

The Importance of Emergency Planning for Vulnerable Older Adults





Topics Covered

- Changing demographics
- Unique vulnerabilities of older adults
- Preparedness Planning-
 - What states can do
 - What communities can do
 - What individuals can do
- CDC Web Resources

Which Older Adults Does This Work Address?

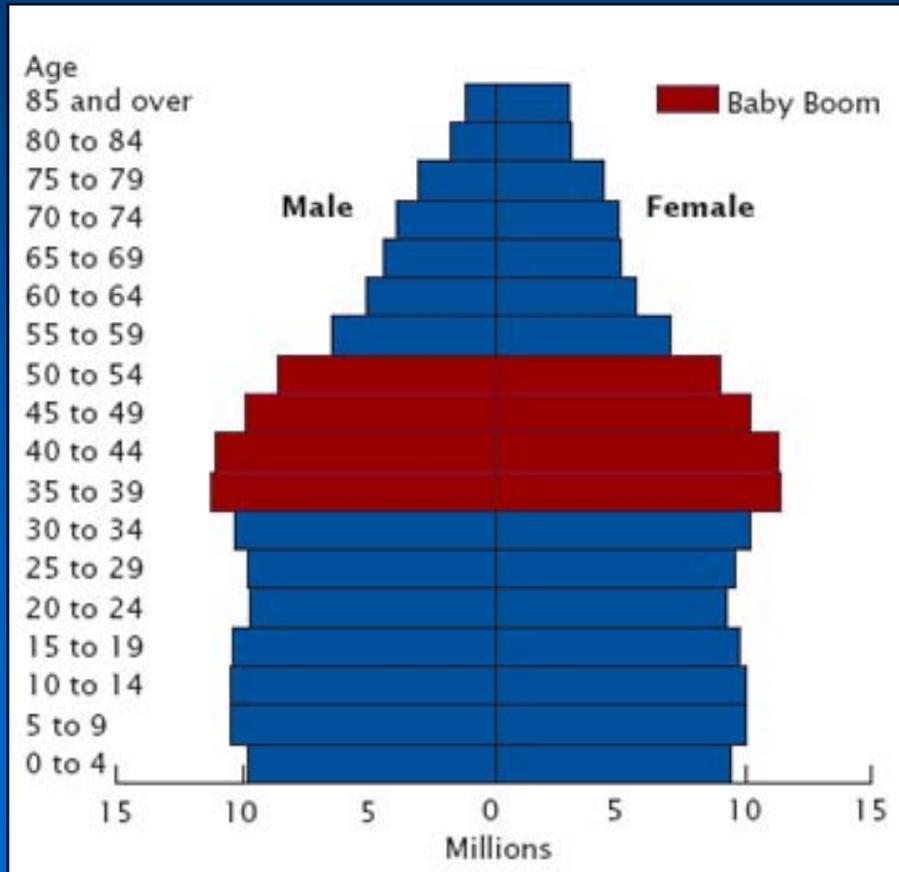
Those who-

- Live in the community
- May live independently
- May not need assistance every day
- May not seem vulnerable until an emergency event happens

