



DISEMPOWERMENT OF OLDER ADULTS IN A NATURAL DISASTER: A STUDY OF HURRICANE SANDY (2012)

*Dr. Mercy Joseph, PhD, ANP-BC, RN

Assistant Professor, Nursing, New York Institute of Technology, Old Westbury, New York, USA.

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*Corresponding author: Dr. Mercy Joseph, PhD, ANP-BC, RN

Assistant Professor, Nursing, New York Institute of Technology, Old Westbury, New York, USA.

ABSTRACT

This qualitative study was a PhD dissertation (Published in ProQuest 2016) that explored how faith-based leaders cared for community-dwelling older adults in a natural disaster. The research was focused on Hurricane Sandy, which affected Long Island, New York, in October 2012. The study was purported to answer the research question, how do faith-based leaders care for community-dwelling older adults affected by a natural disaster such as Hurricane Sandy? Participants were male or female faith-based leaders (ordained leaders of their religious congregation) who were involved in caring for community-dwelling older adults on Long Island, New York, including the counties of Queens, Nassau, and Suffolk. A total of 16 faith based leaders were interviewed, which included Priests (Catholic), Rabbis (Jewish), Imams (Muslim) and other Christian leaders. A qualitative approach, utilizing the grounded theory of Strauss and Corbin (1998) was employed. Data identified DISEMPOWERMENT as the basic psychosocial problem among community-dwelling older adults in a natural disaster like Hurricane Sandy. The critical issues which contributed to disempowerment included: uncertainty about the future, financial constraints, increasing health needs, lacking essential documents, and feelings of abandonment. Faith-based leaders found that the older adults were difficult to reach, and many were depressed. They provided safety shelters and strengthened inter and intra-community connections so as to minimize disempowerment and supported them. This study led to the development of a substantive theory "FAITH BLIND CARE" which included multiple concepts and categories which is published as a different article.

KEYWORDS: Older Adults, Hurricane Sandy, Disempowerment, Natural Disasters, Faith based leaders.

INTRODUCTION

The purpose of this study is to understand the practice of how faith-based leaders cared for community-dwelling older adults in a natural disaster. This study focused on Hurricane Sandy, which affected Long Island, New York, in 2012. Natural disasters are sudden and unexpected and can cause disruptions, trauma, loss, and devastation to individuals and communities. Community-dwelling older adults have special requirements that may surface after a natural disaster such as physical disabilities, need for special medications, lifesaving equipments, relying upon others for transportation and mobility. They may rely on their own community for the major support. Faith-based leaders have a major role in the recovery and healing process of the victims of any natural disaster. This study identified DISEMPOWERMENT as the basic psychosocial process among community-dwelling older adults in a natural disaster like Hurricane Sandy (Joseph, 2016, 2018).

LITERATURE REVIEW

It is universally recognized that older adults are more vulnerable than younger people in a natural disaster. They have been found to react differently due to mobility limitations and relocation problems. Older people are more prone to health-related distress and emotional reactions with some unwilling to leave an unsafe situation during times of distress (Al-Rousan, Rubenstein, & Wallace, 2014; Jia et al., 2010; Langan & Palmer, 2012; Pekovic, Seff, & Rothman, 2008; Rothman & Brown, 2007).

Since natural disasters cause psychological disequilibrium in victims precipitating unexpected and significant changes in their life situations, surviving natural disasters can be extremely costly and a great deal of effort is needed to put life and home back together (Hackbarth et al., 2012). Older adults are particularly vulnerable to disaster because of their impaired physical

mobility, decreased sensory awareness, chronic health conditions and socioeconomic limitations (Langan & Palmar, 2012). In any natural disaster, older adults are the severely affected people because of their special health care needs. (when compared to younger victims). Langan and Palmer (2012) used a descriptive exploratory study to examine how Hurricane Katrina in the US affected older adults. The participants were from churches and senior citizen centers on the Gulf Coast of Mississippi. The researchers explored how the hurricane affected older adult survivors prior to, during, and post Katrina, in late August 2005. They found that older adults are vulnerable to disasters because of their impaired physical mobility, diminished sensory awareness, and chronic health conditions. The older adults told of the reasons for sheltering in their homes or continuing to live in a high-risk area. They spoke of spirituality and faith, grief and anger as well their struggle to find and access resources. Older participants, whose economic and social limitations kept them from disaster preparedness and hindered their adaptability during the disaster, gave specific recommendations based on their experiences that can help public health nurses and disaster-preparedness officials in improving their functioning. It was noted that one way to include older adults in the planning process is to bring them together to discuss their experiences, share their advice, and provide them an opportunity to debrief. Keeping a registry for older adults and other vulnerable population can also help first responders target this populace.

