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**Title:** Rising Above the Flood: A Systematic Review of Gerontological Social Work in Disaster Preparedness and Response

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**Abstract**

Physical/cognitive limitations associated with the aging process place older adults at disproportionate risk of negative consequences during disasters. Guided by the profession's commitment to supporting vulnerable populations, gerontological social workers have long been on the frontlines supporting older adults during disasters. Yet, disaster social work practice remains an undeveloped and under-researched area. Thus, we asked "what is the current role of gerontological social workers in disaster preparedness with older adults in the United States, and potential areas for improvement?" This paper systematically reviews the literature discussing social work and disaster preparedness/response with older adults in the U.S., to identify needs and inform future directions. PRISMA guidelines were followed to conduct a systematic search across relevant databases for peer-reviewed-publications between January 1, 2009-June 12, 2020. Eleven articles met inclusion criteria. This body of literature is small and covers two broad areas: (1) charging the social work profession to engage in this work, and (2) describing current efforts and unique challenges of older adults during disasters. Only three empirical studies were identified. Future educational efforts should formalize training to prepare social workers for this practice area. Research should detail the roles of social workers in disaster preparedness/response, and factors that predict involvement.

## **Introduction**

Older adults are disproportionately negatively affected by disaster and community-wide emergency situations. Physical and/or cognitive limitations, which increase with age, pose challenges to older adults and affect their ability to mobilize quickly in response to a disaster or emergency (Brown et al., 2012; Claver et al., 2013; Dosa et al., 2008; Hyer et al., 2009).

Disasters have been defined in the social work literature, broadly, as “events that disable community social functioning” (Soliman & Rogge, 2002, p. 2). Using this broad definition, disasters include not only natural events that constitute emergencies such as tornadoes, hurricanes, and wildfires, but also chemical spills, acts of terrorism, and other events that may trigger disaster declarations and which require an emergency response in order to re-establish functioning. The present COVID-19 pandemic is one such disaster which disproportionately affects older adults.

Older adults in nursing homes, in particular, are often at highest risk during disasters due to their high level of physical and or functional limitation. During hurricanes, for example, power outages pose unique risks to this population, as medical conditions can render them susceptible to extreme weather conditions (Hyer et al., 2009). Sheltering in place also poses risks, such as the possibility of running out of supplies or not being able to maintain adequate staffing (Dosa et al., 2008). The physical and mental health and well-being of residents is also jeopardized by the changes in day-to-day routines that typically ensue during disasters (Bei et al., 2013; Brown et al., 2012). A study examining the effects of evacuation on cognitively impaired nursing home residents during Hurricane Gustav in South Florida found that evacuating posed a severe threat to residents with dementia (Brown et al., 2012). Special populations, such as veterans, also face unique challenges during disasters. Interviews conducted in Veterans Health

Administration (VHA) facilities with nursing home staff and representatives found that the veteran population was especially at risk of physical harm, psychological distress, cognitive decline, and increased social isolation during disasters (Claver et al., 2013).

Guided by the NASW Code of Ethics, social workers are charged with advancing the needs of vulnerable populations. This includes older adults during disaster situations.

The profession has further stated this commitment in the Grand Challenges for Social Work, calling for the creation of social responses to a changing environment (Gibson et al., 2019).

Social workers have historically responded to this call by being one of the key professions to respond to disasters. For example, during the SARS epidemic, AIDS/HIV pandemic, and currently with COVID-19, social workers have been on the frontlines, providing key insights on the intersection of trauma, stress, and other disadvantages; supporting patients, their family, and healthcare staff; developing initiatives for best practice in emergency situations; advocating for policies to prepare for future crises; and engaging in research with specialized focus on marginalized communities and at-risk older adults (Beltran & Miller, 2020; Hamler et al., 2020; Miller et al., 2021).

