



FAITH BLIND CARE: HOW FAITH BASED LEADERS CARED FOR COMMUNITY DWELLING OLDER ADULTS IN A NATURAL DISASTER

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Received date: 22 July 2018

Revised date: 12 August 2018

Accepted date: 02 September 2018

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ABSTRACT

Natural disasters are often unexpected and can cause disruption, trauma, loss, and devastation of communities. Community-dwelling older adults have special needs after a natural disaster and may rely on their own communities for support. A review of the literature identified that local faith-based leaders have a major role in the recovery process before, during, and after a natural disaster. The present study is purported to explore how faith-based leaders cared for community-dwelling older adults in a situation caused by natural disaster. This research is focused on Hurricane Sandy and is done in Long Island, New York, which was affected by Hurricane Sandy (2012), which affected 21 states in USA, from northern Indiana to northern Maine in October of 2012. Apart from fatalities, there were economic losses amounting to \$78 billion to \$97 billion in the US. The central concern of this study is focused on the question: How do faith-based leaders care for community-dwelling older adults affected by a natural disaster like hurricane Sandy? This is a qualitative study, utilized the Grounded theoretical approach of Strauss and Corbin (1998). Participants were male or female faith based leaders (ordained leaders of religious congregation) who were involved in caring for community dwelling older adults in Long Island, New York, including the counties of Queens, Nassau, and Suffolk. Total 16 faith based leaders were interviewed. They included Priests (Catholic), Rabbis (Jewish), Imams (Muslim) and other Christian leaders). Participants were selected through snowball strategy that evolved into theoretical sampling. This study identified that the faith based leaders in a community play a major role in the disaster management process especially for the community dwelling older adults. Involving faith based leaders in disaster management and disaster funding to faith based institutions may help for better disaster management in future.

KEYWORDS: Faith blind care, older adults, Hurricane Sandy, faith-based leaders.

INTRODUCTION

The present research study (part of a PhD program (dissertation published in Pro-Quest, 2016) is focused on the question how faith based leaders cared for community dwelling older adults in a natural disaster such as Hurricane Sandy of 2012. The operational definition of faith-based leaders in this study was ordained religious leaders of faith-based communities present in areas of Long Island, New York, USA, affected by 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 in Long Island, New York, including the counties of Queens, Nassau, and Suffolk, during Hurricane Sandy in 2012.

Hurricane Sandy was the largest diametric hurricane on record with winds spanning to more than 100 miles per hour. It had twice the diameter of Hurricane Katrina. It was the deadliest storm that hit the US since Hurricane Katrina in 2005 and the biggest storm that hit the east coast of the US since Hurricane Agnes in 1972. Hurricane Sandy was formed off the southern coast of Jamaica and then moved over to Cuba as a category 3 storm. It made landfall off Atlantic City, New Jersey, on October 29, 2012 with huge storm surges (Kiernan & Lenhardt, 2013). In New York City and Long Island, the storm surges were extreme (Kunz et al., 2013). 147 people died as a result of Hurricane Sandy, with 64 fatalities in New York alone. Energy systems were badly affected, and 21 states, from northern Indiana to northern Maine, experienced power outages. A high water mark of 4.6 feet above ground level was observed in many

parts of Long Island and more than 100,000 homes were destroyed due to storm surge and waves. In densely populated New York City, power outages for nearly 2 weeks affected many citizens and had a severe impact on the sick, elderly, people with disabilities and the poor. Tall apartment buildings without elevator service posed serious problems for the elderly population and people with disabilities. Apart from fatalities, economic losses totaled about \$78 billion to \$97 billion in the US (Blake, Kimberlain, Berg, Cangialosi, & Beven, 2013; Kiernan & Lenhardt, 2013; Kunz et al., 2013).