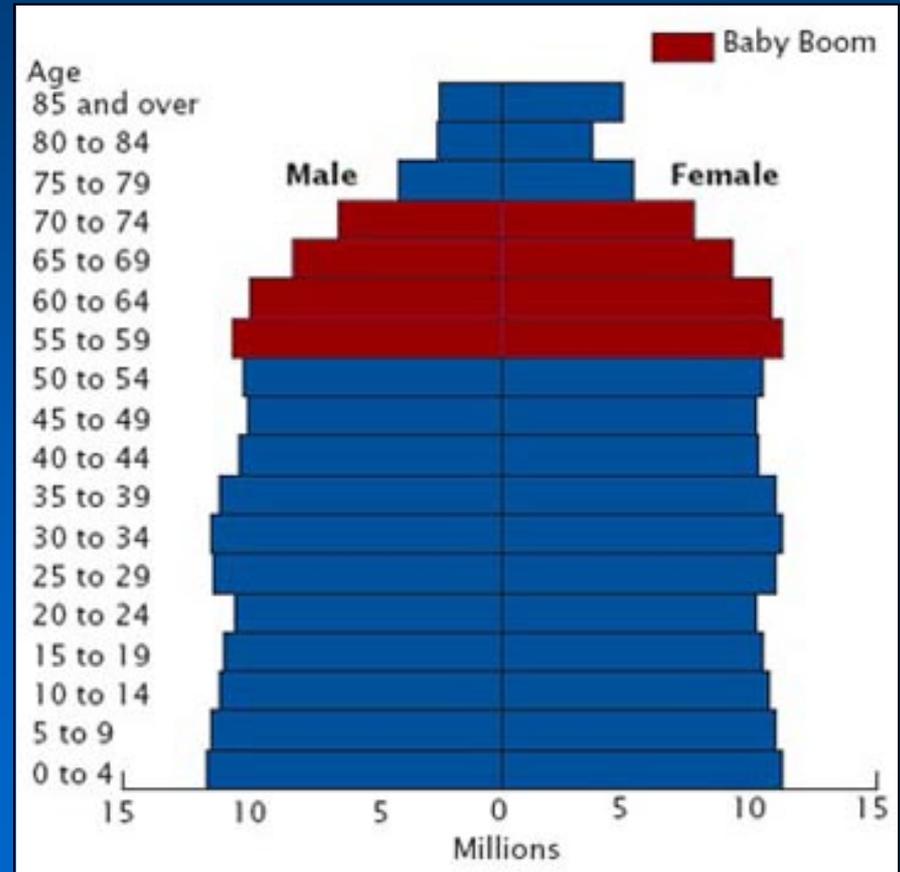


Changing Demographics

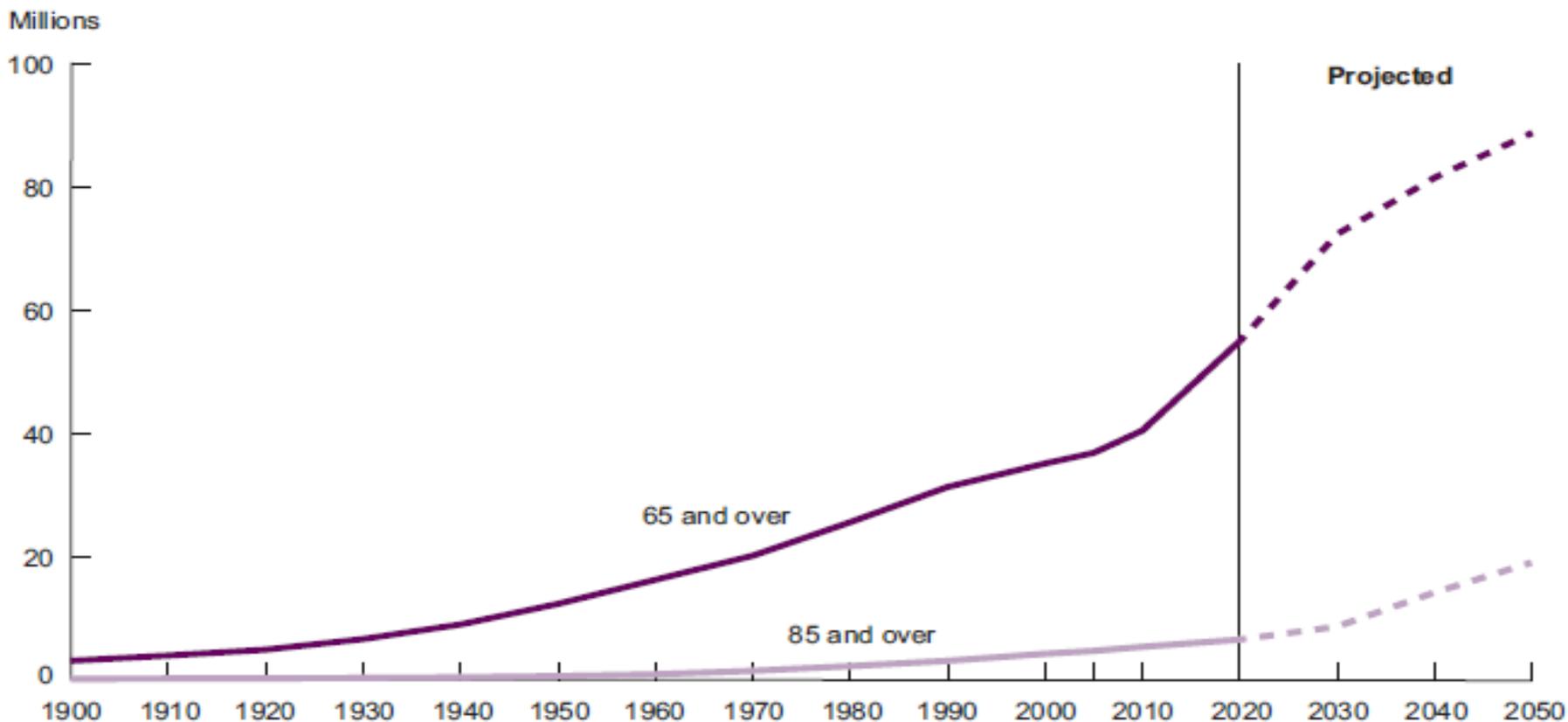
2000



2020



Population age 65 and over and age 85 and over, selected years 1900–2010 and projected 2020–2050