The role of the social worker is varied and broad; social workers practice as policy advocates, service brokers, and educators, and all of these are crucial in emergency management and disaster preparedness. The role of the social worker in the nursing home, specifically, is extensive (Bern-Klug & Beaulieu, 2020; Miller et al., 2021). The alarming intensity and frequency of disasters in recent years have brought increased attention to the standing of the profession within this comparatively new area of practice. COVID-19 has accelerated the need for social workers to be prepared to support older adults in disaster situations, yet the status of the profession in this area remains ambiguous. Thus, the objectives of this systematic review are

to summarize the literature on social work and disaster preparedness and response with older adults over the last decade, and to identify gaps and future directions. Specifically, the systematic review sought to answer the following research question: what is the current role of gerontological social workers in disaster preparedness with older adults in the United States, and where are potential areas for improvement?

## Methods

Using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines (PRISMA) and following the PICO model for structuring a research question into a searchable query, the authors searched EBSCOhost, MEDLINE, Web of Science, PubMed, AgeLine, PsycINFO, and Social Work Abstracts for peer-reviewed publications between January 1, 2009 and June 12, 2020. The search process was iterative and included varying combinations of Population terms (e.g., *social work\**), Interest terms related to disasters (e.g., *respon\**, *prepar\**, *disaster*, *crisis*, *emergency*, *tornadoes*, *hurricanes*, *wildfires*), and COntext terms (e.g., *geriatrics*, *older adults*, *aging*, *elder*, *60+*). When the database allowed it, search terms were applied to titles, abstracts, and keywords. Asterisks and Boolean operations were used to search iterations of root terms and to specify searches (e.g., *disaster AND prepar\* AND older adults*). For example, in EBSCOhost, the authors conducted the following search: *older adults, elderly, seniors, geriatrics, AND emergency response, disaster planning, AND social work*. Four specifiers were used to limit the database search: English, peer-reviewed articles published in the United States, between January 1st, 2009- June 2021. When available within the database, the authors further specified by age range, using 60+. Furthermore, as the COVID-19 pandemic evolved, authors returned to the literature and expanded the scope of the searches, to include the terms *pandemic*, *epidemic*, *trauma*, and *outbreak*. To be included in the review, articles had to

meet the following criteria: (1) be published in the U.S. during the date range, (2) discuss social work emergency preparedness or disaster response, and (3) focus on the older adult population. This body of literature within social work is small; thus, the authors also searched the reference lists within the included articles to identify any other relevant articles or gray literature. Ultimately, once it became clear that the research literature is small, the authors decided to include all types of academic publications in peer-reviewed sources (i.e., book reviews, research reports, and letters to editors).

The searches yielded 515 publications. After removing duplicates, the first two authors independently conducted an initial round of screening based on titles; this resulted in 23 publications being retained for abstract and full reviews. Many of the excluded articles during this phase appeared to match based on words, but not content. For example, article titles described social work in *emergency* departments or *aging* out of foster care. Abstract reviews resulted in an additional 7 articles being excluded due to not meeting the inclusion criteria due to geography or population of focus (these were often missed by the search specifiers). Next, SB and PL read the remaining 16 publications in full, and independently determined that 11 met the inclusion criteria. The 5 additional articles that were excluded during this phase of the reviews did not focus on the U.S., but this had not been clear from the title and abstract reviews. While independently reading the remaining articles, the readers made preliminary notes about broad topics covered, and any overlap in focus across the articles. This was used for discussions that ultimately led to the articles being grouped in the two broad themes described in the findings. Throughout the entire review process, SB and PL met regularly and discussed notes, articles in question, and made a case for inclusion or exclusion until consensus was reached. Additionally, to ensure rigor of our analysis, SB and PL reached out to researchers prominently featured in our

findings, to discuss preliminary hunches, findings, and interpretations. Notably, refining the search terms to include epidemics and pandemics, as prompted by the COVID-19 pandemic, did not result in any new articles. In the end, a total of 11 articles were included in this review.

Figure 1 provides a PRISMA flowchart of the article selection process.

