.
- Local councils.
- Tribal governments.

Ensuring Workforce Competence: Hawaii

Partners from many different sectors share responsibility for identifying and protecting vulnerable older adults in emergencies. Each group has its own training requirements, which may or may not include information about older adults. All emergency responders should have a basic understanding of the unique needs of this population in order to plan and care for them in an emergency.

The State of Hawaii is a leader in this area. In 2005, the U.S. Department of Health and Human Services funded the Pacific Emergency Management, Preparedness, and Response Information Network and Training Services (Pacific EMPRINTS) to provide continuing education programs for emergency medical personnel and community health providers.[17] In 2009, funding was continued by the U.S. Department of Homeland Security.

Pacific EMPRINTS works to help health professionals

- Recognize terroristic and other emergencies.
- Meet the acute care needs of the population, including vulnerable populations.
- Participate in coordinated, multidisciplinary responses to emergencies.
- Rapidly and effectively alert the public health system of an event at the community, state, or national level.

The Pacific EMPRINTS Web site offers free, online courses and tutorials, several of which address vulnerable populations. Health professionals who work with older adults in Hawaii also have been trained through the PREPARE program, thanks to a partnership with Mather LifeWays, a nonprofit organization based in Illinois (see http://matherlifeways.com/re_prepare.asp for more information).

Aging Services Network

The Aging Services Network, created under the authority of the Older Americans Act (OAA), is responsible for helping to maintain the dignity and welfare of older adults.[18] It is an essential partner in preparedness planning for vulnerable older adults. The Aging Services Network is made up of the Administration on Aging (AoA), 56 state units on aging (SUAs), 629 area agencies on aging (AAAs), 244 tribal organizations, 2 Native Hawaiian organizations, and the many organizations that provide services (e.g., home health care or meal delivery) to older adults.

AAAs may serve a city, county, region, or other planning and service area, and they may be governmental, nonprofit, or private organizations.[19] The OAA requires SUAs and AAAs to create preparedness plans that include information on how jurisdictions will coordinate services for older adults. The OAA does not specify how these requirements should be met.[20,21]

Community Partners

Community organizations are essential partners in identifying older adults and protecting them during all-hazards emergencies. Examples of community organizations that may be involved in emergency preparedness planning include the following:

- American Red Cross.
- Community Organizations Active in Disaster (COADs).
- Community services organizations such as Meals on Wheels.
- Faith-based organizations.

- Home health care and durable medical equipment providers.
- Legal Aid and other organizations that provide legal services to older adults.
- Nonprofit social service organizations.
- Private-sector companies and business.
- Voluntary Organizations Active in Disaster (VOADs).

Identifying and Reviewing Selected Legal Authorities

The federal legal framework for all-hazards emergency preparedness and response includes laws, regulations, and executive orders. This section provides a brief overview of some of the laws that may apply to older adults,

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Leveraging the Influence of Area Agencies on Aging: Hawkeye Valley, Iowa

The Hawkeye Valley Area Agency on Aging (HVAAA) in Northeast Iowa has shown that it can maintain services to older adults in an emergency such as a blizzard, ice storm, or flood. When older adults call for services, staff members in the Aging and Disability Resource Center assess their situation—for example, whether they need help because of a disaster. They also help callers sign up for the county's Reverse 911 high-speed telephone system (if available in their area), which county and city officials use to send emergency messages.

After the initial phone assessment, HVAAA case managers meet with clients to develop personal emergency plans. They also get permission to release personal information as needed during emergencies. They meet with clients every 3 months to keep information up-to-date and identify other older adults who may need help.

Planning for Emergencies
To make sure that people have food if they are stuck at home during bad weather, the HVAAA gives frozen and shelf-stable meals to clients who receive home-delivered or congregate meals. When the weather is very bad, these meals are given out several times during the winter. To make sure that services can continue in an emergency, HVAAA officials developed a continuity of operations plan and identified staff members who can go into affected areas if needed.

Case managers and senior center coordinators also contact clients during emergencies or inclement weather to find out if their needs have changed. HVAAA staff members work with service providers and county emergency management offices to make sure clients get the help they need. The HVAAA also is involved in the county's COAD partnership and long-term recovery committees, and it is a member of the state's VOAD (the Iowa Disaster Human Resource Council).

In addition, the HVAAA offers regular training for health professionals on disaster and emergency response topics and a program for clients called Disaster Preparedness 101. This program includes handouts from the HVAAA, FEMA, the American Red Cross, and county COADs that case managers and senior center coordinators can give to home-bound clients.

To find your local AAA, visit http://eldercare.gov.

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