

Helping Older Adults After Disasters: A Guide to Providing Support



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Overview

This guide is designed for outreach workers, crisis counselors, or other workers or volunteers providing support to older adults after a disaster.¹ Please refer to the “Who Should Use This Guide?” box for more about who might benefit from this booklet.

As you probably know from your own experience, and from survivors you serve, many people feel distress after a disaster and show signs of having a tough time (Norris et al., 2002; North, 2016). Most people also bounce back over time, and one of the best things people can do after a disaster is talk to others (Hobfoll et al., 2007; Pfefferbaum, Jacobs, Griffin, & Houston, 2015). As you work with disaster-affected communities, you’re providing a key service in response and recovery.

After a disaster, you may work with people of many different races, ethnicities, genders, sexual orientations, religions, cultures, and ages. This guide is designed to help you in your work with older adults, defined in this guide as people ages 65 and older.

If you are an older adult, you may think this guide won’t be useful because you already know about the issues older adults face. However, because older adults are different from one another in ways that are important in disasters, this guide contains information that will be useful to readers of all ages.

Older Adults in the United States

Older adults are a substantial part of the U.S. population. As of 2017, about one in six Americans was age 65 or older (about 16 percent of the U.S. population) (U.S. Census Bureau, Population Division, 2018). The older adult population in the United States boasts a rich range of races, ethnicities, cultures, genders, sexual orientations, religions, employment and income levels, skills and talents, and functional and access differences and needs. We will look at some of this diversity in the sections that follow.

¹ In this guide, we use the terms “crisis counselor” and “outreach worker” interchangeably to refer to people working in the community after a disaster to respond to mental health and substance use-related needs.

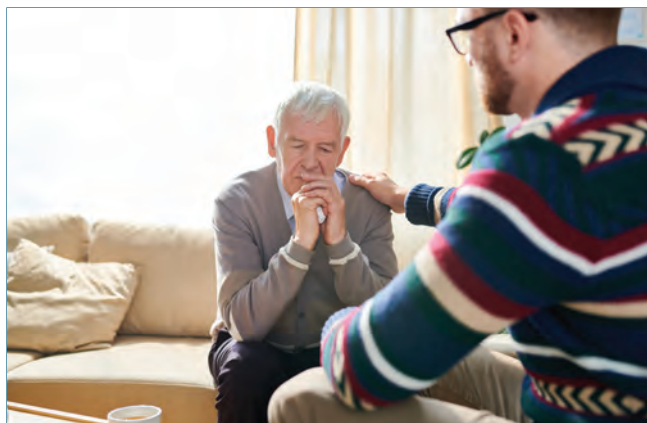
Who Should Use This Guide?

This guide may be useful to anyone providing support—informally or professionally—to older adults after a disaster. The following individuals may benefit from this guide:

- Crisis counselors and outreach workers in disaster response programs, including the Crisis Counseling Assistance and Training Program (CCP) and others
- Senior center employees and volunteers
- Meals on Wheels employees and volunteers
- Healthcare professionals, including doctors, nurses, physician assistants, and other health professionals
- Anyone else providing supportive services to older adults after a disaster

Diversity of Older Americans

In this guide, we present general statistics (see the Statistical Snapshot box), but we cannot provide an in-depth profile of each group of older adults in disaster-affected communities across the United States. If you’re working for a disaster response program, your manager or team leader should take steps to understand the needs of populations in your area, including older adults, so that you’re aware of issues they may have. You can help by bringing issues you notice in your work with older adults (or people of any age) to managers so that your program and teams can plan to meet the needs of communities you’re serving.