[Insert figure 1 about here]

## **Results**

### ***Article Characteristics***

The 11 articles in this systematic review examine two comprehensive themes detailing the need for disaster social work practice and current practices. The body of literature in this area of social work practice is limited. Notably, there appear to be only a handful of researchers focused on this work. The majority of the publications ( $N = 8$ ) constituted conceptual papers, textbook reviews, and letters to editors calling for greater emphasis on disaster preparedness and response. Only three empirical studies were identified in this review and these detailed present initiatives and challenges within this area of practice. In total, the 11 publications included in this review were spread across nine sources (e.g., *Journal of Gerontological Social Work*, *Social Work in Health Care*, *Social Work and Christianity*, *Southern Medical Association*). Three articles were published in a special issue of the *Journal of Gerontological Social Work* in particular, while the other journals had one publication each.

### ***Charge to the Profession ( $n = 7$ )***

Seven articles ( $n = 7$ ) were characterized by their charge to the social work profession to further develop disaster preparedness and response as an area of practice specialization to meet the needs of older adults on a micro, mezzo, and macro level during disasters. The article within this theme included conceptual pieces, letters to editors, policy statements, and book chapters



describing disaster management frameworks, needs specific to older adults during disaster, and the potential synergy between the work of emergency managers and social workers in disaster preparedness and response.

In a policy statement, NASW (2015) describes the urgent need to increase social work training and research and to develop best practices to guide disaster response as a profession. The social work field is well-positioned to participate in disaster preparedness and response, as social workers are traditionally trained to assess needs, de-escalate community members in crisis, and provide psychoeducation on the available resources to vulnerable communities. However, further developments are necessary, including developing best practice guidelines. There remains a need to advocate for policies, design inclusive resources for older adults, provide adequate training for professionals, and prepare existing systems of care to provide social services to respond to all stages of disaster (NASW, 2015).

Two articles in this theme focus specifically on the current state of practice related to disaster mental health services for older adults. Gibson et al. (2019) detailed three assessment and intervention phases which feature the role of social workers in effectively responding in the event of a disaster; a case study example was utilized to demonstrate the application of the assessments and interventions. Continuous assessment of immediate needs and exploration of mental health concerns should be completed by the social worker to facilitate immediate and long-term recovery efforts. Gibson et al. (2018) also discussed the need for inclusive mental health services for older adults following a disaster and elaborated on how to efficiently provide these services for this population in three steps. The first step includes screening survivors for their level of need following a disaster. As social workers screen older adults' immediate needs, they also consider various interventions available to efficiently respond to these needs. This

includes interventions such as the Psychological First Aid, which is intended to diminish stressors related to a disaster and explore ways to establish healthy coping mechanisms through continuous support. The second step is centered on evaluating symptoms of mental health concerns as it is common for the emotional effects of a disaster to manifest in the subsequent months. If symptoms are present, crisis counseling may be beneficial for older adults to expand their coping mechanisms and support system established in the initial screening. Should the need arise, the third step includes assessing for long-term mental health concerns and introducing therapeutic services (e.g., Cognitive Processing Therapy, Prolonged Exposure Therapy).

The remaining four articles in this theme elaborated on the existing capacity of social workers in disaster preparedness and their role in adequately meeting the needs of older adults during these events. Kusmaul et al. (2018) detail opportunities for social work involvement and describe how social workers could specifically engage in practices that support preparedness, response, and recovery, building on the three-step process previously detailed by Gibson et al. (2018). Disaster preparedness efforts for the social work profession constitute understanding client risk factors, conducting client needs assessments, providing preparedness education, enrolling clients in appropriate services, and developing emergency plans with clients. Disaster response efforts include social workers supporting older adults with the implementation of plans, through the coordination of services and supports as planned, including mental health services. Disaster recovery involves assessing and supporting clients and communities with the long-term effects of the disaster (e.g., trauma and persisting mental health needs, financial needs). As detailed by Kusmaul et al. (2018), social workers possess skills and tools that can be useful in disasters. However, their engagement in this area of practice remains limited. There is continued need to develop this area of specialization, to raise social workers' awareness of the ways in

which their skills could be instrumental to their communities in disasters, as well as to build the necessary infrastructure to support this area of practice.

