

Care for Elders Hurricane Ike Report February 13, 2009

LOCAL EXPERIENCES DURING AND AFTER HURRICANE IKE

Introduction

Shortly after Hurricane Ike hit the Texas Gulf Coast, Care for Elders was called upon by the United Way of Greater Houston to convene organizations concerned about seniors to determine the recovery needs of older adults, to understand and problem-solve the challenges elders were experiencing in accessing disaster recovery resources, and to promote good communication within the aging network about who was doing what, where, and when.

Three meetings were held – one per month in September, October and November 2008. A total of 63 individuals attended the meetings, representing 36 different organizations. Highlights and key findings from those meetings are provided on the pages that follow. In addition, these critical stakeholders identified several systems level challenges that became evident during the early recovery phase and offered a number of recommendations for improving our community's future disaster response and recovery efforts that target older adults.

Some Facts and Figures about Local Older Adults and Hurricane Ike

- As of January 12, 2009, there were 53,000 Harris County FEMA registrants over the age of 60 (14% of Harris County FEMA registrants).
- As of January 21, 2009, FEMA had classified 19,000 homes of registrants over 60 as damaged, totaling an estimated \$54 million in property damage. See the graph provided by United Way on page 7 of this report for more information about the number of elders affected and the extent of their property damage. Also see the map on page 8 to see the geographic distribution of the estimated dollar amounts of damage across Harris County.
- Overall and among those 60 and older, there were more FEMA registrants with home damage in low income zip codes. See the map provided by United Way on page 9 of this report to see the zip code distribution of FEMA registrants over 60, along with the percentage of elders living in poverty in each zip code.
- Seniors are highly overrepresented among those suffering the most extensive damage: 24 percent of FEMA registrants with between \$15,000 and \$28,800 in damages are over the age of 60, and 26 percent of FEMA registrants with more than \$28,800 in damages are over the age of 60.
- There were FEMA registrants over the age of 60 coming from 148 different zip codes. Zip codes with the highest number of FEMA registrants over age 60 include:
 - 77033 1,121 registrants 23% of seniors in zip code are below 100% of poverty
 - 77021 751 registrants 21%
 - 77016 718 registrants 22%
 - 77026 590 registrants 26%
 - 77571 564 registrants 9%
- Zip codes with highest percent of elders (65+) living below 100% of poverty
 - 77020 38% of senior residents below 100% of poverty 337 registrants
 - 77051 31% 464 registrants
 - 77003 31% 62 registrants
 - 77028 30% 513 registrants
 - 77002 29% 5 registrants
- Nursing homes have the highest residency levels of all types of institutionalized settings; Harris County has almost 10,000 adults residing in nursing homes.

Services and Supports Needed by Older Adults

- Basic needs – food, water, ice, electricity, personal care items
- Medications and prescription refills, including home delivery
- Tree and debris removal
- Financial resources to replace clothing, bedding, furniture, food, etc
- Transportation to access recovery resources
- Home repair
- Shelter/temporary housing
- Durable medical equipment
- Case management - assistance completing FEMA and other service applications/forms
- Emotional support/assurance
- Health care

Provider Observations and Concerns

- Older adults being served by community agencies prior to the disaster were contacted and their needs identified and addressed by those agencies. However, there was grave concern about how to identify and ensure the well-being of those older adults not being served by or associated with an existing agency.
- There were many, many concerns about seniors in high rise facilities with no power or water that could not get up/down stairs (elevator broken), flush commodes, prepare meals, etc.
- Some of the temporary housing arrangements made available to seniors were sub-standard and in deplorable condition.
- Food and water distribution PODS were not conveniently located and had too many restrictions on how much could be picked up at one time.
- Older adults were too frail to wait in the long lines for food, ice, and other assistance.
- While MRE meals were delivered to many seniors in their homes, the packaging and nutritional content of these meals were not “senior friendly”.
- Promises were made to facilities about bringing supplies, i.e. diesel fuel to run generators, but not kept.
- City Health Department kitchen inspectors were demanding, insensitive and unsupportive of facilities’ efforts to comply with food preparation and storage regulations while functioning with no power.
- There was a significant problem with getting prescription refills and/or medications delivered.
- There was tremendous confusion about how to access and utilize FEMA, including a lack of understanding about what they will help with, what they require, etc.
- The lack of transportation exacerbated everything, including picking up supplies, attending the DRC, and accessing other recovery resources.