When a natural disaster occurs it affects, individuals, families and communities. Community dwelling older adults are more vulnerable in a natural disaster due to mobility limitations. As natural disasters are sudden and unexpected, they can bring devastation and loss. Consequences of natural disasters can be life changing. Uncontrollable forces of nature can devastate and obliterate communities and individuals, regardless of preparation. Disasters are destructive events and often require help from outside the affected community (Stangeland, 2010; Williams & Spruill, 2005). Older adults 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). After a natural disaster, unusual reactions can occur in older adults such as depression, despair, isolation, a reluctance to leave an unsafe home and relocation adjustment problems. Worsening of chronic illness, sleep disorders, hyperthermia or hypothermia, and somatic symptoms can also occur during a natural disaster. Older adults may develop special needs that were not present before. A general lack of emergency plans, disaster education, and essential resource awareness has been identified (Al-Rousan et al., 2014; Langan & Palmer, 2012; Pekovic et al., 2009). A review of the literature (previous studies) reveals that faith-based communities and their leaders serve victims in the recovery process after a natural disaster. Cheema, Scheyvens, Glavovic, & Imran, 2014; Ghiloni & Shaw, 2013; MHum et al., 2011 studied the role of the mosque as a community-based religious institution in disaster management after an earthquake in Pakistan in 2005. They specifically explored the role of mosques in relation to state, civil, and private sectors in the relief and recovery, reconstruction, and rehabilitation phases of the disaster. The mosque became a community institution and contributed to disaster management in different ways like an initial contact point, as a space and forum for coordinating response and relief efforts, as a space for community activities, and for recruiting volunteers. The spiritual leaders in the Cheema et al. study arranged and coordinated efforts with village communities and participated in the recovery process. The faith institutions became safe shelters for the hurricane-affected community and faith-based leaders

provided food and clothing to the disaster-affected individuals. It indicates that in a natural disaster, faith-based relief leaders have a major role in disaster assistance and management. (Cheema, Scheyvens, Glavovic, & Imran, 2014; Ghiloni & Shaw, 2013; MHumetal., 2011) We would emphasize here that these findings are in consistent with the findings identified in Hurricane Sandy study. Faith-based leaders play a crucial role in the disaster management and healing process (Graham, 2013; Putnam, et al., 2012) Faith-based organizations are active in disasters. This may include creating disaster plans, conducting training, collecting disaster supplies, providing disaster relief, and taking part in lifesaving activities such as search and rescue, triage, and basic life support (Stajura et al., 2012). When Hurricane Katrina struck, faith communities were in the forefront serving communities, providing time, energy, and material goods. Many faith communities were involved in the distribution of food, clothing, and money and some served in shelters and provided counseling services to displaced victims. Communities of faith were involved in mobilizing volunteers and assisted in cleaning and rebuilding, functioned as support systems for vulnerable population, and helped in disaster preparedness (Stuart, McMillon, & Chandler, 2010). However, the crucial aspects of how faith-based leaders cared for community-dwelling older adults have not been studied in detail. This research was carried out to understand the role of faith based leaders and the process of caring for older adults in the aftermath of a natural disaster. This study will help in future planning for disaster preparedness, intra disaster management and post disaster rebuilding of the community and policy changes.

METHODOLOGY

The methodology used in this qualitative study was grounded theory as described by Strauss and Corbin (1998). Grounded theory methodology enabled this researcher to explore the procedure and dimension of the phenomenon of how faith-based leaders cared for community-dwelling older adults and the community. When the literature review was done, there was minimal data available on how faith-based leaders cared for the community-dwelling older adults in a natural disaster. When there is little data available about a phenomenon of interest, grounded theory methodology is appropriate as it brings forward questions of “why, when, where, who, and so on (research process); the data obtained in this study answered these questions and a theory is developed from the data. The research question in this study was how based leaders cared for older adults in a natural disaster such as Hurricane Sandy.

Settings and Sample

This study was done in Long Island New York, USA, one of the areas devastated by Hurricane Sandy. The participants in this study 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 (New York State, USA) including the counties of Queens, Nassau, and Suffolk, during Hurricane Sandy in 2012. Interviews were conducted with the participants from January of 2015 to May 2015.