Statistical Snapshot: Older Adults in the United States

- **About 56 percent are women, and 44 percent are men.** Women tend to outlive men, and so, as the population ages, the female proportion increases, and the male proportion decreases. Of Americans age 85 and older, about 65 percent are women and about 35 percent are men (U.S. Census Bureau, Population Division, 2018).
- **If living outside of institutional settings such as nursing homes, most older adults live with someone else.** About 28 percent of older adults outside these settings live alone. **However, almost half of women age 75 and older live alone** (Administration on Aging [AoA], 2018).
- **As of 2016, 23 percent of older adults in the United States were part of a racial or ethnic minority population.** This includes African Americans, Hispanics, Asians or Pacific Islanders, Native Americans, Native Hawaiians/ Pacific Islanders, and people of two or more races (AoA, 2018).
- **As a group, older adults are less likely to be living in poverty than Americans as a whole** (Roberts, Ogunwole, Blakeslee, & Rabe, 2018). However, many older adults face financial issues and economic insecurity. More than 25 million Americans age 60 and older are economically insecure. One in three older adult households has no money left over each month or is in debt after payment for items and services they need (National Council on Aging, 2016).
- **Many older adults work.** In 2017, 9.6 million Americans age 65 and older were part of the labor force—nearly 20 percent of older Americans (AoA, 2018).

Disaster Recovery in Older Adulthood

Although some older adults may be at greater risk in the event of a disaster (see [How To Work With Older Adults in Disasters](#)), some research suggests that after disasters older adults may return to their usual level of functioning and well-being sooner and with fewer mental health and substance use problems after a disaster than younger people (Shrira et al., 2014; Siskind et al., 2016; Friedman & Williams, 2010).

For People in Crisis

You can always refer a disaster survivor or responder to these resources:

- Substance Abuse and Mental Health Services Administration Disaster Distress Helpline (available by phone at 1-800-985-5990 or text by sending the message **TalkWithUs** to 66746)
- National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255) for help in English, and 1-888-628-9454 for help in Spanish
- For more about these and other resources, see the [Appendix](#).

Common Disaster Reactions and Signs of the Need for More Help

Within the first 2 to 4 weeks after a disaster, distress is common, and so are distress-related reactions. Many people will feel better on their own over time, without professional mental or substance use-related assistance. Nevertheless, to many people, these reactions are unusual and surprising, and they may also be upsetting.

You must respond appropriately and provide an immediate referral to an older adult—or any survivor—who shows or talks about:

- **Severe distress**
- **A desire to hurt or kill him- or herself or someone else**

Managers should provide a procedure and referral information for these situations. Check out some helpful resources available nationwide in the “For People in Crisis” box.

The following reactions are common after disasters.

Emotional Reactions

The older adult reports feeling, or you notice that he or she seems to feel:

- Anxious or fearful
- Overwhelmed by sadness
- Angry
- Guilty, even though he or she had no control over the disaster
- Heroic, able to do anything
- Disconnected, as though he or she doesn't care about anything or anyone
- Numb, or unable to feel joy or sadness

Physical Reactions

The older adult says that he or she has been:

- Having stomachaches or diarrhea
- Having headaches or other physical pain for no clear reason
- Feeling very hungry or not hungry at all
- Sweating or having chills for no physical reason
- Having tremors or muscle twitches
- Feeling jumpy or easily startled

Behavioral Reactions

The older adult reports or seems to be:

- Having trouble falling asleep or staying asleep or sleeping too much
- Having increased or decreased energy and activity levels
- Feeling sad or crying a lot
- Using alcohol, tobacco, illegal drugs, or prescription medication in an attempt to reduce distressing feelings or to forget
- Having outbursts of anger
- Having difficulty accepting help or helping others
- Wanting to be alone most of the time and isolating him- or herself

Cognitive Reactions

The older adult reports or seems to be:

- Having trouble remembering things
- Having trouble thinking clearly and concentrating
- Feeling confused
- Worrying a lot
- Having trouble making decisions
- Having trouble talking about what happened or listening to others talk about it

How To Work With Older Adults in Disasters

A wide range of reactions to disaster can be expected in older adults, just as in younger people. As noted, some research indicates that they may fare better in terms of mental health and substance use issues and conditions than younger people do after disasters. However, in this section, we look at factors that may place older adults at greater risk in a disaster.

