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Building Connections: Guide to Emergency Preparedness for Socially Isolated Older Adults

This guide describes how primary care providers can help socially isolated older adults prepare for a weather emergency using a simple visual social mapping tool.

Please visit ece.hsdm.harvard.edu for more information about the National Center for Equitable Care for Elders.



**NATIONAL CENTER
FOR EQUITABLE CARE FOR ELDERES**



Introduction

Socially isolated older adults are at high risk for life disruption, serious injury, or death related to a weather emergency. Social mapping is a method to help this patient population identify and build social networks as critical preparation for older adults.

What is Emergency Preparedness?

Emergency preparedness refers to the preparation for and response to a disaster. Disasters are massive events that have the potential to overwhelm local or regional resources and possibly require external support. Disasters can be significant weather events, terrorist attacks, pandemics, and many threats to health and safety. Emergency preparedness and response includes actions taken by governments, health facilities, businesses, or individual citizens.

For this guide, emergency preparedness will focus on actions taken by individual community health center providers to educate their patients in preparation for an acute weather emergency and its aftermath.

For information about general federal emergency preparedness rules: CMS [Emergency Preparedness Rules](#) and [HRSA Webinar on Emergency Preparedness](#).





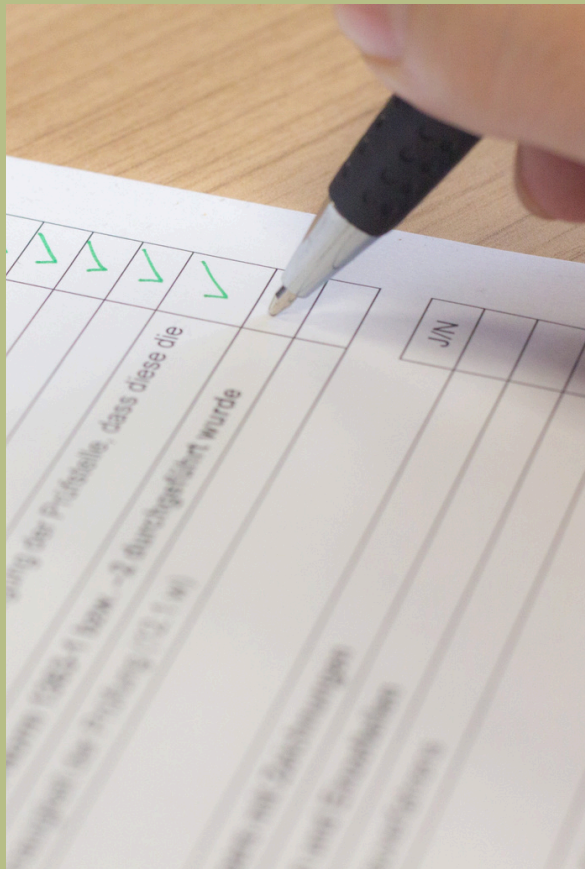
What is the difference between living alone, social isolation, and loneliness?



Living alone refers to individuals living without other people in the same home. Social isolation is when a person has limited social ties.

Loneliness refers to the feeling of being alone.

Learn more: NCECE Publication: Strengthening Social Connection in Older Adults



All older adults should be screened for social isolation. While most older people living alone do so with robust social connections, alone seniors are more likely than people who live with others to be socially isolated.³ Social isolation is associated with worse health outcomes, depression, loneliness, and substance abuse. Experiencing a traumatic health outcome during or in the aftermath of a weather emergency is more likely when they have no one to rely on, call, or realize they may be at risk.

Learn more: [Social Isolation and Loneliness Outreach Toolkit \(NIH\)](#)



Social Isolation is a Risk Factor for Dying During a Weather Emergency

The number of older adults (> 65 years) living alone will skyrocket in the next 20 years. Baby boomers (born between 1946 and 1964) are more likely than previous generations to be never married, divorced, live geographically separated from relatives and friends, or to be childless.⁴ Persons over the age of 85 are the most rapidly expanding subgroup of older adults, often surviving the death of a partner, close relatives, and friends.

