

References

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A Role for Adult Day Health Care Centers in Earthquake Relief Efforts

To the Editor: On April 4, 2010, an earthquake measuring 7.2 on the Richter scale struck the Mexican border city of Mexicali. The epicenter was 32 miles south of Calexico, California, a medically underserved border city. The earthquake displaced 84 seniors in Calexico when their assisted living facility was condemned. Existing disaster plans did not provide specific guidelines for management of displaced seniors, and relief services were limited (1). We describe actions taken by a local adult day health care center (ADHC) to assist these displaced older adults.

On the day of the earthquake, the ADHC administrators inspected the day center and established safety. On the day after the earthquake, administrators informed the California Department of Aging of displaced older adults from a local retirement facility. The next day the administrators obtained special permission from the city to access records of the displaced seniors. ADHC staff secured meals and transportation for all displaced seniors, and over the next few days 55 of them were relocated to other cities or to relatives within the county. It was determined that 29 of the

displaced seniors (35%) had no access to services, and they were invited to enroll in the ADHC.

ADHC social workers identified the primary care providers of the 29 seniors and scheduled office appointments. ADHC staff also contacted pharmacies to arrange delivery of prescription medications for chronic medical and psychiatric conditions. To monitor trauma-related changes, social workers assessed broad mood and cognitive status daily with open-ended questionnaires. Included were questions such as “How are you feeling?” “Do you know today’s date?” “What is the name of the place you are in?” Social workers also facilitated discussions with the displaced seniors about their personal experiences of the earthquake and adaptation to subsequent changes. The ADHC offered the services of a trained psychotherapist, but none of the displaced seniors utilized this service.

On day 30 we conducted extensive evaluations and noted no exacerbation of mental illness and no psychiatric hospitalizations. No psychotherapy or medication changes were required for the 29 seniors, and no new-onset psychiatric symptoms were documented.

Earthquakes and infrastructure damage pose challenges to disaster management (2,3). Psychiatric sequelae are common; however, psychiatric interventions aimed at inducing a better sense of control among survivors have been shown to improve behavioral outcomes for earthquake survivors (4). ADHCs are state regulated and have multidisciplinary treatment teams, including physicians, nurses, certified nursing assistants, physical and occupational therapists, psychotherapists, social workers, and activity specialists (2). ADHCs are equipped for concrete problem solving (finding shelter for displaced persons, securing basic needs, and managing disputes), and they offer a platform for medical and psychiatric care, thus helping to engender

a sense of control among survivors (5). No guidelines outline a specialized role for ADHCs in disaster management plans, but our experience points to a role for ADHCs in community disaster response.

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