System Level Challenges and Breakdowns

- Lack of a coordinated plan by the aging network for disaster response and recovery efforts
- No identified – or clearly communicated *lead organization* for:
 - Organizing and coordinating the aging network response
 - Distributing food and supplies to older adults
 - Recruiting and assigning volunteers
 - Case management
- No clear understanding of which organizations or programs had capacity to serve new clients
- No clear understanding of what governmental or private business groups are accountable for re: the clients/tenants they serve
- Poor and inconsistent communication about who was doing what
- Lack of a comprehensive list of vulnerable, at-risk or homebound seniors that could be used to prioritize welfare checks, electricity restoration, and the delivery of supplies.
- Organizations lacked business continuity plans to address internal issues of employees being displaced/evacuated, unable to come to work, unable to access child care, etc.

Recommendations from Local Stakeholders

- The aging network should come together and develop a coordinated emergency preparedness and response plan for older adults, including a system for delivering food and supplies to homebound seniors.
- Older adults should be given priority for restoration of utilities.
- Providers of critical senior services should be given priority for restoration of utilities and required to have back-up generators installed, including Valley Foods.
- Greater attention should be given to educating older adults about disaster preparedness and response, including how to shelter in place.
- A system should be established to ensure ALL older adults are checked on immediately following a disaster, and periodically until utilities are restored and urgent needs are addressed.
 - Organizations or groups should be assigned to senior housing complexes/facilities and responsible for monitoring residents and addressing urgent needs.
- Apartment owners and others offering temporary housing to disaster victims should be required to ensure safe and acceptable living conditions of those units.
- Distribution sites for food, water, etc should be established close to where seniors live
- Facilities of more than one story that house a significant percentage of older adults should be required to have a back up generator.
- Service providers should be equipped with critical supplies, such as MREs, before a disaster occurs or have access to supplies at an established location after an emergency.
- Ensure all seniors have a personalized emergency and evacuation plan that lists:
 - Where they can go in an emergency
 - What they should bring with them if evacuated (medications, eyeglasses, hearing aids, dentures, oxygen, etc)
 - How they will get there
 - Who they should call for help
 - Provisions for transport of equipment or assistive devices
 - Provisions for pets
 - All current medications, doctors and pharmacies used (kept in a waterproof bag)
- Ensure all seniors have a disaster supply kit that includes:
 - Ready-to-eat food and bottled water (“standard recommendation” is to have enough for 3 days)
 - Batteries
 - Battery powered radio
 - Flashlight
 - First aid supplies
 - Two week supply of prescription medications
 - Copies of essential documents (birth certificate, marriage certificate, Social Security card, Medicare, Medicaid and other insurance cards)
 - Small amount of cash

REPORTS AND RECOMMENDATIONS FROM OTHERS

Special Needs Populations Report from the U.S. Dept. of Homeland Security

In October 2008, Care for Elders was asked to participate in a series of tele-conferences being convened by the U.S. Department of Homeland Security specific to our region's Hurricane Ike response to special needs populations, including older adults. A comprehensive Impact Assessment report was then prepared by the Department of Homeland Security's Office for Civil Rights and Civil Liberties, utilizing the insights of state, local and nongovernmental organizations representing special needs populations throughout East Texas. Excerpts from this report are provided on the pages that follow.

Priority Recommendations

Based on the impacts of Hurricane Ike, the following priorities have been identified for fully incorporating special needs populations into long term community recovery:

- The need for strategies to connect special needs organizations with long-term community recovery planning and decision making processes.
- The need for strategies to identify, assist, and advocate for individuals who were living in the community with supports and were displaced into congregate settings with no clear mechanism to return to their community.
- The need for strategies to rebuild residential and municipal structures in a manner that meets hazard mitigation standards while achieving affordability and accessibility objectives.
- The need for strategies to encourage the return and start-up of small businesses that are key human service supports (i.e. home health care, day care, personal assistance, sign language interpreters, etc).