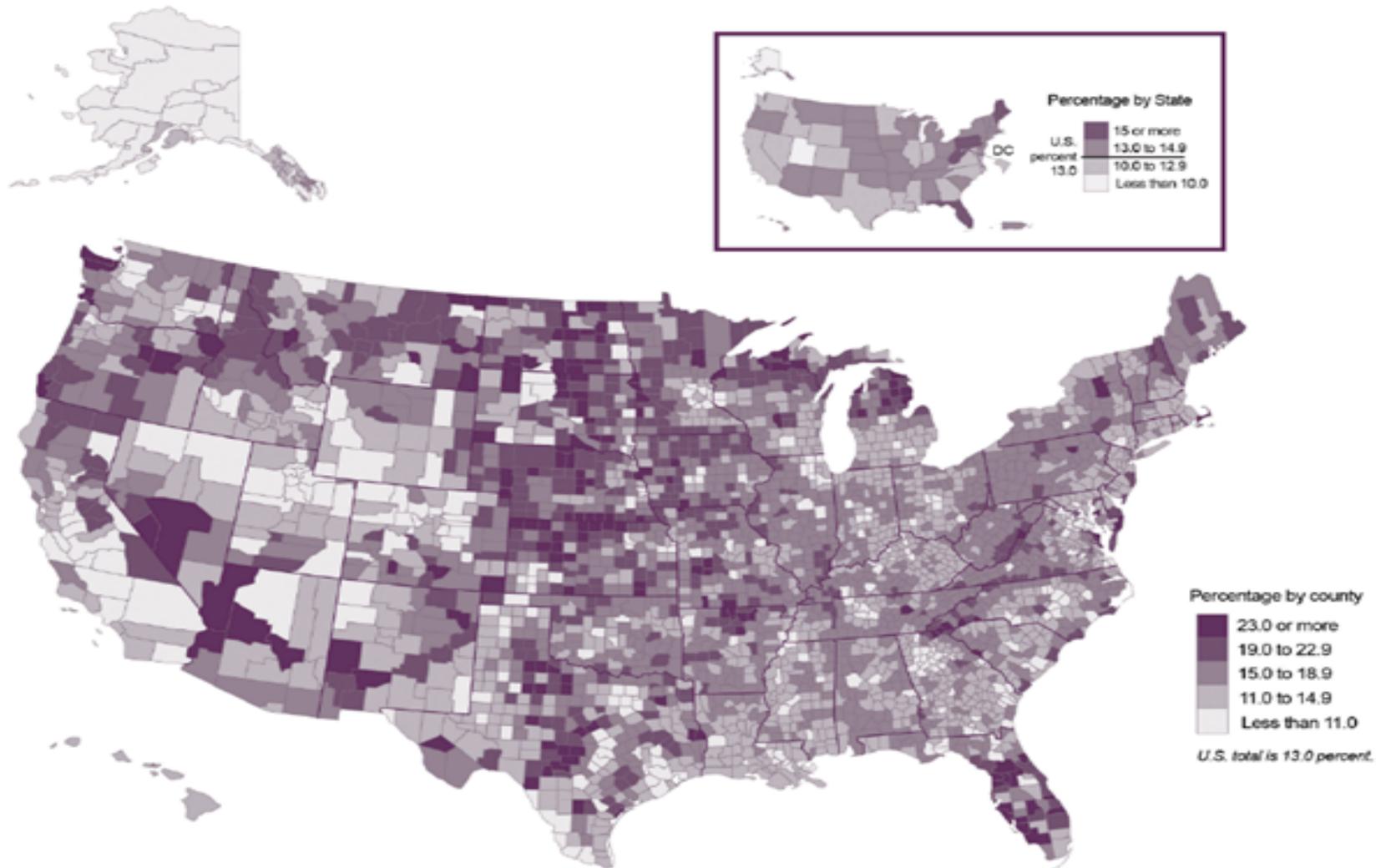


NOTE: These projections are based on Census 2000 and are not consistent with the 2010 Census results. Projections based on the 2010 Census will be released in late 2012.

Reference population: These data refer to the resident population.

SOURCE: U.S. Census Bureau, 1900 to 1940, 1970, and 1980, U.S. Census Bureau, 1983, Table 42; 1950, U.S. Census Bureau, 1953, Table 38; 1960, U.S. Census Bureau, 1964, Table 155; 1990, U.S. Census Bureau, 1991, 1990 Summary Table File; 2000, U.S. Census Bureau, 2001, *Census 2000 Summary File 1*; U.S. Census Bureau, Table 1: Intercensal Estimates of the Resident Population by Sex and Age for the U.S.: April 1, 2000 to July 1, 2010 (US-EST00INT-01); U.S. Census Bureau, 2011, *2010 Census Summary File 1*; U.S. Census Bureau, Table 2: Projections of the population by selected age groups and sex for the United States: 2010–2050 (NP2008-t2).