Chronic Medical Conditions

Older Americans are more likely than younger people to have multiple chronic health conditions, such as heart disease, type 2 diabetes, and chronic obstructive pulmonary disease (COPD). More than 6 in 10 older Americans have multiple chronic health conditions, whereas only 1 in 4 American adults of all ages does (Ward & Schiller, 2013). Some chronic conditions make those who have them less able to respond to disaster warnings, at greater risk of injury, and possibly prone to difficult experiences during and after a disaster. Here are some examples:

- An older adult who has survived a stroke may be unable to stand in line for a long time, which might cause problems at sites where supplies are being handed out or information is being provided about available services.



- An older adult with a chronic condition managed with medication may run out of medication after the disaster and be unable to refill the prescription because of disruptions caused by the disaster.
- An older adult on a special diet to help manage chronic kidney disease may be unable to eat emergency food rations.
- An older adult with COPD who uses electrical devices to supply extra oxygen may be in serious danger in the event of a power outage.

Disability and Impairment

Older adults are more likely than younger people to have at least one disability, whether it is hearing loss, visual impairment, difficulty with daily activities because of chronic health conditions, or Alzheimer’s disease or another dementia. In a 2016 Census Bureau survey, more than a third of people age 65 and older (35 percent) reported some type of disability (AoA, 2018). Disability increases with age. According to a 2014 Census Bureau survey, about 17 percent of Americans of less than 18 years have a disability, but among people ages 65 and older, about 59 percent have a disability (Taylor, 2018).

People with disabilities may face challenges in a disaster. Evacuation can be more difficult, shelters

may not be accessible to people with disabilities, and those who rely on services to live alone in their homes may lose access to those services after a disaster. Perhaps as a result of such factors, in a survey of older adults served by Crisis Counseling Assistance and Training Program (CCP) grants, those with disabilities were significantly more likely to report signs of distress after the disaster than those without disabilities (SAMHSA, DTAC, 2017).

Helping Older Adults With Chronic Conditions and Disabilities

You can adopt principles of good communication and service that will make you more effective with older adults with chronic conditions and disabilities, as well as with everyone you serve:

- If you prepare or deliver messages about your program’s services for disaster survivors, do so in multiple formats (radio, TV, print materials such as flyers and brochures, and social media). This will help people with sensory impairments who may be unable to use information presented visually or in sound only.
- Before you meet with survivors, consider your main messages. These may include the name of your program, how survivors can reach your program, and services you provide. Make sure to present this information clearly; confirm that the



survivor understands you, especially if he or she seems confused; and repeat key information before you leave. Try to include this information in writing in materials you leave with survivors.

- Use plain language when you talk to survivors and create written materials for them. You can learn more about plain language at <https://www.plainlanguage.gov>. Plain language for the general public should be conversational, simple, and straightforward, the way you might talk to a close friend or relative. For some people, this comes naturally; for others, it takes more practice. It may help to talk to people you are close to about your program and its services and then to try to use the same language when you work with disaster survivors.

Older Adults in Institutional Settings

In 2016, a small proportion of older Americans—3.1 percent of Americans age 65 and older, or 1.5 million altogether—lived in institutional settings (such as nursing homes, hospitals, or other residential healthcare facilities). But as people get older in the United States, they are more likely to live in these settings—in 2016, 1 percent of people ages 65 to 74 lived in institutional settings, but 9 percent of people ages 85 and older did (AoA, 2018). Depending on

disaster magnitude, government or local agencies may be assigned to evacuate or take other action to help older adults and others in institutional settings. The Centers for Medicare and Medicaid Services' Emergency Preparedness Final Rule requires any nursing home accepting Medicare or Medicaid to have an emergency plan (2016).

How You Can Help Older Adults in Institutional Settings

For older adults in any living situation, as well as people of all ages, it is crucial to reconnect with family, other loved ones, and other important people and communities after a disaster (Hobfoll et al., 2007). Doing so helps reduce distress and encourages recovery. In institutional settings as well as other places, you should strive to help older adults reconnect to key people in their lives. See [Working With Families](#) for additional information.