Social isolation is an independent risk factor for older adults during a weather emergency.⁵ A robust social network underpins preparation and response to weather emergencies. For socially isolated older adults who do not have an established social network for support and rescue before, during, and after a major weather emergency, their situation can quickly deteriorate into a life-threatening or life-altering scenario.

Older adults are more likely than any other age group to be a casualty of a weather emergency. Several recent weather emergencies globally and in the United States underscore the need for emergency preparedness plans for older adults. About half of the deaths during or in the aftermath of Hurricane Katrina in 2005⁶ and Hurricane Sandy in 2012⁷ were individuals over age 65. As an international example, 70% of France's 14,800 deaths in the 2003 heat wave⁸ were individuals over the age of 70.





Extreme Heat Events and Social Isolation:

Social isolation for older adults during an extreme heat event illustrates the relationship between a limited social network and health risks during a weather emergency. An extreme heat event due to weather or a power outage can be brutal for isolated older adults because heat often kills silently and invisibly. Older adults are generally less tolerant of rapid changes in ambient temperatures than younger people.⁹ Surviving extreme heat or cold weather relies on prevention and early recognition. For isolated older adults, lack of social connection to neighbors, health providers, or community supports during an extreme heat event can increase the chances of irreversible health harm (including kidney failure, falls, heart attack, and brain injury) or death.¹⁰



Factors that contribute to poor health outcomes in socially isolated adults during a weather emergency:

Socially isolated adults can have a concentrated risk for health harm during a weather emergency related to conditions of unsafe housing, poorly maintained buildings, urban heat islands, lack of access to cooling environments, and disconnections from health safety networks.¹¹

Unsafe housing

Unsafe housing and high community crime rates can drive alone older adults into social isolation. For low-income older residents living in senior public housing or single-room occupancy (SROs) dwellings, for example, social isolation can worsen with perceived or actual crime. A heightened sense of entrapment from fear of violence can erode opportunities to build social networks in and outside housing communities. Older people living in literal isolation behind closed doors increase their risk of going unnoticed during a weather emergency.



Factors that contribute to poor health outcomes in socially isolated adults during a weather emergency cont.:

Poorly maintained buildings

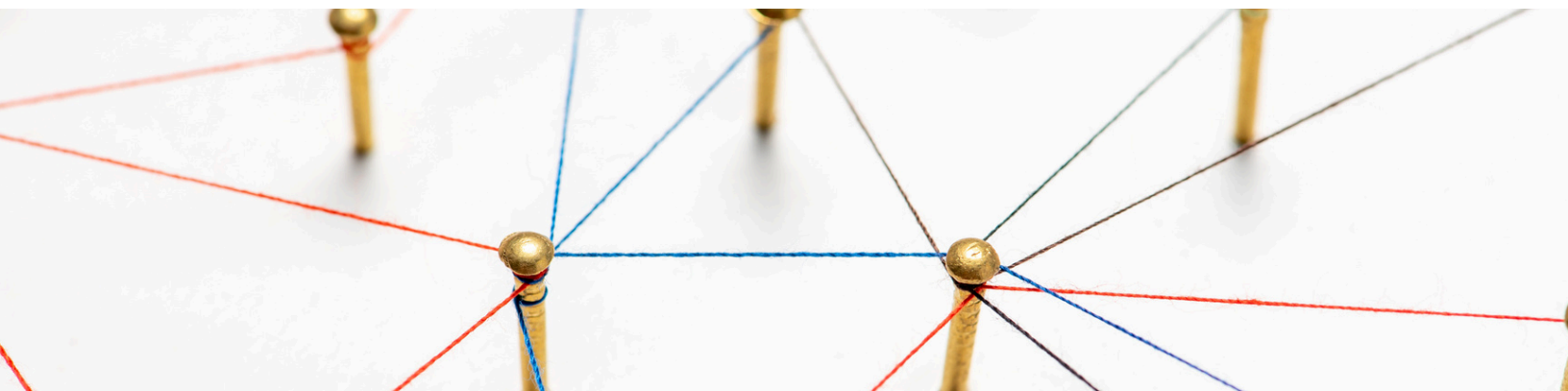
Housing complexes with poor maintenance records can contribute to poor outcomes during a weather emergency. For instance, elevator breakdowns, poor ventilation, lack of cooling in community spaces, and disrepair of water systems can worsen breakdowns in informal and formal support systems critical during a crisis.