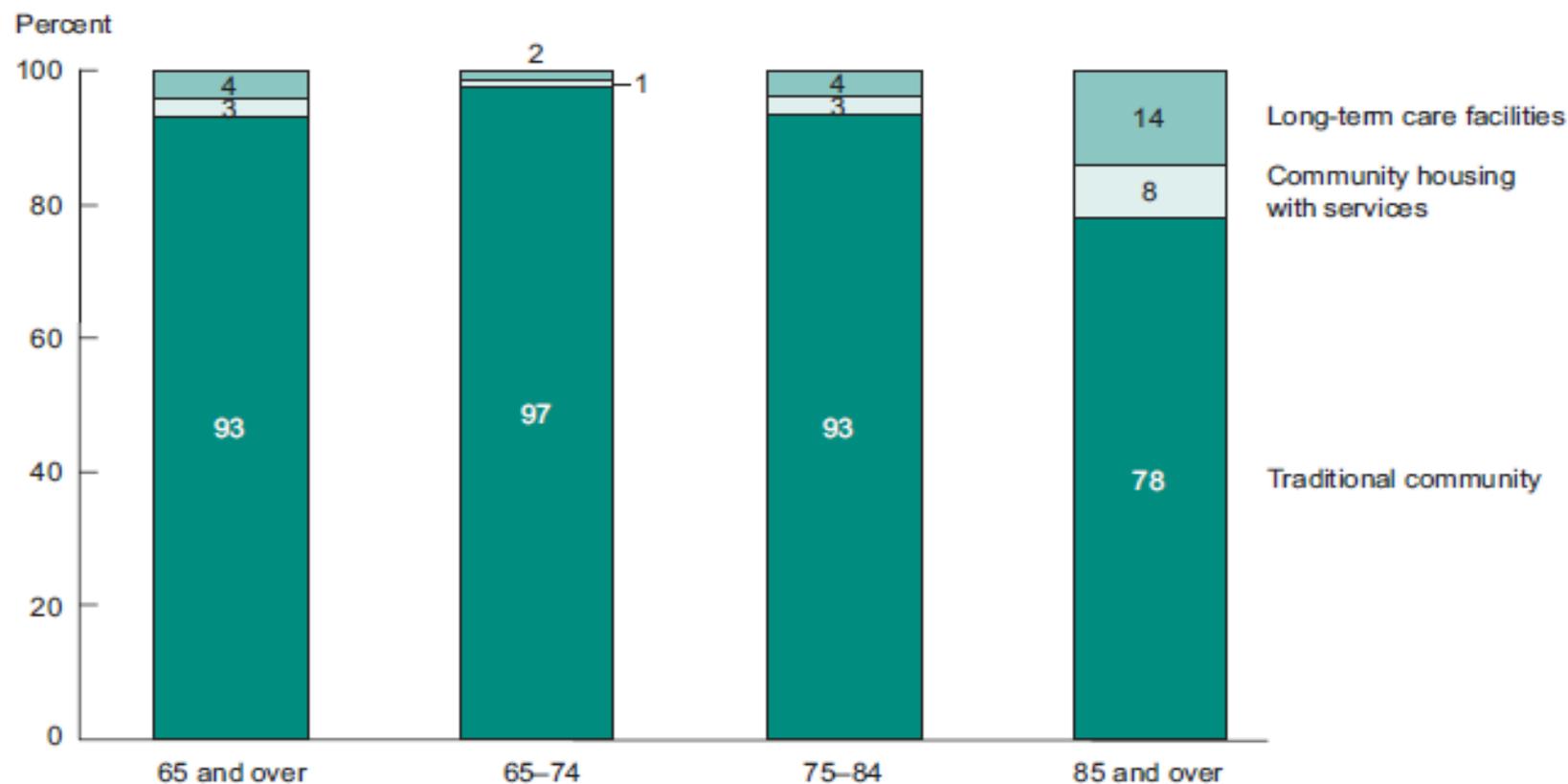
Percentage of population age 65 and over, by county and state, 2010



Reference population: These data refer to the resident population.

SOURCE: U.S. Census Bureau, 2010 Census Summary File 1.

Percentage of Medicare enrollees age 65 and over in selected residential settings, by age group, 2009