Older Adults Who Live Alone

As mentioned in the Statistical Snapshot box, many older adults live with at least one other person, but a sizable subset does not—about 28 percent who live in the community (outside of institutional settings) live alone (AoA, 2018). Roughly half of people ages 85 and older outside of institutional settings live alone (Kaplan & Berkman, 2015).

How You Can Help Older Adults Who Live Alone

Older adults who live alone, particularly those with disabilities, may rely on healthcare staff, family members, friends, and volunteers who help them with some activities of daily living. If you are working with an older adult who lives alone, connect him or her with organizations and programs that may be helpful. It is good to come up with a list before you encounter survivors, and you can continue to develop your list and knowledge as you work in the community.

One good resource is the AoA Eldercare Locator (<https://eldercare.acl.gov>). You can use it to find

state units on aging and area agencies on aging in or near the community where you're serving. State units and area agencies on aging may be able to refer you to local resources for mental and physical health support for older adults. Another good resource is SAMHSA's Behavioral Health Disaster Response mobile app (<https://store.samhsa.gov/apps/disaster>), which works on iOS, Android, and BlackBerry devices and can be used to find mental health and substance use services in the disaster-affected area. Through the mobile app, you can access SAMHSA's Behavioral Health Treatment Services Locator (<https://findtreatment.samhsa.gov>), which can also help you find services for older adults in your area. You also can access information in the locator by calling SAMHSA's free National Helpline at 1-800-662-HELP (1-800-662-4357) or TDD at 1-800-487-4889. The [Appendix](#) includes additional resources that may be helpful.

Lack of Preparedness

In a survey of adults age 50 and older, researchers found many gaps in preparedness for natural disasters. Fewer than 25 percent reported having an emergency plan of any type. Roughly the same proportion did not have access to a car or means of transportation if they were to need to evacuate because of a natural disaster (Al-rousan et al., 2015).

How You Can Help Older Adults Who Were Not Prepared for the Disaster

Here too, your focus should be connecting older adults to resources that can help. Your program should maintain and continue to add to its list of resources. And, as mentioned, you can provide a key service by informing managers of any needs you discover as you work with disaster survivors, so that you and other program staff can help meet those needs.

Here are steps you can take to work alongside older adults and others after a disaster to solve problems and address their needs:

1. Talk to older adults about problems they face and needs they have, both for tangible items and for mental health or substance use-related support.
2. Ask questions to prompt older adults to think about how they have solved similar problems in the past. ("When you got lonely, who did you turn to?" "When you wanted to get your mind off problems or feel better, what did you do?")
3. Listen to their responses.
4. Provide guidance in helping people to come up with solutions or ways to address their needs that might work in the post-disaster environment. ("Could you check with someone from your church about whether they're having services again?" "Did you know the senior center is holding groups for disaster survivors?")

You won't be able to support everyone in solving all their problems, but you can do a great service in helping people think about ways to address some of them. In doing so, you remind them of their own power and agency in the current situation. As noted previously, people often feel a strong sense of loss of control during and after a disaster. Taking steps to improve their situation may help them regain a sense of independence and ability to improve their lives. This will serve them in the current disaster, as well as any future ones they experience.





Reluctance To Accept Help

Older adults may be unwilling to accept assistance if they consider it to be “welfare.” Like Americans of all ages, they also may be unfamiliar with government services for which they’re eligible, particularly after a disaster. Some older adults may also be concerned that if they accept help, they will be taking it away from others with greater need.

Additionally, older adults may be reluctant to admit to distress, mental health problems, or mental illness because of the stigma surrounding mental health care. For example, in a survey of older adults with depression, many reported a very negative attitude in their community toward mental illnesses and that they were not currently getting treatment for their depression or planning to do so (Conner et al., 2010).