In addition to discussing the potential role of social workers in disaster preparedness, articles in this theme discuss factors specific to the older adult population which place them at risk during disasters, and ways in which social workers should prepare to efficiently support this population. Older adults are at high risk of physical, emotional, and psychological strain during a disaster. Factors contributing to this risk include apprehension in evacuating their homes, the presence of medical conditions, and limited mobility and financial independence (Banks, 2013). Further, agencies are often under prepared to support the emerging needs of older adults in disasters (Banks, 2013). Preparedness efforts can be improved by amplifying awareness surrounding the risks older adults face, providing inclusive medical care, and expanding community outreach in the event of a disaster to adequately respond to the needs of older adults (Banks, 2013). Eichwald (2011) provides a review of *Geriatric Mental Health Disaster and Emergency Preparedness*, a book published in 2009 and therefore outside the scope of our 10-year review. In the book review, Eichwald describes the book as a useful and comprehensive resource, which documents the status and challenges in this emerging area of social work practice. The book offers chapters on topics such as older adult vulnerabilities in disasters, gaps in organizational readiness (at local, state, and federal levels), need for research, and workforce gaps. Lastly, Barusch (2011) provides an editorial further elaborating on the unique vulnerabilities and risk factors that affect the older adult population. This includes a discussion of socioeconomic status, medical conditions, or under preparedness of caregiver, that increase the vulnerability of older adults in disasters. [Insert table 1 about here]

#### ***Current Practices and Unique Challenges (n = 4)***

Four articles identified in this review focused on describing current practices. These four articles highlight barriers, challenges, and special considerations for disaster planning and emergency management social work practice, based on setting and population. Claver (2013) conducted semi-structured interviews with key informants (i.e., nursing home staff) from Veteran Health Administration (VHA) nursing homes (VANH) involved in evacuating and receiving VANH residents during hurricanes Katrina and Rita in 2005. This study explored the characteristics of the residents, and lessons learned by staff through the experience. Nursing homes constitute one of the highest levels of care, with residents typically requiring 24-hour care to meet their activities of daily living (ADL) or instrumental activities of daily living (IADL) needs. In addition to ADL and IADL needs, the VANH residents evacuated all required some form of skilled nursing, such as wound care or feeding tube maintenance. Key informants reported that the high level of need and physiological vulnerabilities among residents created logistical challenges when trying to evaluate or transfer residents. In addition to logistical challenges, both evacuating and receiving facility staff reported that psychological distress ensued, and cognitive deficits were exacerbated by the confusion and chaos involved in making urgent, emergency changes to the residents' environment and routines.

Frahm et al. (2012) also discussed special needs and considerations of nursing home residents during a disaster, with a focus on residents receiving end of life (EOL) care. In a conceptual article, Frahm et al. make the case that nursing home disaster management plans must include specific details for how they will meet the needs of two types of nursing home residents, those at end of life receiving palliative or hospice care, and those who come to require end of life care as a result of the emergency taking place (e.g., changes in status following evacuation). For the first group, nursing homes must develop plans in collaboration with the contracted outside

agencies involved in delivering the EOL care, which may include home health or hospice agencies. For the second group, nursing homes ought to have plans in place for initiating EOL services in an emergency, which may require the nursing home to shift their focus to comfort care suddenly, and possibly without the support of hospice. In addition, the second group of residents, as well as their families, may require specific mental health support to cope with the sudden changes in status and goals of care of the resident.

The other two studies in this theme explore structures that support involvement of social service agencies and social workers in disaster preparedness and response to support the needs of older adults. Ashida (2018) conducted a Structure Network Analysis of community organizations involved in supporting older adults, to identify patterns among those engaged in disaster management. Survey data was collected from two disaster management coalitions serving a total community of 41,959 older adults. Characteristics of all organizations engaged in the coalition, roles, network size, and nature of relationships were identified. In total, 761 relationships among 55 organizations were identified. These networks showed strong relationships in roles such as assessing, planning, making referrals, and coordinating information-sharing to support older adults in disaster situations. Coalition membership enhanced capacity for agencies to engage in this work. Lastly, Ellor and Mayo (2018) described ways in which congregations and congregation-affiliated social workers support older adults in disasters. Like Kusmaul et al. (2018), Ellor and Mayo (2018) describe the present role of congregations and imagines specific supports which can be provided by social workers along the three stages of disaster management. The confluence of religious support, which may not be as available in traditional social services, along with the social worker's expertise, can be a powerful combination to support religious or

church-affiliated older adults while easing the burden on other social service agencies during a time of stress and high demand. [Insert table 2 about here]