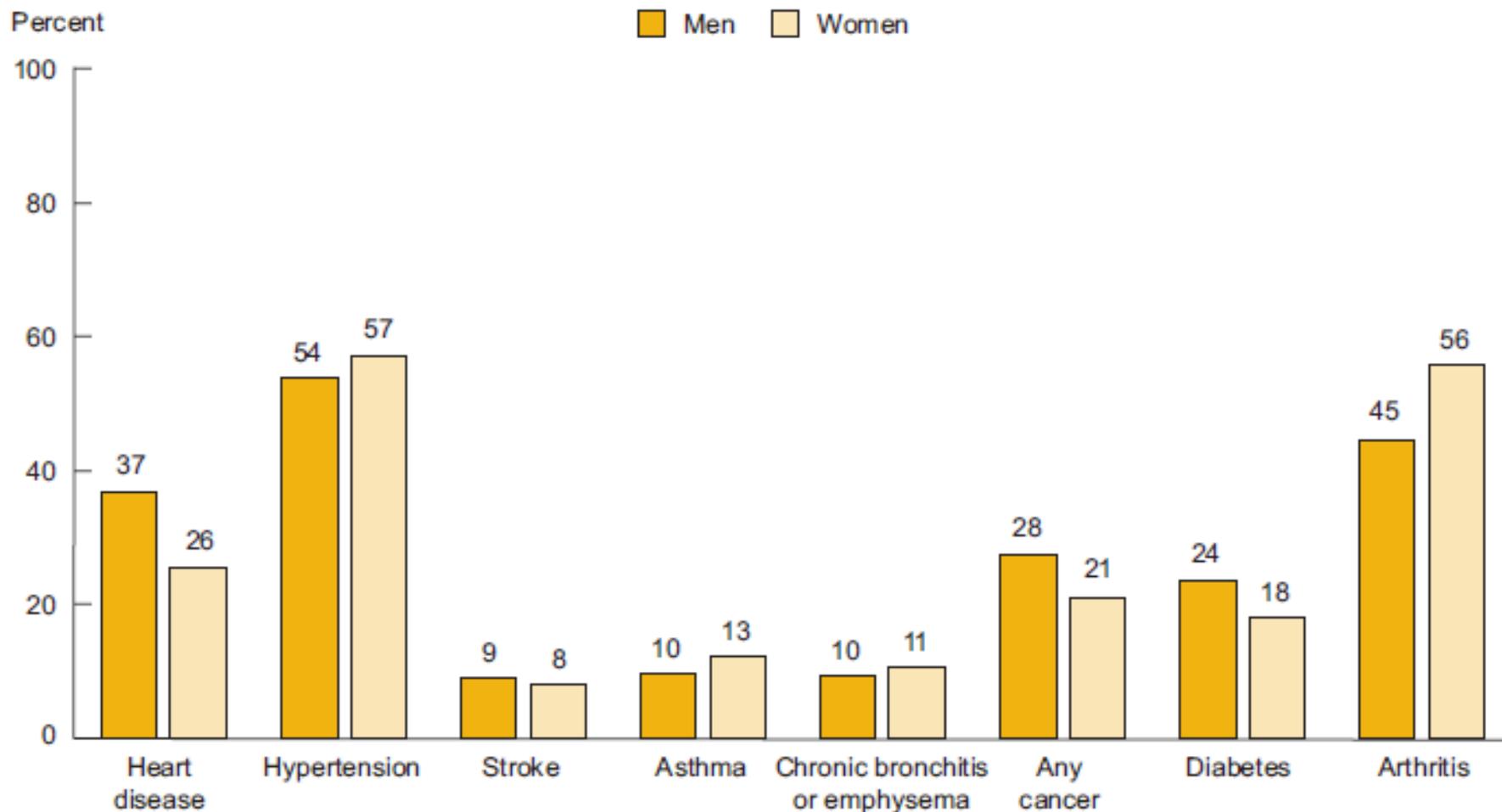


NOTE: Community housing with services applies to respondents who reported they lived in retirement communities or apartments, senior citizen housing, continuing care retirement facilities, assisted living facilities, staged living communities, board and care facilities/homes, and similar situations, AND who reported they had access to one or more of the following services through their place of residence: meal preparation; cleaning or housekeeping services; laundry services; help with medications. Respondents were asked about access to these services, but not whether they actually used the services. A residence (or unit) is considered a long-term care facility if it is certified by Medicare or Medicaid; or has 3 or more beds, is licensed as a nursing home or other long-term care facility, and provides at least one personal care service; or provides 24-hour, 7-day-a-week supervision by a non-family, paid caregiver.