How You Can Help Older Adults To Accept Help

If your program gets government funding, you might point out to the older adult that his or her taxes have helped pay for the assistance. If an older adult thinks that accepting help will mean taking services from those with greater need, you can make him or her aware that the CCP and many programs like it require that community needs be measured after disaster and services planned to meet those needs—so services and resources are available for those who need them.

If you talk about options for mental health and substance misuse support, avoid clinical language

and the term “mental health services.” Use words like “help,” “support,” and “assistance,” or “human services” or “social services.” You can also tell the older adult that most people of all ages are distressed by a disaster and have some trouble coping, especially in the first weeks after the disaster; many need assistance with their reactions to a disaster; and people recover in time.

If possible, you should also allow time and multiple visits to build rapport. Like people of all ages, older adults may need time to develop trust before they feel comfortable talking about help they need, particularly for mental health and substance misuse services.

Using Other Resources To Help Older Adults After Disasters

In this section, we discuss other groups, organizations, and programs that may help you in supporting older adults after disasters. You may find out more about these and similar resources in your area as you talk to older adults and their families.

Working With Aging and Disability Networks

The Older Americans Act of 1965 led to the creation of aging and disability networks, which include state units on aging and area agencies on aging that coordinate or provide services for older adults. Services include senior centers, adult day services for older adults who need them, and Meals on Wheels programs or group meals at community sites. These programs and services may be able to help you identify older adults who need assistance to leave their homes and to get in touch with family members of older adults.

Eldercare Locator

As noted, you can find state units on aging and area agencies on aging in or near the community where you’re serving by using the Eldercare Locator, a service

of the AoA. This resource is available online at <https://eldercare.acl.gov> or by phone at 1–800–677–1116.

Working With Local Partners

It is ideal to have partnerships established prior to a disaster between your program or organization and other organizations and government agencies in your area (SAMHSA, DTAC, 2011). However, even forming partnerships with other entities after disasters is likely to have a positive effect on the services you can provide. After a disaster, community-based organizations (CBOs) with more connections to other CBOs and long-term recovery groups have reported greater positive impacts in the communities they are serving (Acosta et al., 2018).

For Grandparents Raising Grandchildren

The SAMHSA Disaster Technical Assistance Center offers resources related to children and their common disaster reactions:

- *Tips for Talking With and Helping Children and Youth Cope After a Disaster or Traumatic Event*, <https://store.samhsa.gov/product/tips-talking-helping-children-youth-cope-after-disaster-or-traumatic-event-guide-parents/sma12-4732>, also available in Punjabi at <https://store.samhsa.gov/product/Tips-for-Talking-to-Children-and-Youth-After-Traumatic-Events-A-Guide-for-Parents-and-Educators-Punjabi-Version-/KEN01-0093PUNJABI>
- *Tips for Talking With Children During Infectious Disease Outbreaks*, <https://store.samhsa.gov/product/Talking-With-Children-Tips-for-Caregivers-Parents-and-Teachers-During-Infectious-Disease-Outbreaks/SMA14-4886>, also available in Spanish at <https://store.samhsa.gov/product/Talking-With-Children-Tips-for-Caregivers-Parents-and-Teachers-During-Infectious-Disease-Outbreaks-Spanish-/SMA14-4886SPANISH>
- Disaster behavioral health resource collection about children and youth, <https://www.samhsa.gov/dbhis-collections/children-and-youth-resource-collection?term=Children-Youth-2018-DBHIS>

For more about these and other resources, see the [Appendix](#).

The ways in which organizations address post-disaster needs—and how they work together to do so—vary. Your program may work with some combination of state and local agencies, disaster recovery and human services organizations, mental illness and addiction service providers, peer support groups, and long-term recovery groups and other groups established within communities to support disaster response and recovery.

Be on the lookout for opportunities for you and your program to work with community leaders and other organizations to meet the needs of disaster survivors. If you are not in a management role, you can bring these opportunities to management to improve the services your program provides and enhance community connections.