Areas of Community Capacity to be Strengthened

To ensure special needs populations are fully included within long term recovery, the following areas should be strengthened:

- Advocacy and Case Management
 - Case management services that are made available through disaster specific funding have often been time bound in duration and clients have reported that the transition to local based services is often not smooth.
 - Localities will need access to a larger pool of licensed social workers and case managers to work with individuals to identify their most pressing needs and to assist them in developing a long-term plan for self-sufficiency.
- Housing
 - In many of the highest impacted communities, large numbers of individuals are unemployed or elderly, and therefore lack the resources to meet critical housing needs on their own, i.e. rental assistance, debris removal, or emergency repairs to structures, plumbing or electrical systems.
 - A mechanism should be developed to pre-identify the location of accessible temporary and permanent housing stock to support recovery.
 - Organizations should pursue opportunities to work with community planners and building groups to actually increase the supply of accessible and affordable housing for the future.
- Financial Security and Employment
 - Low income individuals with special needs, many of whom lack insurance and live in unaffordable or substandard housing before a disaster, struggle to find a clear path to re-establishing home ownership during recovery.
 - Strategies are needed to make forms of short term assistance count toward more permanent housing and financial security.

- Health and Wellness
 - There was a significant emergence of issues related to untreated chronic conditions for which individuals were unable to obtain medication or access their primary healthcare providers in the communities from which they were evacuated.
 - Research shows the need for mental health service increases approximately six months following catastrophic disasters.
 - Given the communication challenges facing many individuals with special needs, specific messaging and delivery methods regarding health care restoration and public health issues will be important during recovery.
- Transportation
 - The existence of affordable, reliable public transportation may be a make-or-break factor in the choice-making process for individuals who are deciding whether or not to live in a given community.
 - Individuals with special needs are more reliant on the infrastructure – housing and transportation – in order to live independently, yet they are more likely to be displaced far away from a transportation route or farther away from the city center.
 - Recovery planners should encourage collaboration among businesses, diverse community groups, and transportation providers to improve or identify new public transit services for the community.
- Individual Supports
 - Long term recovery must involve strategies to re-establish the array of public, private, and nonprofit providers who deliver the supports needed by individuals with special needs to regain independence in the community, i.e. home delivered meals, in-home care.
- Child and Family Supports
 - Many families took elders and other family members with disabilities into their homes following the disaster, creating new needs for support and increased stress on family resources.
 - In many cases, modifications to the home environment are needed to provide basic accessibility for the displaced family members.
- Education
 - There will be a number of families who will seek to return to their communities but will have significant concerns about the status of special education services in the restored schools.
- Community Access
 - Consideration should be given to co-locating government facilities and integrating schools and medical facilities into neighborhoods.
 - Long term recovery provides an opportunity to foster universal design of the community – focusing reconstruction on the widest range of people, in the widest range of situations, universal design incorporates the best of living in buildings, neighborhoods, parks, and our own back yards.

Thoughts, Best Practices and Recommendations from Others

Care for Elders staff and leadership called upon others in the country that have more experience in disaster planning and recovery for seniors than we do to ask about best practices and lessons learned from their disaster related work. Below is a sampling from what colleagues in Florida sent to us:

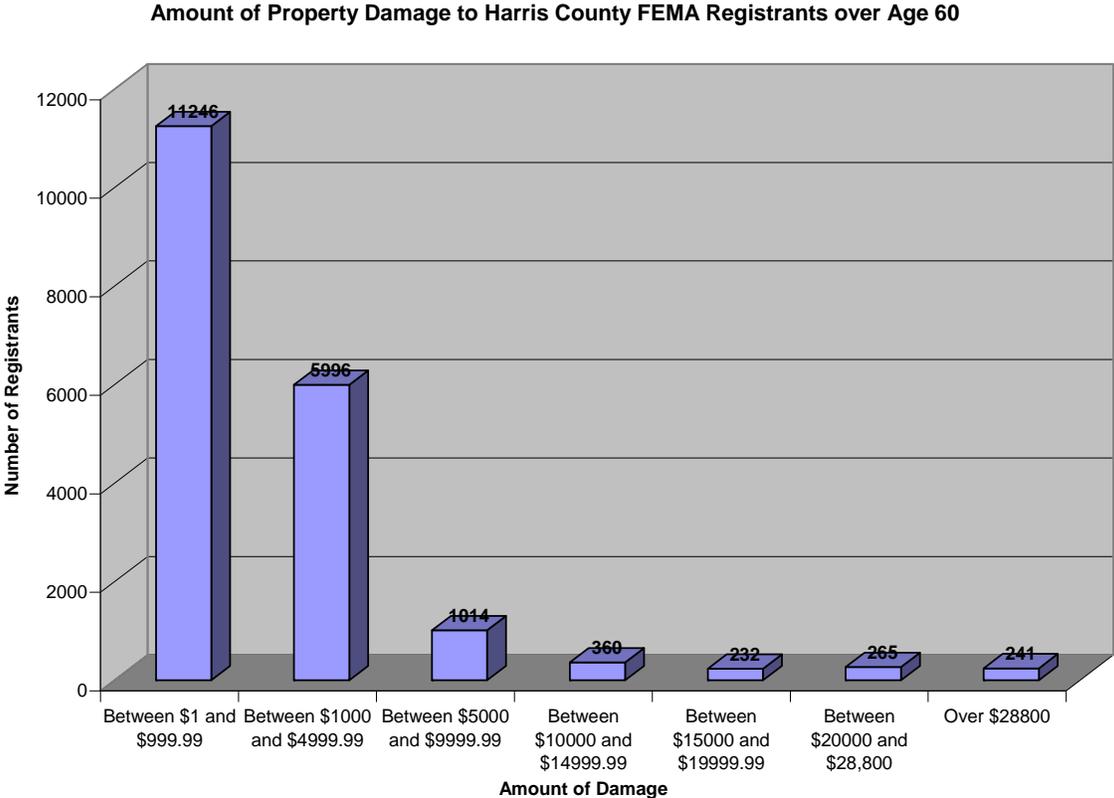
- AARP has called for organizations that respond to disasters to better define “who should do what when”. (AARP, 2006)
- It is essential to build relationships among groups *before* disaster strikes to improve coordination and communication in disaster situations. (AARP, 2006)
- The aging network needs to be linked *in advance* to other resources that can assist older adults, including emergency preparedness professionals, the mental health community, housing and food stamp providers, public health professionals, and any other entity that could be called upon to help older adults recover. (CDC Report, 2006).
- Equally important is improving identification and tracking of both people and health information. (AARP, 2006)
- Florida uses geographic mapping and Census data to set up food and water distribution pods in areas where older adults live.
- The Florida Department of Elder Affairs (much like DADS) maintains daily contact with the area agencies on aging in the affected areas to determine whether they need assistance.
- The Florida Department of Elder Affairs works with teams of volunteers and community groups to go condo to condo, retirement center to retirement center, neighborhood to neighborhood, block to block to find vulnerable elders, determine what they need, and match them with community resources.
- Aging network professionals should be trained to watch for confusion that may result from elders not having needed medications, withdrawal from medications, dehydration, depression or injury.
- Patients in Florida long term care facilities that are on dialysis, ventilators, or other electric devices are among the first to be evacuated during a disaster.
- North Carolina has created a registry of all licensed group homes and long-term care facilities as part of its multi-hazard threat database which includes contact information and geographic coordinates for each facility.