Disrupted access to healthcare

Socially isolated older adults are less likely to contact health and social service providers regularly. During weather emergencies, socially isolated people can become disconnected from local emergency resources, regular medical care, and medication access. Adverse health effects in this population can last long past the acute phase of a weather emergency, sometimes precipitating long-term health harm or disability.

Rural environments

Older adults living in rural settings have distinct risks during weather emergencies. Barriers such as lack of public transportation, internet, cellular connections, and long distances to health care and mental health facilities can magnify social isolation.





Factors that contribute to poor health outcomes in socially isolated adults during a weather emergency cont.:

Collective and personal cultural values

Older persons, particularly men, can experience harm during a weather emergency related to American cultural norms prioritizing self-sufficiency, independence, and privacy. Stigma and Taboo about asking for help in older adults can be related to perceptions of creating burdens for others or a sign of character weakness.¹² Older people can perceive interactions with emergency personnel, local authorities, or concerned neighbors as intrusive.

Gender

Women generally live longer than men in the United States and Globally.¹³ The number of men compared to women sharply declines among the oldest of old (85+). Older women are distinctly vulnerable to disproportionate verbal, physical, and sexual abuse in the aftermath of a weather emergency. (cite)¹⁴ These impacts only heighten in the context of narrow social networks made of circumstances or challenging living environments.

Cognitive impairment

Disruptions in daily routines caused by weather events can worsen confusion or trigger delirium. Patients with dementia are especially vulnerable in the aftermath of storm-related power outages or breaks in caregiver access.¹⁵



Factors that contribute to poor health outcomes in socially isolated adults during a weather emergency cont.:

Visual and hearing impairment

Weather emergencies and their aftermath can exacerbate the ability to communicate or receive urgent emergency communications for persons with visual and hearing impairment.



Social mapping can help prepare socially isolated older patients for a weather emergency.

What is social mapping?

Social Mapping is a visual tool that can help people reflect on their relationships and communities. Creating awareness of social connections for older people can help them understand how they perceive a relationship and their communication style, encompassing their care and safety network during an emergency. A simple social map drawing using pen and paper can be done by a patient, with or without the help of a caregiver or clinical provider.

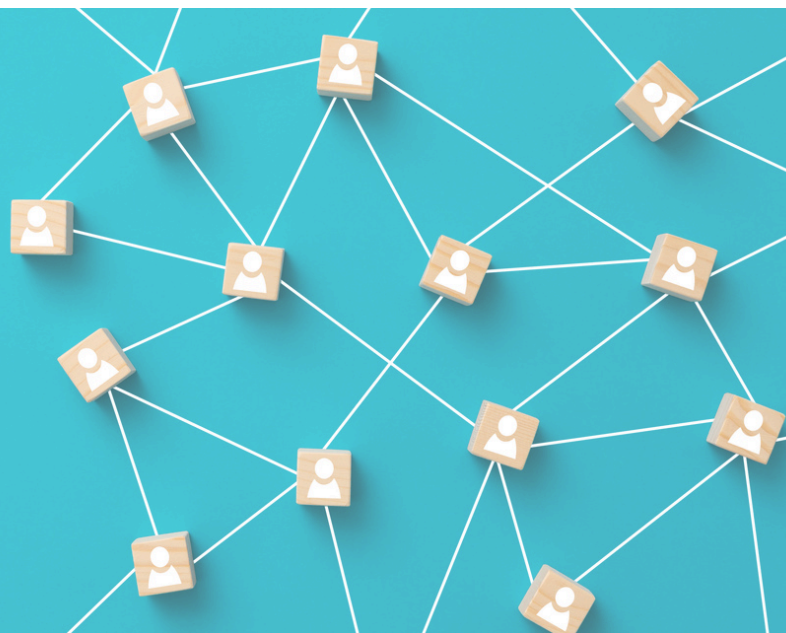
Social mapping helps providers:

- Understand a patient's social network.
- Opens discussions about emergency preparedness.
- Identifying gaps in a social network that are potentially life-threatening during a weather emergency.



Getting Started with a Social Map

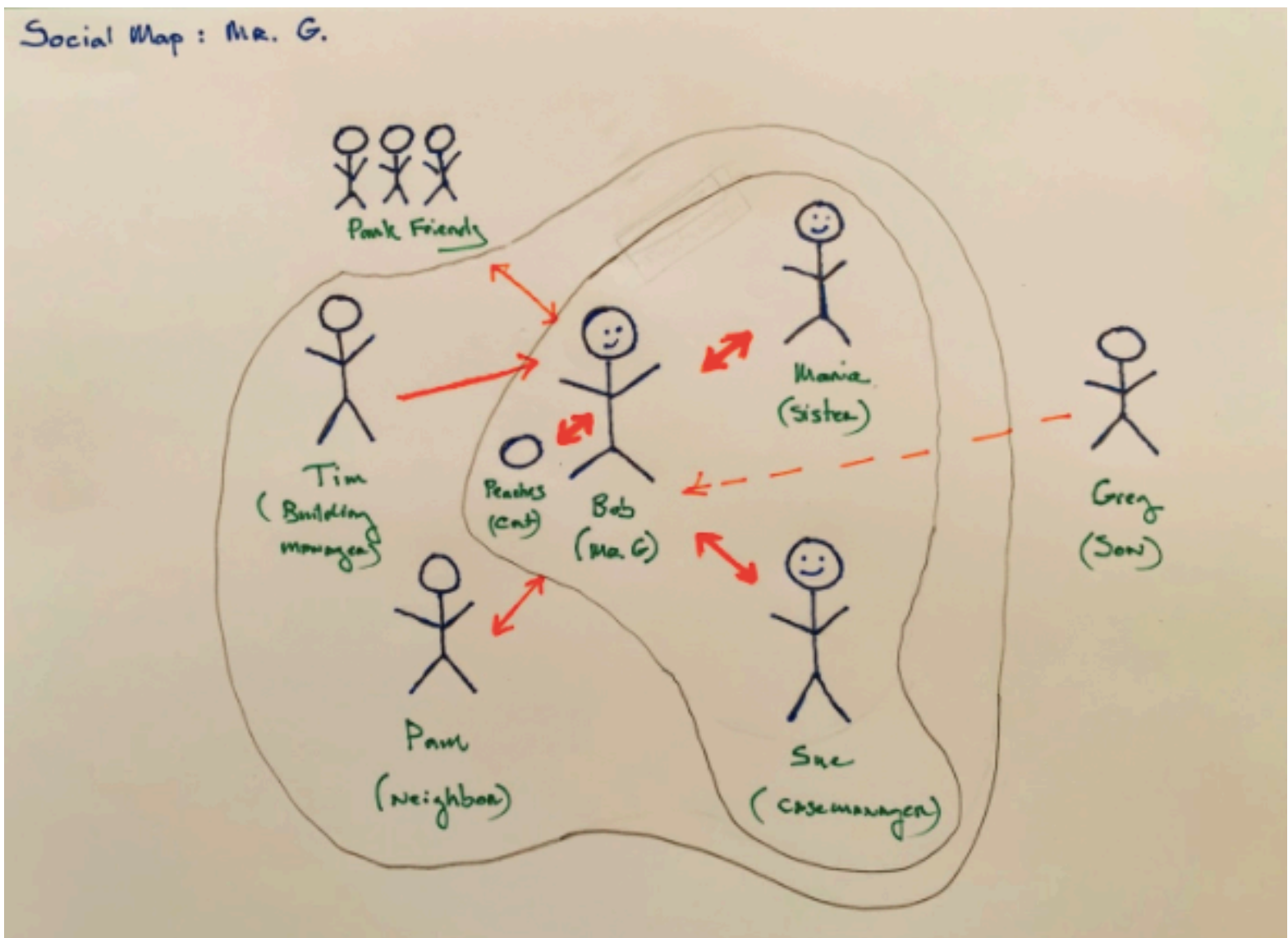
1. **Collect Data:** Gather basic information about a patient's social network on a data collection sheet. Ideally, the patient fills out the sheet.
2. Draw the map with the patient. We suggest utilizing the Atlas of Caregiving instructions for data collection and drawing.
3. Reflect on the social map with the patient. Use reflection questions suggested by the Atlas of Caregiving guide to assist a patient in exploring their social network. These questions can be modified as follows:
4. *In creating and evaluating this drawing, what stood out for you?*
5. *Who would you rely on most to help you through a weather emergency?*
6. *Who may rely on you during a weather emergency? (Pets included)*
7. *As your healthcare provider, how can I support you to be prepared for a weather emergency?*