In summary, the articles in this review describe the need for developing this area of practice, highlight the ways in which social work and the skills of social workers situate them to do this work, and describe the unique needs of the older adult in disasters. Gibson et al. (2018, 2019) detailed frameworks for adequately providing support pre-disaster, during disaster, and post-disaster. NASW (2015) discussed the need to advance policies, and Banks (2013), Eichwald (2011), Barusch (2011) and Kusmaul et al. (2018) depict possible specific ways in which social workers can engage with emergency management and argue for the need to develop training and practice guidelines to advance this area of practice. Two of the three articles reporting findings from empirical studies (Claver et al., 2013; Gibson et al., 2018) focused on describing the experiences of nursing home residents during disasters, and the factors that shaped their experiences with evacuation and end of life care during those disasters, respectively. Both articles report findings from small, exploratory studies using qualitative interviews. The other empirical study included in this review (Ashida, 2018) focused on exploring systems of support and the role of coalitions in forming support networks for agencies during disasters, via online surveys. Similarly, Ellor and Mayo (2018) described the role of congregations in providing support to older adults in disasters.

### **Discussion**

This systematic review summarizes the literature on social work's role and involvement in disaster preparedness and response with older adults and identifies gaps and future direction to advance this area of practice. A total of 11 articles were reviewed covering two overarching themes (i.e., a charge to the social work profession, and current practices and unique challenges).

Findings reveal an underdeveloped area of social work practice and highlight opportunities for researchers and practitioners to define gerontological social workers' role in disaster preparedness and response to support older adults across care settings, and to detail best practice guidelines. The existing body of literature can be grouped into two broad themes. The first is a call to the social work profession to engage in this area of practice. These articles describe current gaps, present models of emergency management, and discuss opportunities for social work involvement. The second theme includes articles focused on current practices and unique challenges. These articles highlight the need for more efficient communication and collaboration between healthcare providers and social workers, the need for evacuation plans that are made specifically for frail populations such as older adults in nursing homes, and advocate for better preparation and planning before and after natural disasters in general. This second theme also touches upon the cognitive and physical limitations prevalent among this population, which significantly impact and increase the possible challenges associated with emergency evacuations. Overall, findings from this systematic review reveal a dearth of empirical studies; only three articles describing applied research were found (Ashida et al., 2018; Claver et al., 2013; Gibson et al., 2018).

Systematic reviews often include risk of bias assessments. The low number of empirical studies in this sample and the descriptive nature of many articles included in this review make formal bias assessment impractical. This speaks to the need for further rigorous research in this area. It also highlights barriers to researching this topic through rigorous methods such as being limited to retrospective designs. In addition to not offering a risk of bias assessment, there are two other limitations worth noting within this review. First, this systematic review focused on social work practice in the U.S., given that policies impact disaster practices. However,

expanding the review to include practices of social workers to respond to disasters worldwide may be a helpful next step to provide direction and ideas that can be adopted to U.S.-based social work practice contexts. Second, as with any systematic review, there is the risk that the search did not capture something of relevance. To minimize this risk, the authors used a multi-step approach and searched a wide range of related terms during initial searches, to start with as broad a literature as possible.

Nursing home administrators report social workers should implement resilience support groups, psychological first aid training, and generally support the psychosocial needs of residents during this stressful time (Ashida et al., 2018; Barusch, 2011; Claver et al., 2013; Kusmaul et al., 2018). Social workers, in addition to providing resilience training for older adults, can also assist in creating accessible and appropriate environments by setting up the proper lighting, coordinating support staff, and identifying residents requiring alarms to manage wandering risk (Claver et al., 2013). Thus, there are opportunities for social workers to reduce barriers to ensure the safety of nursing home patients during disasters. In order to provide adequate support, both social workers and nursing home staff are encouraged to expand their existing roles to include alternate roles (palliative, hospice, etc.) to meet the distinct needs of older adults. It is necessary, therefore, to prepare social workers to engage in this area of practice, and to reduce barriers to their engagement within the nursing home setting.