Recruitment

After institutional IRB approval was obtained, purposive sampling was utilized and faith-based leaders were approached. The names of leaders were obtained through community leader directory, by personal contacts and also by word of mouth. Potential participants were contacted in person, by telephone and by email and screened for eligibility. Once a person showed interest in participating in the study, the study process was explained and an interview was scheduled. The strategy utilized to enlist participants was convenience sampling. The researcher visited and telephoned churches, synagogues, mosques and other faith-based institutions in the area most affected by Hurricane Sandy. A snowball strategy was then employed. Ethical considerations were maintained during participant recruitment to provide confidentiality. The participants in this study were 16 faith-based leaders of congregations located in Long Island, New York, where Hurricane Sandy caused significant loss and destruction. They ranged in age from 33 to 75 years. They identified themselves as African American (3), Hispanic (1), Caucasian (10), and Asian (2). Gender was represented by male (15) and female (1). Their years of serving as a faith-based leader in their community ranged from 3 months to 50 years. Their religious affiliation included Jewish (3), Roman Catholic (3), Methodist (2), Episcopal (1), Pentecostal (4), Lutheran (1), and Muslim (2). Their congregational membership numbers ranged from 50 to 12,000 people. The number of families within each of their congregations ranged from approximately 15 to 4,000. The participants were all ordained leaders of their congregations. Their positions were serving as Priest, Pastor, Monsignor, Bishop, Rabbi, and Imam. The hurricane caused damage to each of their congregations and local community. For some, there was a total effect and for others, the effect was described as partial.

Data Collection and Management

A demographic data sheet was collected from each participant. The data included age, gender, ethnicity, religious affiliation, congregation location, years of service in the community and leadership role. In-depth interviews were conducted in order to understand the course of action of how faith-based leaders done for older adults during Hurricane Sandy. The research study involved the gathering of data by semi-structured interviews conducted in private, at the place and time chosen for the convenience of participants. Interviews, the primary source of data, lasted from 45 minutes to 1 hour and were audiotaped and later transcribed. Data were collected through open ended questions. All the data obtained through interviews were transcribed by a transcription agency. All interview data had only

numbers or pseudonyms as identification. After each interview was transcribed, each transcript was read together with audiotapes to ensure transcription accuracy. Nonverbal expressions were hand recorded. Second contacts with the participants were done for clarification as needed during and after data analysis for confirmation and verification. This was done by personal contact, by telephone and email. All data were analyzed utilizing constant comparative data analysis method as explained by Strauss and Corbin (1998). After each interview, this researcher did a microanalysis of the transcribed data line-by-line to identify categories and concepts, developing them systematically to identify their relationships. After categories were identified recruitment of more participants were done for theoretical sampling to obtain additional theoretical comparisons and theoretical analysis. For validation of the theoretical schema, this researcher did a high-level comparative analysis, looking at each category, connecting with raw data, and providing the schema to the participants to make out how well the theory fits their stories. For validation purpose, this researcher sent the transcribed interviews and the theory developed with all its concepts and diagrammatic representations to the participants by email and hand delivery and discussed with them to verify and confirm the findings. The participants validated the theoretical schema. No variation from the schema was identified. In order to ensure auditability, discussions were done with peer review committee members, and an external reader. Debriefing of all data was done with the committee chair. The external reader was a research expert at an outside University.

RESULTS

Faith-blind Care

This study led to the development of a substantive theory of Faith blind care, a process used by faith based leaders caring for older adults in the natural disaster of hurricane sandy. Faith-blind care is defined in this research as caring for a person or a community irrespective of religious orientation or belief system. All the faith leaders in this study identified faith-blind care as a basis of their approach. Multiple social processes led to the theory of "FAITH-BLIND CARE." The theory of faith blind care (core category) has 4 other sub categories which are: providing presence to older adults and the community, need based care, rebuilding the community and universal brotherhood and sisterhood which are not explained in this article. The core category of faith blind care itself has 4 sub concepts: open door policy, meeting basic needs (becoming a resource center) interfaith collaboration and loving kindness and compassion. These are explained in this article.