Example Social Mapping Exercise

The following history is elicited from the patient through a social mapping exercise:





Example Social Mapping Exercise

Mr. G. is an 82-year-old Vietnam Veteran with a history of PTSD and COPD. He lives alone in a third-floor one-bedroom apartment in the city's downtown area. The apartment does not have air conditioning. The patient relies on the city bus to access pharmacy care and medical visits. He uses a cane to walk due to a war injury. Mr. G. has a son who lives in Montana and has been estranged for seven years. His sister lives one hour away by car. He speaks to his sister on the phone once a week. His next-door neighbor will intermittently give him a ride to the grocery store. The building manager is helpful with repairs in his apartment. Mr. G. occasionally plays cards in the park with locals. The patient identifies his case manager at the health center as someone he relies on for successful medical care. He has a landline for phone communication.



Which aspects of his social situation place him at a higher risk for life disruption, serious injury, or death related to a weather emergency?

Areas of risk for Mr. G. during a weather emergency:

1. Limited social network to assist during and after the acute phase of a weather emergency.
2. Mobility issues and three flights of stairs may limit independent ability to escape.
3. No identified space with air conditioning.
4. No mobile phone may worsen the ability to stay aware of emergency response, access to health care.
5. Transportation difficulties, access to food, delayed medical care.



Example Social Mapping Exercise

Based on the above history, here are three possible health care interventions to support Mr. G's preparation for a weather emergency:

1. Connect with the patient's case manager to discuss a plan for ensuring Mr. G has an adequate supply of medications through a future weather emergency.
2. Schedule a home safety evaluation that includes assisting Mr. G in identifying an air-conditioned community space.
3. Offer supportive referrals to community services that allow Mr. G to expand his social network.

Key Takeaways:

- Social mapping helps to visualize interconnectedness – it is more than just a list of emergency contacts.
- It is a patient-led activity meant to help them (and you) to better understand a current social network.
- This approach can be especially useful for a patient who has been identified as socially isolated.
- Social mapping can be enjoyable and empowering for the patient .