The available literature has sufficiently detailed the value in collaboration not only between social workers and nursing home staff, but also with outside agencies in order to increase support in the event of a disaster and to ensure a safe and successful transition. The literature also describes the benefits of developing a comprehensive support network to increase efficiency (Banks, 2013), and the fit of the social work profession to engage in this work. To



advance this area of practice and research, future work should focus on developing and testing training and educational programming to support this work. Future research should explore the current involvement of nursing home social workers in disaster preparedness and response, factors that predict involvement, and barriers experienced.

In conclusion, social workers possess key skills to support older adults at all stages of disasters. With the expected growth of the older adult population, and increases in frequency and severity of disasters, there is an urgent need to advance emergency management social work practice. The COVID-19 pandemic further highlights the need to prepare social workers to engage in emergency management practices that are inclusive of older adults' unique needs.

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**Table 1. Charge to the Profession**

<b>Author (year)</b>	<b>Study Design</b>	<b>Key Findings or Summary &amp; Recommendations</b>
Banks (2013)	Conceptual paper discussing the need to develop a community response on behalf of older adults, described experiences in the 1995 Heat wave in Chicago Illinois and the 2005 Hurricane Katrina in Louisiana.	<p>Physicians and other providers can use educational resources and best practices guidelines to improve their ability to care for older adults during disasters.</p> <p>HHS Office of Inspector General recommends identifying and including in Centers for Medicare &amp; Medicaid Services' requirements more detailed and specific elements of emergency plans and training; detailed guidance for surveyors assessing compliance with federal regulations for nursing facility emergency planning and training; the encouragement of the use of emergency preparedness checklists for nursing facilities; and the development of model policies and procedures for state LTC ombudsman programs, surveyors, and the Administration on Aging.</p> <p>Home healthcare services should seek to be included in community emergency planning and exercises to familiarize government agencies with the scope of their services and the specific needs that will arise.</p>
Barusch (2011)	<p>Editorial on factors that contribute to the vulnerability of older adults during, before, and after natural disasters.</p> <p>Commentary after earthquake at Christchurch in New Zealand.</p>	<p>Older adults are more vulnerable to the physical consequences of disasters. More specifically, older adults with debilitating health or low SES are at increased risk.</p> <p>Social workers need to advocate for policies that address these issues and further protect older adults during disasters. The profession can contribute by increasing disaster preparedness in the community, provide mental health services in addition to resources and other public assistance.</p>
Eichwald (2011)	Review of the book <i>Geriatric Mental Health Disaster and Emergency Preparedness</i> (2009)	<p>The book describes contributions by social workers, nurses, doctors, educators, and researchers on disaster planning in the past 10 years.</p> <p>Older adults with dementia have been found to be more vulnerable in a disaster as a result of their declining cognitive function.</p> <p>There is a need for professional training and evidence-based programs to be developed, to effectively assist during disaster planning and response.</p>
Gibson, Kusmaul, Leedahl, & Rizzo (2019)	Chapter in edited book, raising awareness of changing environment and the need to strengthen individual and community responses towards	Most current models for the delivery of services to trauma survivors use a stepped care approach that offers 3 levels of mental health intervention and treatment, ranging from informal (public health worker and volunteer-delivered) to formal (licensed clinician-delivered). Each step has a respective assessment procedure and