According to Rev. Samuel, faith-blind care involves caring for anyone who is suffering and needs help and has any difficulty irrespective of faith orientation. He stated: "And then the question is for the Interfaith Council that also worked together to identify people that

needed help and the good thing about it is that I guess you would call it faith-based but it was faith-blind and anybody who had difficulty, anybody who was suffering could receive care from these organizations.” Following such a line of thinking, Monsignor Joe states that caring for the parish and the people meant caring for the community as a whole, no matter whether a person is Christian, Hindu, Jewish, or Muslim, or without a faith orientation. He writes: And of course when I say the parish and people, you didn’t have to be Catholic, anyone that lived in the area, again, this goes into that whole sense of community cooperation and community spirit. We didn’t ask them what color they were; you didn’t ask them what religion they were or anything like that ... you just reacted to their need and you reached out to them the best way that you could. Like, our parish food pantry is open to anyone; you don’t have to be Catholic to be coming to the food pantry (Monsignor Joe).

According to Pastor Caring, faith-blind care meant “help anyone who called upon us.” For Rabbi G, faith-blind care is part of Jewish tradition. He affirmed that there is a strong sense of responsibility that we are responsible for one another: “Jews, non-Jews, we helped whoever came, whoever needed help, we cared.” In this connection, we need to categorize that the core category of faith blind care has 4 sub concepts such as open door policy, interfaith collaboration, meeting basic needs (becoming a resource center) and loving kindness and compassion.

Open Door Policy

One of the four concepts in the category of faith-blind care was the “open door policy.” In order to provide faith-blind care, all the faith-based leaders had an open door policy, defined as welcoming anyone to the religious facility irrespective of religious or faith orientation. For Monsignor Joe, faith-blind care through an “open door policy” is a norm in a natural disaster.

No one is asking if you’re Catholic or Protestant or Jewish, when they show up at your door. It’s nondiscriminatory. Whoever shows up is being assisted. So it’s not a denomination thing ... it’s you just helping people. We really... have something in place for them already....We exist here, obviously for our faith, but in times of disaster, it’s our faith that welcomes everybody in, no matter who they are (Monsignor Joe).

All the faith leaders provided faith-blind care in their communities with an open door policy. For Rabbi 10, faith-blind care was the policy in all his actions. Thus he asserts thus: “It wasn’t for our congregation, it was for anybody really, the entire population. The older people were a lot frailer and they weren’t able to handle the situation as well as the younger people so we had to, provide food and clothing and talk with them and find a place for them to stay temporarily. A lot of people in our community were staying all around the tristate area at

different homes (Rabbi 10). Thus, Rabbi 10 stated that Jewish and non-Jewish people came to the synagogue. ‘So I would say a big percentage of the people were Jewish came into the synagogue because people of other faiths went to their houses of worship ... [there] were plenty of people that were not Jewish that participated ... they were hungry and needed help so we invited them in. Anybody can eat a kosher meal’ (Rabbi 10).

The Muslim community also opened their doors to all, irrespective of religious orientation or faith. Both Imams who participated in this study agreed that their Mosques became a shelter for all those who were affected by Hurricane Sandy. Anybody who needed help could come in and get food water and basic supplies. Imam 16 stated that during Hurricane Sandy, the Muslim community opened their mosque for all. He said, “Anyone who came with any kind of need, we opened the door for them: gave clothes... and food.”

Meeting Basic Needs

Faith-based institutions became resource centers during Hurricane Sandy. Faith-based leaders navigated the food distribution system and facilities became a hub for food, clothing and cleaning supplies distribution. Essentially, the facilities became a security and resource shelter. The physical needs of the people and older adults were met irrespective of their religious or faith orientation. Emotional support and counseling services were given to all who needed them. Faith-based institutions helped the community by providing financial assistance and helped out people to file for claims from FEMA and insurance agencies.