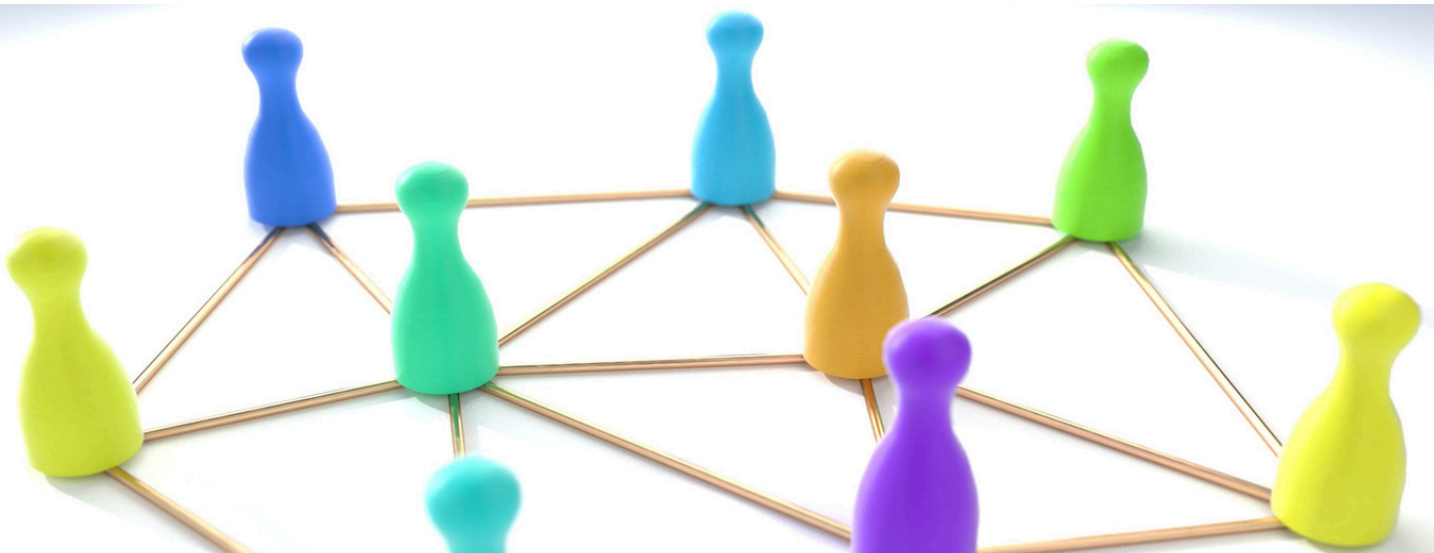


Conclusion

While social mapping can support patients at any age or social circumstance, it can especially help socially isolated older adults identify, build, and reflect on their unique social networks as critical preparation for a weather emergency. Through this approach, health center providers and staff can target areas for patient education surrounding emergency preparedness and leverage community-based resources to address gaps in preparedness.

Suggested Resources:

- [Building Your Support Network \(Red Cross\)](#)
- [Emergency Preparedness for Older Adults \(Red Cross\)](#)
- [Winter Storm Safety \(Red Cross\)](#)
- [Get Ready, Older Adults \(Ready Campaign\)](#)
- [Make a Plan Form \(Ready Campaign\)](#)





PDF Resources

2021 Profile of Older Americans -

https://acl.gov/sites/default/files/Profile%20of%20OA/2021%20Profile%20of%20OA/2021ProfileOlderAmericans_508.pdf

Disaster and Emergency Preparedness for Older Adults: A Practical Guide to Help Plan, Respond and Recover (American Red Cross) -

https://www.redcross.org/content/dam/redcross/get-help/how-to-prepare/Older_Adults_Disaster_Prep_Booklet_07272020.pdf

Mapping Ourselves Guide (Atlas of Caregiving) - <https://atlasofcaregiving.com/wp-content/uploads/2015/05/Mapping-Ourselves-book.pdf>

Prepare For Emergencies Now: Information For Older Americans (FEMA) -

https://www.ready.gov/sites/default/files/2020-03/ready_prepare-now-seniors.pdf

Emergency Contact Card (American Red Cross) -

<https://www.redcross.org/content/dam/redcross/get-help/pdfs/American-Red-Cross-Emergency-Contact-Card.pdf>

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