	natural disasters, pollution, climate change, and the increasing global population.	<p>set of interventions.</p> <p>Seniors Without Families Triage (SWiFT) is a screening tool developed to assess the needs of frail older persons and to identify those requiring care most rapidly.</p> <p>Older persons have been found to be particularly responsive to natural spontaneous discussions among peers, reporting accompanying feelings of normalcy, validation, and calm. Such social support has been found to be a critical resource in coping with trauma.</p>
Gibson, Walsh, & Brown (2018)	<p>Exploratory, qualitative study</p> <p>Family caregivers (n=27) interviewed about their experience with the 2015 South Carolina flood.</p>	<p>Caregiving role affected their ability to prepare for the storm and influenced their decision-making regarding evacuation and utilization of recovery resources.</p> <p>Family caregivers need to have actionable emergency plans for disasters.</p> <p>There is an opportunity for social workers to educate, advocate, evaluate, and coordinate support to assist caregivers of persons with ADRD as a potentially vulnerable and at-risk population during all phases of disaster.</p>
Kusmaul, Gibson, & Leedahl (2018)	Letter to Editor focused on raising awareness older adults' disproportionate vulnerabilities in disasters.	<p>Provides a review of disaster planning and response, and outlines opportunities for social work involvement at each stage.</p> <p>Social workers can assist in disaster preparedness with older adults by assessing for their essential needs, health risks, and assist in developing an appropriate emergency plan.</p> <p>After a disaster, social workers should assist in providing knowledge of resources, such as shelters, discuss safety concerns, and advocate for the needs and safety of older adults in nursing homes.</p> <p>Social workers assisting in the disaster recovery must be prepared to provide mental health services, be knowledgeable of mental health disorders that may arise as a result of the disaster and be culturally competent when working with older adults.</p>
National Association of Social Workers (2015)	NASW Policy statement on disasters	<p>NASW adopted a disaster policy at the national level because of the large-scale destruction caused by disasters which can affect one or more communities in geophysical, social, and psychological ways.</p> <p>Vulnerable populations with scarce resources and few opportunities to rebuild and replace losses are at a magnified disadvantage as a result of a disaster event. Thus,</p>

		<p>social workers must interpret the disaster context and advocate for effective services.</p> <p>NASW supports preparation, planning, participation and advocacy for programs and policies in response to a disaster event.</p>
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**Table 2. Current Practices and Unique Challenges**

<b>Author (year)</b>	<b>Study Design</b>	<b>Key Findings or Summary &amp; Recommendations</b>
Ashida, Zhu, Robinson, & Schroer (2018)	<p>Online survey of two disaster coalitions (Coalition A &amp; Coalition B) located in Iowa.</p> <p>Participants included representatives from organizations (from 2 coalitions) serving 41,959 residents aged 65 years and older.</p> <p>44 organizations completed the survey</p>	<p>Respondents reported high levels of involvement in core disaster management areas, such as having organizational plans, providing information to the public, communicating with other organizations, and conducting outreach to the general public. Coalition membership supported this work.</p> <p>Fewer organizations describe engagement in providing training to the general public and older adults. Tools to actively train the public in preparedness are not readily available, suggesting the need for such resources.</p> <p>Two-thirds of the organizations worked to ensure ongoing care and access to social services (e.g., in-home care, transportation) and communicated their needs to the AAA. The extent of collaboration ranged from “very little” to “not at all” for supporting older residents.</p>
Claver, Dobalian, Fickel, Ricci, & Mallers (2013)	<p>Qualitative case study to examine needs of nursing home residents during evacuations and transfers due to Hurricane Katrina and Rita.</p> <p>Purposive sampling to select VAMC based nursing homes. Semi-structured key informant interviews conducted by telephone with 13 administrators and providers from four facilities across New Orleans, LA (60 nursing home unit); Gulfport, MS (40 bed Alzheimer’s care &amp; 40 bed in-patient psychiatry care); Biloxi, MS (60 bed extended care &amp; 20 bed transitional care); &amp; Houston, TX (120 bed nursing home care).</p>	<p>Despite the best efforts of staff from evacuating facilities to relay critical patient data, many evacuees arrived without information about next of kin, medical history, or needed medications. Respondents involved in evacuating nursing home residents reported that some of the techniques and resources one might successfully use during an evacuation with a non-frail population did not work well with nursing home residents.</p> <p>Challenges with evacuating residents on ventilators described. Eight of the 13 respondents reported that many residents exhibited symptoms of psychological distress, which was particularly severe for some who had been evacuated.</p> <p>Facilities that were to receive evacuees had to provide an appropriate environment for a new group of people with possible needs that were not</p>