According to Monsignor Joe, it is important to meet not only physical needs but also psychological care and emotional support during the times of natural disasters. He insists that “Psychologically, many of them (older people) were in shock ... their whole world, their whole life was shattered.... So you have to assess ... what they immediately need, how can we get them on and then how do you have ongoing help for them”. We may also note here that Pastor D’s church also became a resource center. Pastor D, “... opened up a resource center here [in the church]. So we had a drop off center. People in the community dropped off all sorts of things ... and then we were able to pass that out to the people in need... food, clothing, batteries, flashlights, cleaning supplies, all of that kind of thing.” This was the case with Fr. Anthony. He and his team organized food distribution for all who came to the church throughout the day. He states that “The first couple of weeks when we had no electricity and stuff we were just totally dedicated to distributing food and clothing and cleaning supplies and other immediate needs and that was all we could do. I mean people –young and old- were coming through here all day long.”

Interfaith Councils and Interfaith Collaboration

Interfaith collaboration was a key factor during Hurricane Sandy. Different faith-based leaders joined together and worked with an interfaith council or strengthened the existing counsel and worked together. Interfaith collaboration in this study is defined as different faith leaders who have different religious orientations joining together in coordinating activities and helping the community during Hurricane Sandy. Because of their collaborative effort, the older adults and the community was helped and rebuilt. Reverend Julian stated that interfaith collaboration was important to rebuild the community. According to him, then ... some of the other churches pitched in and brought in things to help get us back on. So we had leaders who came in and we were able to get back. And we had some churches that did come and have service with us. They joined in with us and went with us for quite some time before they were able to get their churches back (Reverend Julian).

Monsignor Ignatius maintains that in a natural disaster like Hurricane Sandy, unity among different faith-based leaders is very important for fast recovery: The fact that the religious leaders of different faiths ... were together with this ... became a sign for the whole community, that the ... religious differences didn't mean anything, but that people could all work together... collaboration of all the faiths for one cause." He stated that his area was predominately Christian and Jewish, with some Muslims and Hindus all working together in the interfaith council. For Bishop Jake, interfaith collaboration is also part of the everyday experience. It reached its zenith during the hurricane. He stated: "And in the ... counsel we have Baptist, Methodist, Episcopalian, and Apostolic. Different religions come together and have been working for years with the social actions of our community such as food, jobs, and clothing".

Loving Kindness and Compassion

Loving kindness and compassion were the essence of the care that faith-based leaders provided for the community, especially for older adults. Loving kindness and compassion in this study are defined as faith-based leaders caring for the community with an attitude of self-sacrifice, showing acts of kindness and mercy, being nonjudgmental and being present for the victims of Hurricane Sandy. Faith-based leaders were instrumental in providing compassion and kindness to all in the community especially for older adults. For Pastor C, loving kindness and compassion were in every step of his care. He declares that in the case of the older people, it was very hard because they are sick, they are not able to move and they live ... sometimes by themselves and we had to pull out them from their homes. Loving kindness and compassion were present in all the activities of Rabbi Machi: According to him, 'You don't have to give \$1 million to make somebody feel that you care. A chicken will do it. Yes, if you can give them \$1 million too, that's very nice. But it's more about being there. It's about, how are you doing, asking them to tell me what happened to their home.

We should also take into consideration that loving kindness and compassion for people, especially older adults was the leading principle for the Muslim leaders during the Hurricane Sandy. Thus, Imam Maj asserts: In the hour of disaster of course we should not be a person that is restricted, that only certain people should come and benefit. No, anyone who comes, we provide them with whatever we have. The congregation was taught that every family will go to 10 houses to the right and 10 houses to the left, and give out packets of groceries and go and visit them. Make gift bags [including batteries, bread, eggs, etc]...It was taking care of the neighborhood (Imam Maj).

In view of the above discussion, we can claim that faith based leaders' approach to caring for older adults and the community was profoundly intermingled that it was difficult to differentiate between the two; but faith leaders have provided special care and attention to older adults.