Working With Families

Families often provide a range of types of care for older relatives. Sometimes a family member serves as a caregiver for an older relative. Such caregivers may be a great source of information and support after a disaster. If the older adult can provide contact information for the caregiver, he or she may be able to provide you with valuable information on medical history and other important information. If family caregivers show signs of stress or burnout, you can also provide them with sources of support. See the [Appendix](#) for more information.

Grandparents Raising Grandchildren

According to a Census Bureau report, in 2012, 6 percent of children lived in a household maintained by their grandparents, and 2.7 million grandparents lived with and had primary responsibility for their grandchildren (Ellis & Simmons, 2014). After a disaster, you may be called upon not only to assist older adults, but also to address their concerns about any children in their care. Please see “For Grandparents Raising Grandchildren” for resources that may help.

Summary of Recommendations

- Deliver messages about your program in multiple formats (e.g., radio, TV, flyers, brochures, websites, social media) to reach all survivors, including people with sensory impairments.
- Before you meet with survivors, identify key messages. Present messages clearly, confirm that the survivor understands, and repeat them before you leave. If possible, leave messages in writing. You can add them to the [tip sheet](#) at the end of this guide and leave copies with survivors.
- Provide survivors with information about assistance available and steps to get the assistance.
- Use plain language when you talk to survivors and in written materials for them. Avoid clinical language if possible, and use words like “help,” “support,” and “assistance,” or “human services” or “social services” rather than “mental health services.”
- Help older adults reconnect with important people and communities in their lives.
- Develop a list of resources for older adults. Enhance and expand this list as you work with disaster survivors. Bring new items to management so they can add them to the list. Try to make sure that everyone in your program has this list. Please see the [Appendix](#) for ideas for resources.
- In working with older adults, focus on their strengths and empower them to take steps to improve their lives after the disaster. It may help to use this four-step process:
 1. **Talk** to older adults about needs.
 2. **Ask questions** to prompt older adults to think about how they have addressed similar needs in the past (“When you got lonely, who did you turn to?” “When you wanted to get your mind off problems or feel better, what did you do?”)
 3. **Listen** to responses.



4. **Provide guidance** in helping people come up with ways to address their needs that might work in the post-disaster environment (“Could you check with someone from your church/synagogue/mosque/temple about whether they’re having services again?” “Did you know the senior center is holding groups for disaster survivors?”).
- You may want to let older adults know it is common for disaster survivors to show many signs of distress after a disaster. Remind them that asking for and accepting help is a sign of strength.
 - Older adults may live with younger relatives, including children. Be ready to provide support and resource linkage for everyone in a household, including children in the care of older adults.
 - For an older adult—or anyone else—who shows severe distress or expresses a desire to hurt or kill him- or herself or someone else, have a procedure and referrals ready. Please see the section [Common Disaster Reactions and Signs of the Need for More Help](#) for details.
 - Look for opportunities to work with community leaders and other organizations to meet the needs of disaster survivors. Communicate opportunities to program management.

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Appendix: Resources

Resources From the Substance Abuse and Mental Health Services Administration (SAMHSA)

Online Collections, Information, and Referral

Older Adults Installment of the SAMHSA Disaster Behavioral Health Information Series

This collection of resources focuses on disaster planning, preparedness, and recovery for older adults. Resources include checklists, tip sheets, brochures, organizations, videos, research articles, and guides. If you would like a print copy of this installment, please contact the SAMHSA Disaster Technical Assistance Center (DTAC) at 1–800–308–3515 or dtac@samhsa.hhs.gov.

<https://www.samhsa.gov/dbhis-collections/older-adults?term=Older-Adults-DBHIS>

SAMHSA Behavioral Health Disaster Response Mobile App

Designed for disaster responders, this app allows you to collect and share resources you can use in the field to assist disaster survivors. It also can be used to find mental health and substance misuse services in the disaster-affected area. The app works on iOS, Android, and BlackBerry devices.