		previously met in the community.
Ellor & Mayo (2018)	Conceptual paper advocating for culturally sensitive social work practice in response to the effects of disasters on the older adult population.	<p>Physical and cognitive health challenges, specifically co-occurring conditions, are more common in older adults than younger populations and are exacerbated as a result of a disaster.</p> <p>Three distinct responses in older adults gathered in disaster research: first group reacts appropriately to the magnitude of the event; second group struggles with physical, emotional, and mental vulnerabilities before the event which are then multiplied after the event producing prolonged maladaptive emotional reactivity; and the third group consists of older adults with previous psychiatric illness. Each group requires unique responses from social workers and mental health professionals during disasters.</p> <p>Congregations and community social work practice should advocate for preparation and planning before and after natural/human disasters.</p>
Frahm, Brown & Gibson (2012)	Conceptual paper outlining challenges and areas of opportunity for end-of life care in nursing homes in response to a disaster event.	<p>Discusses ethical considerations of end-of-life (EOL) care in nursing homes in the event of a disaster.</p> <p>Discusses end-of-life care training, education, and appropriate response for nursing home staff, disaster responders, and lay people who provide post-disaster relief.</p> <p>For nursing home residents already receiving end-of-life services, coordinating with an outside contracted hospice organization may be necessary to adequately manage the residents' care.</p> <p>Disaster first responders should be trained in the prescription pain and symptom management, and these medications and supplies should be stockpiled during disaster planning efforts and readily available if needed, and trained to provide psychological first aid.</p>



**Table 3. Summary of Findings and Future Directions**

<b>Key Takeaways</b>	<ul style="list-style-type: none"> <li>• Need for educational resources and best practice guidelines, emergency preparedness checklists and actionable plans and procedures for all stages of disaster (Banks 2013; Eichwald 2011; Frahm et al., 2012; Gibson et al., 2018; Kusmaul et al., 2018)</li> <li>• Need to include home health in community emergency planning (Banks 2013; Gibson et al., 2018)</li> <li>• Need to advocate for policies addressing unique vulnerabilities of older adults with debilitating health or low SES, to advance community disaster preparedness and mental health services (Barusch 2011; Eichwald 2011; Beltran &amp; Miller, 2020; Claver, Dobalian, Fickle, Ricci, &amp; Mallers 2013)</li> <li>• Social support must be acknowledged as a critical resource for older adults in coping with trauma (Gibson et al., 2019)</li> <li>• Physical and cognitive health challenges, specifically co-occurring conditions, are more common in older adults than younger and are exacerbated by disasters (Ellor &amp; Mayo 2018)</li> </ul>
<b>Key Gaps</b>	<ul style="list-style-type: none"> <li>• Studies show lack of organizational engagement in preparing the general public and older adults, specifically for disaster events (Ashida, Robinson, &amp; Schroer 2018)</li> <li>• Tools to train the public in preparedness are not readily available, suggesting the need for such resources (Ashida, Robinson, &amp; Schroer 2018)</li> <li>• Some techniques and resources effective during an evacuation with a non-frail population may not work well with nursing home residents (Claver, Dobalian, Fickle, Ricci, &amp; Mallers 2013)</li> </ul>
<b>Opportunities to Advance Social Work Disaster Practice</b>	<ul style="list-style-type: none"> <li>• Advance curricular and practice programming and identify best practice approaches (Eichwald, 2011; Gibson et al., 2018)</li> <li>• Explore social work training adequacy and needs, as social workers must be prepared to provide mental health services, be knowledgeable of mental health disorders resulting from a disaster, and be culturally competent in assisting older adults with disaster recovery (Beltran et al., 2020; Claver, Dobalian, Fickle, Ricci, &amp; Mallers 2013)</li> <li>• Explore barriers and facilitators to organizational networks such as disaster coalitions and support community-wide disaster work (Ashida, Robinson, Schroer 2018)</li> <li>• Develop best practice guidelines to ensure uniquely affected practice situations such as end-of-life care and nursing home care are adequately supported (Frahm et al., 2012)</li> <li>• Training is needed for disaster first responders in prescription pain and symptom management, and psychological first aid (PFA) techniques to assist people in the immediate aftermath of disasters to reduce initial distress and foster adaptive functioning (Frahm et al., 2012)</li> <li>• Policies and funding must align to support social work engagement in disaster work (NASW, 2015)</li> </ul>