Pekovic et al. (2008) explored the special needs of healthy and frail elders in natural disasters including hurricanes and tornados. Their study of 452 participants found that, compared to younger populations, elderly individuals are at risk for dropping below the level of physical and cognitive ability required for safe, independent, and efficient self-care in a disaster. Older people display a variety of behavioral, physical, and environmental reactions to the trauma that usually results from disaster. Behavioral reactions can range from withdrawal and isolation to reluctance to leave one's house, mobility limitations and relocation adjustment problems. Physical reactions include worsening of chronic illness, sleep disorders, memory problems, somatic symptoms, and hypo or hyperthermia. Sensory limitation can also interfere with recovery. Emotional reactions to disasters include depression and despair about one's losses, apathy, confusion, disorientation, suspicion, agitation, anger, fear of institutionalization and anxiety about unfamiliar circumstances. In disaster situations, older people may develop special needs like increasing co-morbidities, dementia, and post-traumatic stress disorder that were not present earlier. It was found that many of the households had at least one older adult with preexisting medical conditions.

The increased vulnerability of elders in a natural disaster will call for adequate planning at local and federal government levels. By identifying the special needs of

older people before, during, and after a disaster, communities can minimize poor outcomes. Early identification of the problems may reduce morbidity and mortality in this age group.

Older adults are more vulnerable in a natural disaster than younger people (Pekovic et al., 2009). Physical and health changes in older adults also have an impact in a natural disaster. Preexisting medical conditions and reduced mobility can place older adults in a vulnerable situation (Tuohy et al., 2014). Al-Rousan et al. (2014) found that older adults are more susceptible to natural disasters and physical disabilities due to chronic illness and psychological strain. Many have fixed incomes, limited technological resources and transportation problems coupled with lacking emergency plans, food, water, and medical supplies. These findings were consistent with the result in the study of Hurricane Sandy (Joseph, 2016).

Tang et al. (2014) conducted a meta-analysis of risk factors for depression in adults (above the age of 18 years) and children during natural disaster and found that there is a prevalence of depression in adults ranging from 5.8% to 54%. Risk factors during a disaster included being female, not married, of certain religious beliefs, poor education, prior trauma, and bereavement. Losing employment or property and house damage during the disaster increased the risk for depression. Jia et al. (2010) conducted a population-based survey of adult survivors of the 2008 Sichuan earthquake in China and found that the elderly were more likely to have posttraumatic stress disorder (PTSD) than younger adult survivors. The risk factors associated with PTSD after a natural disaster included being elderly, losing family members, and feeling guilty about another's death or injury.

Peters et al. (2014) studied the effects of natural disasters and myocardial infarction six years after Hurricane Katrina. Though this study was not specifically about older adults, the researchers found a threefold increase in the percentage of admission for myocardial infarction during the 6-year period. The risk factors they identified included unemployment, substance abuse, psychiatric diseases, smoking, and hyperlipidemia. Lack of health insurance added to the likelihood of myocardial infarction. After Hurricane Sandy some older adults developed severe health problems including respiratory and cardiac problems and needed to be hospitalized. Older adults are more affected than younger individuals because of deteriorating health conditions, limited financial resources and lack of communication tools. Many older adults require electricity for healthcare accessories; power failures in natural disasters are a major concern (Joseph, 2016.) These observations in the Hurricane Sandy study indicate that faith based leaders have provided special care and attention to older adults. In the study of Hurricane Sandy, many older adults were found to have depression, anxiety and increased medical needs (Joseph, 2016).

METHODOLOGY

The present study was a qualitative in its approach using grounded theory methodology as described by Strauss and Corbin (1998). The research question in this study was how faith based leaders cared for community dwelling older adults in a natural disaster such as Hurricane Sandy. When literature review was done, there was minimal data available on how faith based leaders cared for community dwelling older adults in a natural disaster. If there is only minimal data available then grounded theory methodology is appropriate as it brings ahead the research process such as the questions of why, when, where, who and so on. Data analysis was done using the constant comparative analysis method as explained by Strauss and Corbin (1998). Data analysis led to the development of a theory, so say, Faith Blind care which has multiple categories and concepts which are not explained in this article.