<https://store.samhsa.gov/apps/disaster>

SAMHSA Behavioral Health Treatment Services Locator

You can use this online database to find treatment services in your area—including services specifically for older adults. If you don't have access to the internet, you can also find local treatment services by calling SAMHSA's National Helpline (<https://www.samhsa.gov/find-help/national-helpline>) at 1–800–662–HELP (1–800–662–4357) or TTY at 1–800–487–4889.

<https://findtreatment.samhsa.gov>

SAMHSA DTAC

Phone: 1–800–308–3515

Email: dtac@samhsa.hhs.gov

Website: <https://www.samhsa.gov/dtac>

SAMHSA DTAC provides technical assistance, resources, and support related to disaster preparedness, response, and recovery. Resources include publications available through the SAMHSA Store, webinars and podcasts, newsletters, and collections of resources on topics in disaster behavioral health. SAMHSA DTAC provides technical assistance, training, and support for Crisis Counseling Assistance and Training Program (CCP) grants and other disaster behavioral health preparedness, response, and recovery efforts.

SAMHSA Store

You can find publications and digital products on a wide range of topics in disaster behavioral health. Access and download publications, or order copies through the website. Several items related to disaster preparedness and recovery are available at <https://store.samhsa.gov/professional-research-topics/disaster-preparedness-recovery>.

<https://store.samhsa.gov>

Helplines

SAMHSA Disaster Distress Helpline

The SAMHSA Disaster Distress Helpline offers free, confidential crisis counseling and referrals in multiple languages by phone and text to disaster survivors at any time of day throughout the year. Please refer to the table below for contact information by language, location, and contact method.

| Contact Method | Location | Language | Dial or Text . . . |
|----------------|-----------------------------------|------------------------------|---|
| Phone | United States and its territories | English, Spanish, and others | 1-800-985-5990; press option 2 for support in Spanish |
| TTY | United States | English | 1-800-846-8517 |
| Text | United States | English | TalkWithUs to 66746 |
| Text | United States | Spanish | Hablanos to 66746 |
| Text | Puerto Rico | Spanish | Hablanos to 1-787-339-2663 |

<https://www.samhsa.gov/find-help/disaster-distress-helpline>

<https://www.samhsa.gov/find-help/disaster-distress-helpline/espanol>

National Suicide Prevention Lifeline

People can call the Lifeline 24/7 if they or someone they care about is in crisis or thinking about hurting or killing him- or herself or others.

Phone: 1-800-273-8255

TTY: 1-800-799-4889

Phone (Spanish): 1-888-628-9454

<https://suicidepreventionlifeline.org>

<https://suicidepreventionlifeline.org/help-yourself/en-espanol>

U.S. Government Agencies, Offices, and Services

Administration for Community Living (ACL)

330 C St SW

Washington, DC 20201

Phone: 202-401-4634

Contact form: <https://acl.gov/contact>

Website: <https://www.acl.gov>

ACL does work to allow older adults and individuals with disabilities to live where they choose, with those they choose to live with, and to participate fully in their communities. Part of ACL's work involves funding networks of community-based organizations across the United States that in turn provide services and supports to older adults and individuals with disabilities. ACL includes the Administration on Aging, which works with aging and disability networks to establish and offer information and assistance services for older people and their families. ACL's website offers information on aging and disability networks and their component organizations, resources for practitioners, and statistics on aging.

Eldercare Locator

Phone: 1-800-677-1116

Website: <https://eldercare.acl.gov>

An AoA service, the Eldercare Locator can provide you with your state unit on aging and nearest area agency on aging, as well as other services in your area for older adults and their families.

Federal Emergency Management Agency (FEMA)

500 C Street SW
Washington, DC 20472
General Operator: 202-646-2500
Website: <https://www.fema.gov>

For Disaster Survivors:

Phone: 1-800-621-3362
(711 or Video Relay Service Available)
TTY: 1-800-462-7585
Website: <https://www.fema.gov/webform/disaster-assistance>

For Publications:

FEMA Distribution Center
P.O. Box 2012
8231 Stayton Drive
Jessup, MD 20794-2012
Phone: 1-800-480-2520
Fax: 301-362-5335

When ordering, please include publication title; item number; quantity; and your name, address, ZIP code, and daytime phone number.