Major Findings

Multiple social processes led to the theory of "FAITH-BLIND CARE." Faith based leaders provided a securely shelter for the victims of Hurricane Sandy through an open door policy. They opened their places of worship for all, irrespective of religion or faith orientation. Faith based institutions became a resource center to meet the basic needs of all those who approached them with special consideration to older adults by creating intra- and intercommunity coordination and connection with interfaith councils and other nongovernmental as well as governmental organizations. Loving kindness and compassion guided their actions. It is praise worthy to emphasize that older adults received special consideration for filing their applications for FEMA and updating their documents.

DISCUSSION

Faith-Blind Care

Faith-blind care was the essence of the care provided by the faith-based leaders in the Hurricane Sandy study. All participants in this study cared for the community-dwelling older adults irrespective of their religious faith and orientation. Ghiloni and Shaw (2013) studied the response of religious leaders in the Queensland Floods in Australia in 2011. The religious leaders offered practical support and acted for the common good. Ghiloni and Shaw indicated that local congregations became part of the broad community outreach network and civic responsibility merged with religious obligation. There was an accomplishment of reaction over despair. From the data, Ghiloni and Shaw noted that disaster brought out the best in people and the goodness of the human community. While offering spiritual support to the community, religious leaders provided practical action that connected with physical needs. Worship centers were transformed into access centers for information, shelter and a distribution center for food, water and clothing. A combination of physical, psychological and

spiritual aid was offered to the community irrespective of faith orientation. The faith-based leaders cared for older adults and providing need-based care, including food, clothing, shelter, provided emotional and spiritual support, and helped them in rebuilding their homes. Faith-based institutions became safety shelters and resource centers for community-dwelling older adults and the community. Financial, legal, and technical help was provided to disaster-affected older adults and the community. Cheema et al. (2014) studied the role of the mosque as a community-based religious institution in disaster management after an earthquake in Pakistan in 2005. They specifically explored the role of mosques in relation to state, civil, and private sectors in the relief and recovery, reconstruction, and rehabilitation phases of the disaster. The mosque became a community institution and contributed to disaster management in different ways: as an initial contact point, as a space and forum for coordinating response and relief efforts, as a space for community activities, and for recruiting volunteers. The spiritual leaders in the Cheema et al. study arranged and coordinated efforts with village communities leading to the recovery process. These findings are in consistent with the findings identified in this Hurricane Sandy study. The faith institutions became safe shelters for the hurricane-affected community and faith-based leaders provided food and clothing to the disaster-affected individuals. What is evident in Hurricane Sandy study (2012) is the major role played by faith based leaders in disaster assistance and management of natural disaster. Putman et al. (2012) conducted a focus group study on the role and perspectives of faith-based relief providers who responded to the needs of evacuees following Hurricane Katrina. These participants worked with adult and child evacuees and found that churches and religious institutions had established systems to quickly assist evacuees. The faith-based providers raised more than \$2 million in food, goods, and services during the initial phase of the hurricane and helped in networking, coordinating, and consolidating relief efforts while minimizing duplication. The relief providers felt their response addressed the short- and long-term needs of evacuees (Putman et al. (2012). It is observed that the faith based leaders in Hurricane Sandy study cared for the older adults and community by raising money and distributing to the needed families. It is also noticed that they provided food, water and clothing to the needed and assisted them in rebuilding their houses

Practice Implications

Faith based institutions can be part of Pre-disaster planning in order to identify vulnerable populations and older adults. They can collaborate with government and nongovernmental organizations. Community-dwelling older adults and people with special needs may be registered with the congregations. The data obtained from this research indicated that the power outage was one of the most critical factors in a disaster. Providing electricity in faith-based institutions as early as possible is an essential factor in a disaster management plan so