Settings and sample

This study was done in Long Island New York, USA, one of the areas affected by Hurricane Sandy in 2012. The participants in this study were Faith Based leaders, male or female (ordained leaders of their religious congregation) who cared for community dwelling older adults on Long Island New York, (New York State, USA) including the counties of Queens, Nassau and Suffolk. Interviews were conducted with participants from January 2015 to May 2015.

Recruitment

An Institutional IRB approval was obtained and purposive sampling was utilized. The names of the faith based leaders were obtained through community leader directory by personal contacts and also by word of mouth. Potential participants were contacted in person, by phone and email. Once the person showed interest of participation in the study, they were screened for eligibility and the study process was explained and interview was scheduled.

Participants were obtained through snowball strategy, evolving into theoretical sampling (Creswell, 2013; Polit & Beck, 2012). Ethical considerations were maintained during recruitment of the participants to maintain confidentiality. Participants were male or female faith-based leaders (ordained leaders of their religious congregation, including Catholic Priests, Rabbis, Christian leaders, and Muslim Imams.) who were involved in caring for community-dwelling older adults on Long Island, New York, during Hurricane Sandy in 2012. The participants in this study were 16 faith based leaders of congregations located in Long Island New York. They ranged in age 33 to 75 years. They identified themselves as African American (3), Hispanic (1), Caucasian (10), Asian (2). There were 15 male and 1 female participants. Their religious affiliation included Jewish (2), Roman Catholic (3), Methodist (2), Episcopal (1), Pentecostal (4) Lutheran (1) and Muslim (2). All participants were ordained leaders of their respective

congregations. Their positions were Priests, Pastor, Monsignor, Bishop, Rabbi, and Imam.

Data Collection and Analysis

Demographic data was collected from each participant including age, gender, ethnicity, religious affiliation, location of congregation, years of service in the community and leadership role. In-depth interviews were conducted through audio-taped open-ended questions and were later transcribed. Second participant contacts were done through telephone, email, or in person for clarification after data analysis for confirmation and verification. A field journal was maintained and study memos written. After each interview a microanalysis of the transcribed data was conducted line-by-line to identify categories and concepts, developing them systematically to identify their relationships. Open and axial coding were identified and linked categories and subcategories in a conceptual and dimensional level. Theoretical comparison and sampling for further data was conducted. The incoming data were analyzed with the present data using constant comparative analysis. A central category was identified that was related to all other categories. Additional data collection was done to fill in the categories until data saturation occurred and concepts and categories were well defined. All categories and subcategories clearly fit the theory. Trimming was not required in this study. For validation of the theoretical schema, a high-level comparative analysis was conducted by looking at each category and connecting the findings with raw data, and providing the schema to the participants to see how well the theory fits their stories. The transcribed interviews and study summary of the theory was provided and discussed with the participants who verified and confirmed the findings. No variation from the schema was identified (Strauss & Corbin, 1998).

FINDINGS

The faith-based leaders identified disempowerment as the major psychosocial problem among the older adults in their congregations and the communities they served. The critical issues that contributed to disempowerment included issues such as uncertainty about the future, financial constraints, increasing health needs, lacking essential documents and feelings of abandonment. The faith-based leaders noticed that many older members started following hazardous behaviors that affected their safety and well-being (hoarding, remaining as shut-ins within an unsafe home). The faith-based leaders also found that the older adults were difficult to reach and many were depressed (Joseph, 2016).

More often than not, the older adults were described as disempowered. They lacked the physical strength to do things they could have done in the disaster if they were younger. Many of the older adults had financial constraints and lived on a fixed income. They lacked financial resources to restore or replace their damaged homes and property. They were uncertain if they would

receive any money from the US Federal Emergency Management Assistance Program (FEMA) or from their own personal home insurance companies. Many elders did not want to leave their homes because they were afraid of their homes being robbed. Reverend Samuel, who served the community for only three months when Hurricane Sandy hit his area, stated that he went door to door to check on his congregants. He worked with the community to help individuals complete an application for FEMA financial assistance. He used a personal laptop computer to email their applications so that reconstruction might not be delayed further. He checked on his congregants and older people regularly and for some several times a day. He stated thus:

One of the things that come with being an older adult is being disempowered. You no longer have the physical strength. You no longer have the capabilities of doing things that you would have done before. In many cases, people's life partners had already passed away so they were alone and that reduces their capabilities of doing things financially. Most of the people in my congregation who are elderly are living on fixed incomes and they don't have much in the way of disposable income. Also, the whole uncertainty about whether or not they're going to receive money from FEMA or get money from their insurance companies ... there was a great deal of uncertainty and fear ... I had one lady that was in a house that was below freezing for days. I don't know how she survived. But she was afraid to leave her house. She was afraid that her belongings would get stolen So she would not go. She had ... children ... She would not leave to go and stay with them because she would not leave her stuff. So it would have been really good if we could have had some kind of portable heater that we could have put it there. (Reverend Samuel).

Monsignor Ignatius, a Roman Catholic priest who served his community for 10 years, had a large parish with more than 4,000 members, most of who were affected during Hurricane Sandy. He stated that many of the elderly were disoriented after the hurricane because they had to leave their homes and many had developed delirium and cardiac issues. He felt that older adults were just giving up and found it too difficult to rebound back. He stated: There were people, particularly people say in their 80s that ended up being disoriented because they had to leave the home they may have lived in for 50 or 60 years. Some of them developed dementia when there was no sign of that beforehand, others developed heart issues, and we noticed that for about a year or a year and a half after the storm that there were a growing number of deaths ... people who before the storm appeared to be in perfectly good health ... obviously there was no scientific study of this...I am thinking with a certain amount of justification that these are ultimately storm-related deaths (Monsignor Ignatius).

Monsignor Ignatius also noticed that many of the older residents felt disempowered because there were difficulties regarding the recovery of their homes as they

were covered in sand washed up from the beach. Pastor D, who served her congregation for more than 6 years, found that many of the older adults developed respiratory and health-related issues. Let me quote her words:

We... had a woman who passed away; she was in her 80s. She had two heart attacks, both within a couple of weeks of Sandy ... she had not had heart problems before ... they were all stress related and connected. She had to evacuate her building complex rather rapidly and had gone from shelter to shelter until she connected with a member of our congregation. We had some folks (older) who landed in the hospital who had pneumonia. So there were those physical things. A lot of coughs, a lot of respiratory issues ... a lot of depression. In everyone ... especially amongst our older ... there was so much work, especially with our older folks ... who did not have children in the area or maybe did not have larger families or even who had children. People were feeling increasingly isolated ... we did run into a number of people who were shut ins, a lot of them older ... a lot of them refused to leave their space even though it was uninhabitable, mainly due to fear ... and to the fact that, for so long they had held onto this place. This is what they knew; this is how they knew to exist in the world ...to remove themselves from a space that is their own and comfortable ... even if it isn't comfortable anymore (Pastor D).

Pastor Caring, an African American Christian pastor who served the community for 15 years as an associate pastor, also identified that many older citizens wanted to hold onto their independence and remained "shut in" within their homes even when they were having health hazards. He stated:

One of my [parishioners], her house was totally demolished because she was right on the water ... and wiped her house out, and she had no heat, no hot water, nothing, but she didn't want to leave the dwelling And then that posed another problem because ... as a senior citizen you're more comfortable in your home than you are outside of your home... even till today I have a lady that is still not situated in her home years after Hurricane Sandy. She still has no heat. She still has no hot water. She's a senior citizen; she is disabled, and right now she is using the satellite heaters, the heater with extension cords (Pastor Caring).

Stockpiling an unsafe amount of items in a home was an issue identified in some of the older people. Pastor Caring stated: "I actually met the insurance company, walked her [the insurance agent] through So they could see the damage because of the amount of stuff that was in the house."

Another problem identified was lack of essential personal documents of identification and certificates related to home or insurance. Lack of documents prevented the elderly from obtaining money available to them from insurance companies and FEMA. Many elderly widows also never completed required paperwork

after their spouse had died. Pastor Caring said: “The amount of paper work and the amount of ... hurdles ... they had to jump was just unfair for a senior citizen to have to go through” (Pastor Caring).

Rabbi G served his community for 17 years and has more than 350 families in his congregation. Many were affected during the hurricane. He indicated that the older population was difficult to contact and he had to reach out to them. Many felt abandoned when he was not able to reach them. He acknowledged: “We have a lot of older members ...they were the hardest ones to reach ... a lot of them picked up and left ...We had no way to reach people ... if we didn't know [their address]”(Rabbi G).

