

# Boosting Disaster Resilience Among Older Adults

Older adults—those age 65 and up—are especially vulnerable to natural disasters. A disproportionate number of deaths and injuries from disasters occur in this population. In the United States, most older adults are unprepared for an emergency, and many are socially isolated. Older adults are also more likely to have chronic health problems and functional limitations that hamper their ability to prepare for and respond to a disaster. Many need help evacuating during an emergency. Yet, some older adults can also contribute assets to disaster response: They can draw on their experience, resources, and relationship-building skills to prepare themselves and to support others during an emergency.

Public health programs are needed to identify older adults at risk in the event of disasters and to address their needs. Public health departments are the government entities primarily responsible for disaster-related public health and safety. However, because public health departments focus on the entire community, their programs may not meet the needs of all older adults.

*Disaster resilience* is the ability to recover from disasters and other problems and emerge stronger and better able to withstand future adverse events. One set of resources for improving the disaster resilience of older adults may already exist: efforts to promote *aging in place*, which is the ability to live in one’s own home and community safely and independently, regardless of age. Research has shown that most older adults prefer to continue living in their homes rather than in institutional settings. Two kinds of organizations that currently promote aging in place are age-friendly communities (AFCs) and villages (see box). Both seek to link older adults to useful programs and services, such as transportation and home repair, and keep them connected to others in their communities.

Can current aging-in-place efforts help strengthen the disaster resilience of older adults? A research team led by RAND and the Centers for Disease Control and Prevention (CDC) conducted a study to address this question and assess the state of disaster resilience efforts for older adults. The team interviewed key informants from three stakeholder groups—staff from 11 public health departments, 16 AFC leaders, and 10 village executive directors. In addition, the team developed a toolkit (available at [www.rand.org/t/TL282](http://www.rand.org/t/TL282)) intended to

## Key findings:

- Older adults are particularly vulnerable to natural disasters but also possess assets that can contribute to disaster preparedness.
- Public health department efforts to promote disaster preparedness do not always accommodate the needs of older adults.
- Aging-in-place efforts—activities to help older adults live well in their homes and communities rather than in institutional settings—focus on daily needs rather than on disaster resilience.
- Current aging-in-place efforts can be harnessed to strengthen disaster resilience among older adults.
- Collaborations between public health departments and organizations that promote aging in place could improve disaster resilience among older populations.

## Two Kinds of Organizations That Promote Successful Aging in Place

**Age-friendly communities** (AFCs) are typically collaborations between organizations (which may include local government agencies and community groups) that promote the social connectedness of older adults and facilitate their inclusion in community life. The World Health Organization oversees the Global Network for Age-Friendly Cities and Communities. AARP oversees a network of U.S. AFCs. AFCs are “top-down” organizations typically implementing a model for improving aging in place that covers specific issue areas.

**Villages** are membership-driven, grassroots nonprofit organizations that seek to help older adults age in place through such programs and services as health education, social gatherings, lists of service providers who have been vetted, transportation, and bookkeeping. Villages generally cover a neighborhood or a city but in some cases can cover multiple adjacent counties in more rural areas. Villages differ based on their size, governance structure, membership characteristics, and regional coverage.

help these stakeholder groups build stronger connections with each other and bridge gaps in preparedness efforts for older adults in order to make them more resilient.

The interviews had two goals:

- Improve understanding of what public health departments, AFCs, and villages are currently doing to address disaster resilience in older populations.
- Identify existing or new initiatives, programs, or partnerships that show promise for improving older adults' disaster resilience.

### **Stakeholder Activities: The Current Landscape**

Stakeholder interviews revealed that most AFCs and villages did not place a high priority on promoting disaster preparedness. Many of these organizations cited a lack of demand among their constituents as the reason why they did not place greater emphasis on disaster preparedness. Village leaders in particular noted that most of their members were interested in daily quality-of-life issues. Village and AFC leaders also pointed to resource constraints and a lack of expertise in disaster preparedness as further explanation.

Public health departments focus on disaster preparedness, as well as preventing and managing chronic disease among the local population. Most departments, however, reported not having programs tailored specifically to older adults. Public health department programs targeted individuals with functional limitations (which encompass some older adults), but public health leaders did not view programming for all older adults as their responsibility. They cited government agencies that are focused on aging or older adults as the usual lead agency for such programming. Public health leaders also pointed out that there is often no single lead agency responsible for preparing or protecting older adults during a disaster. Most public health leaders in our sample were not assigned this responsibility, though they felt that their organization was capable of playing this role.

However, all of these stakeholders offered programming with direct relevance to disaster preparedness for older adults. Most villages conducted activities to improve information-sharing and outreach about household preparedness, communication with first responders, and assessment and planning, such as home safety inspections. Although these activities focus on household emergencies, there are clear connections between these preparations and readiness for natural disasters. Some AFC respondents observed that preparedness was a logical extension of their work on neighborhood cohesion and social engagement. They felt that these activities played a role in linking community preparedness in general with the specific needs of older adults and that bridging this gap—rather than delivering any specific services—holds promise for boosting older-adult preparedness.

The public health departments in our sample all engaged in preparedness planning and education, most of it focused on health emergencies or the health-specific part of a disaster event, such as rapid dispensing of medication or containing infectious diseases. Some also had programs related to chronic disease prevention and management (e.g., depression and diabetes), as well as reduction of health risks, such as tobacco use and fall prevention, all of which disproportionately affect older adults.