Reference population: These data refer to Medicare beneficiaries.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.

Percentage of people age 65 and over who reported having selected chronic health conditions, by sex, 2009–2010

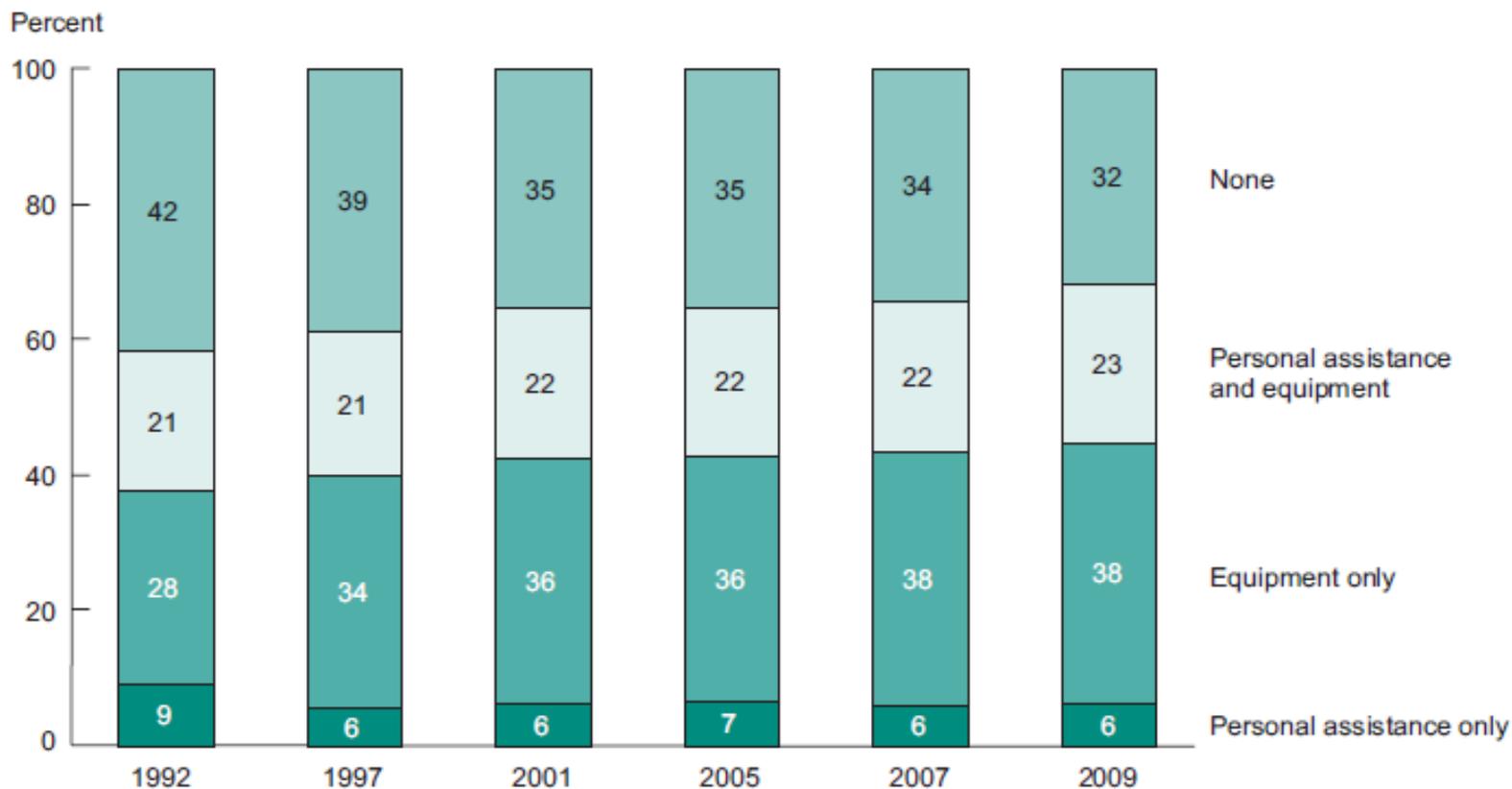


NOTE: Data are based on a 2-year average from 2009–2010.