Monsignor Joe is a Roman Catholic priest with more than 4,000 families in his parish and about 12,000 members of whom 50% were older adults. He worked with the local fire and sanitation departments and planned ahead on how the situation could be best dealt with, especially for the elderly. The most important problem that was identified was that many people were reluctant to leave and remained in their homes during the hurricane. As the conditions of the hurricane worsened, the fire department began evacuating people by raft and rowboat and bringing them to faith-facilities. He confirmed:

So as things were unfolding we were having house fires. Gas lines were rupturing so we had explosions. Houses... were flooded, some of them exploded. You're trying to get to the elderly, taking care of fires, so there was a lot ... I remember we picked up one person by a rowboat ...They lived in a two-family house on the second floor. The water literally was over the front door of the house ... why didn't this person get out? She said, I know ... I didn't think it was going to be this bad ...A lot of family did take their elderly out. It was the people that had no family that stayed (Monsignor Joe).

The faith-based leaders were able to identify multiple critical issues that contributed to the disempowerment in the older adults in the Hurricane Sandy disaster. The older adults were disempowered due to lack of physical strength, disposable income, and uncertainty about the future, especially if they would be able to get money from FEMA to rebuild their houses and fear of theft. Many also experienced a change in mental status such as delirium or dementia symptoms due to changes of environment (moving to shelters). They also identified that many older adults developed cardiac issues, respiratory problems, depression, isolation, and shut-in behaviors. Lack of documents to file for insurance claims also contributed to the disempowerment in the older adults.

The basic psychosocial problem identified by the faith leaders among older adults was disempowerment, which took the form of depression, feelings of abandonment, loss of hope, and deterioration in physical health. Many older adults developed health hazard behaviors. For

example, they remained shut-in during the storm and they exhibited hoarding behaviors

DISCUSSION

Disempowerment of older adults

The basic psychosocial problem identified by the faith-based leaders among community-dwelling older adults was disempowerment. The factors that contributed to disempowerment were: (1) lack of physical strength, (2) mobility limitations, (3) fixed income (lack of financial resources), (4) uncertainty and fear, (5) health-related issues, (6) psychological issues, and (7) lack of technological skills to file applications for insurance companies and FEMA. Many older adults did not want to leave their homes during the hurricane as they were afraid that they would be robbed. They chose to be shut-ins, despite the dangers they were facing. Another finding in this research study was the lack of documents among older adults that are needed to process claims with FEMA and insurance companies. Many older adults either did not update documents after a spouse's death or they did not know where their papers were placed. Some older adults lived in cluttered houses. They had too many things that prevented them from finding important papers in the midst of the disaster. These study findings are supported by the existing literature which upholds the view that older adults are more vulnerable in a natural disaster than younger people (Pekovic et al., 2009). One may take note of the fact that physical and health changes in older adults can have an impact in a natural disaster. Preexisting medical conditions and reduced mobility can place older adults in a vulnerable situation (Tuohy et al., 2014). Al-Rousan et al. (2014) found that older adults are more susceptible to natural disasters and physical disabilities due to chronic illness and psychological stress. Many have fixed incomes, limited technological resources, transportation problems and they do lack emergency plans, food, water, and medical supplies. These study findings were consistent with the findings in the study of Hurricane Sandy.

In the study of Hurricane Sandy, many older adults were found to have depression, anxiety and increased medical needs. Tang et al. (2014) conducted a meta-analysis of risk factors for depression in adults (above the age of 18 years) and children during natural disaster and found that there is a prevalence of depression in adults ranging from 5.8% to 54%. Risk factors during a disaster included being female, not married, of certain religious beliefs, poor education, prior trauma, and bereavement. Losing employment or property and house damage during the disaster increased the risk for depression. Jia et al. (2010) conducted a population-based survey of adult survivors of the 2008 Sichuan earthquake in China and found that the elderly were more likely to have posttraumatic stress disorder (PTSD) than younger adult survivors. The risk factors associated with PTSD after a natural disaster included being elderly, losing family members, and feeling guilty about another's death or injury.