Website: <https://www.fema.gov/resource-document-library>

FEMA coordinates with other state and federal agencies to respond to presidentially declared disasters. It provides disaster assistance for individuals, businesses, and communities, as well as information to help people prepare for disasters at <https://www.ready.gov>.

National Institute on Aging (NIA)

Building 31, Room 5C27
31 Center Drive, MSC 2292
Bethesda, MD 20892
Website: <https://www.nia.nih.gov>

NIA Information Center

Phone: 1-800-222-2225
TTY: 1-800-222-4225
Email: niaic@nia.nih.gov

Part of the National Institutes of Health, NIA conducts and supports biological, medical, and behavioral research. NIA provides a range of publications that you can access or download on its website, or order them at <https://order.nia.nih.gov>.

Tip Sheet Instructions

Following this page is a 2-page tip sheet you can customize for your program and hand out to older adults. Feel free to save it, make copies, or copy and paste content into a separate document. If you need assistance, call SAMHSA DTAC at 1-800-308-3515 or send an email to dtac@samhsa.hhs.gov.

Managing Your Stress After a Disaster: Tips for Older Adults

Are you age 65 or older? Were you affected by the disaster?

Disasters are stressful. In the 2 to 4 weeks after a disaster, many people notice changes in how they feel, think, and act. Some of these changes can be upsetting. Here are some common reactions:

- Feeling anxiety or fear
- Feeling strong sadness
- Having headaches or other physical pain for no clear reason
- Feeling very hungry or not hungry at all
- Having trouble falling or staying asleep, or sleeping too much
- Having difficulty accepting help or helping others
- Having trouble thinking clearly and concentrating
- Worrying a lot

These steps may help:

- Reach out to family, friends, mentors, and leaders in your community. Talk with people you trust. Remember that it's okay to be angry or sad.
- Take part in activities that reduce your stress, such as deep breathing, listening to music, prayer, or reading.
- Participate in community recovery activities.
- Get plenty of rest, and eat healthy meals and snacks.

- Once you can do so safely, build movement and even exercise into your day. This can be as simple as walking. Moving your body can help get rid of extra stress hormones likely to build up after a disaster.
- Reestablish daily routines. This may help lower anxiety.
- Don't be afraid to accept help. It's a sign of strength to be able to accept and use the help other people and programs can provide.
- Reflect on other tough times you have gotten through. It may help to consider how you addressed past challenges; you may be able to solve current problems in similar ways.

How Our Program Can Help

After a disaster, many people need some sort of support, whether it's talking with someone about their experiences or help that is available, or meeting with others in their community. If you would like help with coping—or just to learn more about kinds of help available—contact:

Please put a label with information about your program here, including contact information and services.

Other Resources

Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Distress Helpline

Offers free, confidential crisis counseling in multiple languages to disaster survivors at any time of day throughout the year. Provides referral to local resources.

Phone: 1-800-985-5990;

press option 2 for support in Spanish

TTY: 1-800-846-8517

Text in English: Text TalkWithUs to 66746

Text in Spanish: Text Hablanos to 66746

Text in Spanish for people in Puerto Rico: Text Hablanos to 1-787-339-2663

Website (English): <https://www.samhsa.gov/find-help/disaster-distress-helpline>

Website (Spanish): <https://www.samhsa.gov/find-help/disaster-distress-helpline/espanol>

SAMHSA Disaster Technical Assistance Center

Provides assistance, materials, and support related to disaster preparedness, response, and recovery.

Phone: 1-800-308-3515

Email: dtac@samhsa.hhs.gov

Website: <https://www.samhsa.gov/dtac>

Eldercare Locator

Provides referrals to organizations and services for older adults and families.

Phone: 1-800-677-1116

Website: <https://eldercare.acl.gov>

SAMHSA

Substance Abuse and Mental Health
Services Administration

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