Reference population: These data refer to the civilian noninstitutionalized population.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Percent distribution of noninstitutionalized Medicare enrollees age 65 and over who have limitations in activities of daily living (ADLs), by types of assistance, selected years 1992–2009



NOTE: ADL limitations refer to difficulty performing (or inability to perform for a health reason) one or more of the following tasks: bathing, dressing, eating, getting in/out of chairs, walking, or using the toilet. Respondents who report difficulty with an activity are subsequently asked about receiving help or supervision from another person with the activity and about using special equipment or aids. In this chart, personal assistance does not include supervision. Percents are age-adjusted using the 2000 standard population.

Reference population: These data refer to noninstitutionalized Medicare enrollees who have limitations with one or more ADLs.

SOURCE: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey.



Unique Vulnerabilities of Older Adults

Health and Medical Concerns

- High prevalence of chronic conditions
- Sensory and physiological changes associated with aging
- Cognitive impairment
- Mobility impairment
- Risk of trauma
- Nutritional needs



Unique Vulnerabilities of Older Adults

Socioeconomic Concerns

- Transportation and evacuation assistance
- Reliance on home-based services
- Targets for fraud and abuse
- Resistance to seek aid
- Reluctance to leave pets
- Limited resources



How Different Threats May Affect Older Adults

Evacuation and sheltering events may-

- Separate older adults from family, friends, and caregivers
- Disrupt treatment and management of medical conditions
- Disorient older adults and worsen cognitive impairments, depression and anxiety
- Exacerbate chronic conditions because specific dietary and nutritional needs are not met



How Different Threats May Affect Older Adults

Pandemics, shelter-in-place, and social distancing events may-

- Isolate older adults from supports and community-based activities
- Disrupt home-based services such as home health care and meal delivery
- Disrupt routine medical care for managing chronic conditions
- Lead to depression and anxiety caused by isolation



Preparedness Planning for Older Adults

- Specific and inclusive planning for older adults is needed to ensure their unique vulnerabilities are considered
- Adequate pre-event planning can save lives, prevent complications, and minimize disruptions in services



What States Can Do

- Access CDC, FEMA, DHS and other funding streams available for preparedness planning
- Provide and support a comprehensive, coordinated, and inclusive approach to preparedness
- Provide county or regional health data to assist in planning



What Communities Can Do

- Start a planning coalition involving-
 - Public health
 - Aging services
 - Emergency management
 - Fire/EMS/Police
 - Volunteer, faith-based, & community-based organizations
 - Home health care & social service agencies
 - Private businesses
 - Medical facilities
 - Transportation agencies



What Communities Can Do

- Understand threats to their community and the demographics, medical needs, and social service needs of older adults who may be affected
- Use Geographical Information Systems (GIS) mapping to identify pockets of need in relation to threats and potential resources
- Create and maintain registries of people requiring additional assistance
- Stand up shelters that can accommodate needs of older adults



What Communities Can Do

- Encourage service providers to adequately plan for older adult needs in emergencies
- Offer trainings to staff and emergency responders on older adult needs
- Encourage and support neighborhood resilience
- Create and support personal preparedness programs targeting older adults



What Individuals Can Do To Be Prepared

- Be informed
- Build a kit
- Make a plan

For more information on personal preparedness visit:

www.ready.gov



CDC Web Resources

For more information on preparedness for vulnerable older adults visit:

www.cdc.gov/aging/emergency

Or access the CDC older adult planning guide at:

www.cdc.gov/aging/emergency/planning_tools/guide.htm