In Conclusion

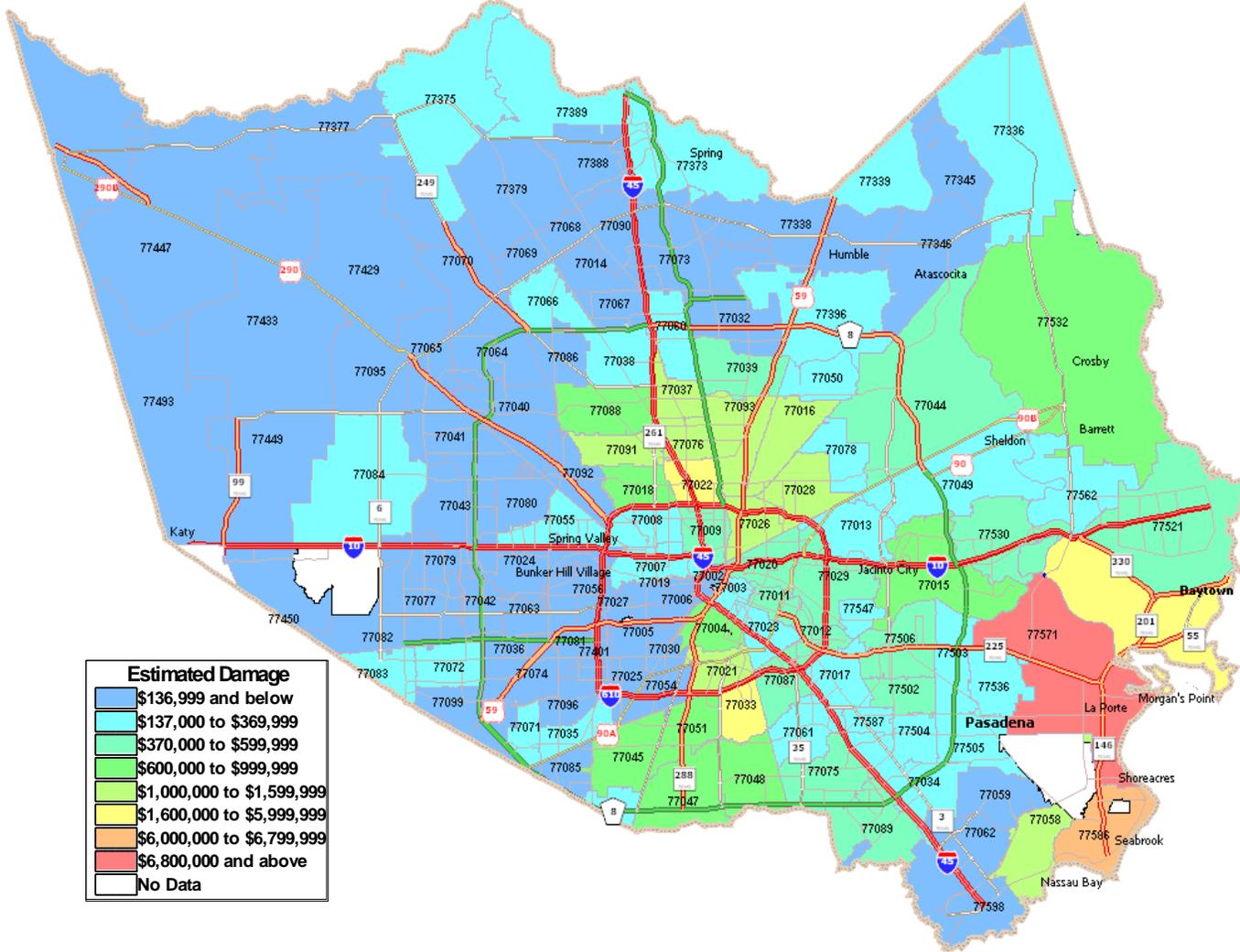
Just as in times past, the Houston community rose to the challenge of helping its residents recover from a disaster. While there are a number of improvements to be made, the aging network is to be commended for its conscientious and tireless efforts to ensure that the needs of older adults were met following Hurricane Ike. Care for Elders stands ready to partner with others in implementing the recommendations brought forward and outlined in this report.

FEMA Registrants over Age 60 in Harris County

Graphs and maps provided by the United Way of Greater Houston.



Map 1: Estimated Hurricane Ike Related Property Damage to FEMA Registrants over Age 60 by Zip Code



Map 2: Distribution of FEMA Registrants over Age 60 with Hurricane Damage in Harris County