that these institutions, with their large spaces, can be used as a safe shelter. Most of the faith-based leaders who participated in this study expressed the need for government funding for generators. Another practice implication derived from this study was about volunteers coming from all over the country to help during a natural disaster. The data obtained in this study shows that volunteers from all over the US and beyond came to help the community in Hurricane Sandy. According to Pastor D, volunteer work needs to be done prayerfully as volunteers go through people's possessions. Confidentiality and respect for human possessions are essential. Empathy, compassion, and human kindness must be the leading principles. Reverend Mark, who participated in this research, indicated that his congregation had a basic disaster preparedness course prior to his Church and volunteers being sent to the community. Organizing volunteers and work teams and preparing them for the disaster management process prior to sending them to a disaster-affected area is very important for the recovery process. Rebuilding the community after a natural disaster is a long process. The data from the study showed that agents who were sent by insurance companies were not familiar with local situations and many older adults did not feel comfortable with them. Faith-based leaders are needed to help community-dwelling older adults not only during the assessment phase but also at the post-disaster management and rebuilding times.

Policy Implications

Population aging is a major concern in the 21st century. The increasing number of older adults has far-reaching implications for society and thereby presenting social, economic, and cultural challenges to individuals, families, and the global community in general. According to the U.S. Census Bureau, the 2014 population over age 65 was more than 46 million and 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. This was emphasized in the study by Langan and Palmer (2012). They listened and learned from older adult Hurricane Katrina survivors and reported that older adults emphasized the need to include disaster victims in the planning process. They recommended keeping a registry of older adults and vulnerable populations so that first responders can locate target areas easily. Having a registry of older adults in the community, either with local governments or through faith-based organizations, will help in better disaster preparedness.

President Bush (2002) proposed that faith-based organizations assume a greater role in providing social service programs. He wanted the government to help faith-based organizations flourish by providing federal funding to religious groups to implement programs carried over by nonprofit organizations. President Obama made two changes in this faith-based initiative. He created an advisory council to propose how the federal

government can collaborate with faith-based groups and community-based groups. The second change was to concentrate on specific areas of policy making where faith-based and secular grass-root organizations can offer much to their neighbors and nation (President Obama, Faith Initiative, 2013). One of the most important areas emphasized by faith-based leaders who participated in this study was about power failures and the need for generators in a natural disaster. Federal funding for faith institutions to buy generators to use in natural disasters would be a major step in disaster preparedness. It suggests that there is a need for policy changes to funding for faith-based leaders and institutions for disaster preparedness.

Limitations

Personal interviews were used to develop the data. This study was initiated following two years of Hurricane Sandy. Descriptions were subjective in nature as they were based on experiences as described by the participants. A large-scale study with participants (faith-based leaders) from diverse cultural and socio-economic backgrounds could be a better alternative and shall be done in future. This study was conducted among the faith-based leaders from Long Island, New York. A large study, including most of the geographical areas affected by Hurricane Sandy, would provide more data and could offer additional perspectives.

Future Research

Continued research is required on the strategies that can help community-dwelling older adults and the elderly in a natural disaster. Why do people want remain in their homes even in the midst of life-threatening disaster situations is a further area that can be studied. Research participants in Hurricane Sandy study stated that people did not want to leave their houses because they were afraid of looting and theft. Providing federal government troops to help local police officials to offer added security in a disaster area may help to provide safety and security. Disaster victims' perception about safety and security in a natural disaster and the need for troops in a disaster-affected area can be another aspect of study for the future. The role of faith community nursing in a natural disaster is also another area that needs further research. Of the 16 faith-based leaders who were interviewed for this study, only one leader had faith community nursing in his faith-based institution. The nurse is present at the Church's services and funeral. However, the role was not significant in the disaster management. As the general population is aging, disaster preparedness for older adults is an area that deserves special concern and additional research.

CONCLUSION

Disaster can happen at any time and can disrupt the equilibrium of the community. It is important to have a disaster preparedness plan, especially for community-dwelling older adults and the elderly so as to minimize damage and loss of life and eventually help to decrease

healthcare costs. This research identified that Faith based leaders have a major role in caring for community dwelling older adults as well as for the community. Faith Blind Care was the basis of their approach. Involving faith-based leaders in natural disaster preparedness plan will benefit for better preparedness in the event of any future disaster.

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