Peters et al. (2014) studied the effects of natural disasters and myocardial infarction six years after Hurricane Katrina. Though this study was not specifically about older adults, the researchers found a threefold increase in the percentage of admission for myocardial infarction during the 6-year period. The risk factors they identified included unemployment, substance abuse, psychiatric diseases, smoking, and hyperlipidemia. Lack of health insurance added to the likelihood of myocardial infarction. After Hurricane Sandy some older adults developed severe health problems including respiratory and cardiac problems and needed to be hospitalized. Older adults are more affected than younger individuals because of deteriorating health conditions, limited financial resources and lack of communication tools. Many older adults require electricity for healthcare accessories; power failures in natural disasters are a major concern.

A new finding in this research study included the lack of documents among older adults that are needed to process claims with FEMA and insurance companies. Many older adults either did not update documents after a spouse's death or they did not know where their papers were placed. Some older adults lived in cluttered houses. They had too many things that prevented them from finding important papers in the midst of the disaster.

Limitations

Personal interviews were used to develop the data. This study was initiated 2 years following Hurricane Sandy. There were only 16 participants in this study. A large-scale study with more participants (faith-based leaders) from diverse cultural and socioeconomic backgrounds could be done in future. This study was done among the faith-based leaders from Long Island, New York which a small area considering the vast areas affected by Hurricane Sandy. A large study, including most of the geographical areas affected by Hurricane Sandy, would provide additional perspectives.

Practice Implications

Pre-disaster planning with identification of vulnerable populations, older adults and special need population are crucial for effective disaster preparedness plan. It can be done through faith-based institutions, government and nongovernmental organizations. After identifying these populations a disaster plan can be made for each individual or a family so that they will be ready in case an evacuation is mandatory. Faith community nurses and Public health nurses can play a vital role in disaster preparedness. If faith institutions can recruit (volunteer) registered nurses to work as faith community nurses, it will benefit the congregation as well as the community in case of a natural disaster. Community-dwelling older adults and people with special needs can be registered with the congregations, and faith community nurses can coordinate care for vulnerable populations and collaborate with other health care workers and agencies in any natural disaster.

Policy Implications

Population aging is a major concern in the 21st century. The older adults are increasing in numbers which has far-reaching implications for society. This can cause social, economic, and cultural challenges to individuals, families and the global community in general. In 1950 there were 205 million people over the age of 60 in the world; the population increased to 810 million in 2012 and is projected to reach 1 billion in less than 10 years and 2 billion by 2050 (United Nation Population Fund, Help Age International, 2012) According to the U.S. Census Bureau the 2014 population over age 65 was more than 46 million, with more than 83 million between the ages of 45 and 64. Therefore, local and state governments need to address the vulnerabilities of older adults in a natural disaster. Having a registry of older adults in the community, either with local governments or through faith-based organizations is essential for an effective disaster preparedness plan (Joseph, 2016, 2018).

Future research

Natural disasters can happen at any time and any place. As studies in the past shows, older adults are more vulnerable than younger population and they react differently in a natural disaster. Therefore, it is essential to conduct more research about this vulnerable population. Why older adults remain in their homes during a natural disaster? Is a serious question to be answered clearly? Another study can be done about their recovery after a natural disaster, and their coping mechanisms. Their narratives may help for future disaster preparedness.

SUMMARY

Disempowerment in older adults was one of the findings in this research study. Uncertainty about future, loneliness, fear of looting, physical disabilities and increasing co morbidities contributed to disempowerment. Many of the older adults lacked technical skills to finish the paperwork that was needed to file applications for insurance companies in order to get money for reconstruction of their homes. Many years of their savings and memories were gone. Older adults were uncertain about the recovery and the reconstruction process and the amount of time it will take for them to put it together. Many of them could not adjust with the changing situations and life habits when they were moved from their homes to shelters. Many older adults developed "shut in behaviors and health hazard behaviour after they were taken to shelter homes. Lack of documents and difficulty in locating documents added to their distress. Many older adults felt abandoned which added to their disempowerment. Faith-based leaders provided selfless care to the community irrespective of their religious or faith orientation. They reached out to all with an open door policy and a faith-blind approach, guided by the principle of universal brotherhood and sisterhood. They provided hope to the community-dwelling older adults and the elderly and the community

as a whole by their attitude of non-abandonment, encouragement, and empowerment. Loving kindness and compassion and a trusting relationship were embedded in their approaches. (Published as dissertation in ProQuest, 2016) The study reinforces that older adults and especially community dwelling older adults are vulnerable population during a natural disaster. They need care, kindness, compassion and assistance during a natural disaster. Therefore, it is very important that disaster preparedness plan for the communities should have specific policy and practice plans for older adults residing in a particular community.

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