Leaders from all stakeholder groups also reported that there is currently little, if any, collaboration between aging-in-place efforts and public health departments in boosting the preparedness of older adults, despite the clear relevance and potential overlap of current efforts to help adults age in place and to improve disaster preparedness among local populations (see figure).

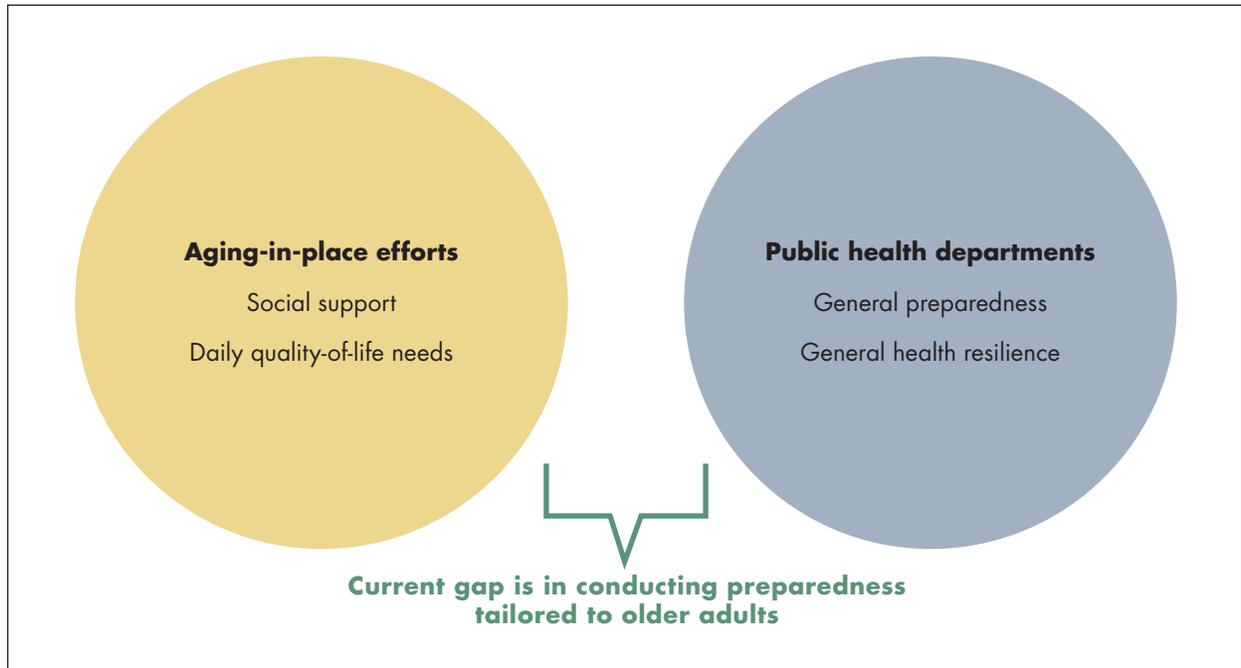
### **Bridging the Gap**

The interviews illuminated aging-in-place efforts that focus on older adults' daily needs rather than disaster preparedness and public health department efforts that promote disaster preparedness but are not tailored to older adults. Yet both efforts have relevance to the older adult population and its special disaster preparedness needs. To support collaboration between aging-in-place groups and public health departments, the research team developed a toolkit to clarify common ground between the activities of these groups and to build on this common ground to promote activities to enhance older adults' resilience.

### **Conclusions and Recommendations**

- Current aging-in-place efforts can be harnessed to strengthen the disaster preparedness of older adults, and existing public health programs can be adapted to focus on the preparedness of older adults.
- The work of public health departments and aging-in-place efforts is complementary. Improving the everyday engagement of older adults with family, friends, neighbors, and trusted institutions supports preparedness work by strengthening informal ties and building information networks. Likewise, the work of helping older adults become more resilient to disasters provides an opportunity for older adults to engage and learn skills that help them remain in their homes as they age.
- In communities that lack aging-in-place efforts, public health departments can take the lead in filling this gap and also incorporate resilience-building activities into such efforts.

### Aging-in-Place Efforts and Public Health Departments Rarely Collaborate to Bolster Preparedness of Older Adults



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This brief describes work done in RAND Health and documented in *Improving Disaster Resilience Among Older Adults: Insights from Public Health Departments and Aging-in-Place Efforts*, by Regina A. Shih, Joie D. Acosta, Emily K. Chen, Eric G. Carbone, Lea Xenakis, David M. Adamson, and Anita Chandra, RR-2313-CDC, 2018 (available at [www.rand.org/t/RR2313](http://www.rand.org/t/RR2313)), and *Building Older Adults' Resilience by Bridging Public Health and Aging-in-Place Efforts: Toolkit*, by Joie D. Acosta, Regina A. Shih, Emily K. Chen, Lea Xenakis, Eric G. Carbone, Lane F. Burgette, and Anita Chandra, TL-282-CDC, 2018 (available at [www.rand.org/t/TL282](http://www.rand.org/t/TL282)). To view this brief online, visit [www.rand.org/t/RB10001](http://www.rand.org/t/RB10001). The RAND Corporation is a research organization that develops solutions to public policy challenges to help make communities throughout the world safer and more secure, healthier and more prosperous. RAND is nonprofit, nonpartisan, and committed to the public interest. RAND's publications do not necessarily reflect the opinions of its research clients and sponsors. RAND® is a registered trademark. © RAND 2018

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