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Molloy College

The Division of Nursing
PhD in Nursing Program

FAITH-BASED LEADERS CARING FOR OLDER ADULTS IN A NATURAL DISASTER:
A STUDY OF HURRICANE SANDY

A dissertation

by

MERCY JOSEPH

Submitted in partial fulfillment of the requirements

For the degree of
Doctor of Philosophy

February 24, 2016

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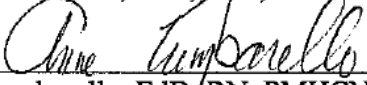
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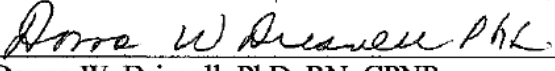
The Dissertation of MERCY JOSEPH
entitled FAITH-BASED LEADERS CARING FOR OLDER ADULTS IN A NATURAL
DISASTER: A STUDY OF HURRICANE SANDY

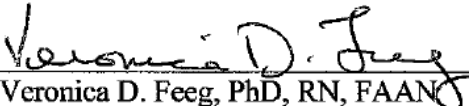
in partial fulfillment of the requirements for the degree of
Doctor of Philosophy

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Dedication

I dedicate this research to God, my Heavenly Father who enabled me to do this research study; also, to the faith-based leaders who provided faith-based care to the Hurricane Sandy affected community and older adults through their loving kindness, compassion, and universal brotherhood and sisterhood; and finally to all the victims of Hurricane Sandy (2012).

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Abstract

The purpose of this study was to explore how faith-based leaders cared for community-dwelling older adults in a natural disaster. This research focused on Hurricane Sandy, which affected Long Island, New York, in October 2012. The research question was: How do faith-based leaders care for community-dwelling older adults affected by a natural disaster, such as Hurricane Sandy?

Natural disasters are often unexpected and can cause disruption, trauma, loss, and devastation of communities. 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. Community-dwelling older adults have special needs after a natural disaster (due to comorbidities, special medications, lifesaving equipment that needs power to operate) and may rely on their own communities for support. Faith-based leaders may also play a crucial role in the recovery and healing process. There is a lack of research on the process of faith-based leaders caring for community-dwelling older adults in a natural disaster.

This qualitative study utilized the grounded theoretical approach of Strauss and Corbin (1998). Data were collected through in-depth interviews of a diverse sample of faith-based leaders who cared for community-dwelling older adults during Hurricane Sandy. The interviews were audiotaped, transcribed, coded, and analyzed to determine categories and concepts. This study led to the development of a substantive theory about the process of how faith-based leaders cared for older adults in a natural disaster.

This study identified disempowerment as the basic psychosocial problem in the older adults in a natural disaster. The substantive theory that originated from this study is “Faith-Blind Care.” The four major categories that led to faith-blind care were: providing presence to the community by the faith leaders (contacting the community), need-based care, rebuilding the community, and

universal brotherhood and sisterhood. All of the categories had multiple concepts that are interrelated. All of these categories are intermingled in such a way that one cannot be separated from another, and faith-blind care is the basic essence of the whole.

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Chapter 1: Introduction

Natural disasters are sudden and unexpected and they can bring experiences of devastation and loss. The 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). Major disasters can lead to severe disruption, trauma, and loss to individuals, families, and communities, leaving victims in a state of shock and disbelief. Surviving a natural disaster can cause financial strain that compounds the multiple losses already suffered by victims. A great deal of effort is required to put life and home back together. Families that experience natural disasters may face loss of work and lack hope for the future, which is often the most difficult result of all. In a disaster healing takes time; it is not immediate and it involves the wholeness of individual people and the community. Symptoms of depression, anxiety, and post-traumatic stress disorder are common after a disaster (Bei et al., 2013; Fernando & Herbert, 2011; Hackbarth, Pavkov, Wetchler, & Flannery, 2012; Owens, Schieffler, & Khan, 2011).

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

In this investigation the researcher studied how faith-based leaders cared for community-dwelling older adults of Long Island, New York, during the natural disaster brought about by Hurricane Sandy in 2012. This hurricane caused severe devastation in the Long Island coastal areas. Many homes were destroyed and people were displaced. Starting from October 22, 2012, Hurricane Sandy moved from the Caribbean Sea through the Atlantic Ocean; it made landfall in New Jersey and on Long Island in the early morning hours of October 30th. The estimated financial loss from the hurricane was more than \$100 billion (Kunz et al., 2013; Subaiya, Moussavi, Valasquez, & Stillman, 2014).

Impact of Hurricane Sandy in the United States

In the United States (US), 147 people died as a result of the hurricane; 64 fatalities happened in New York. Energy systems were badly affected, with power outages in 21 states from northern Indiana to northern Maine, including densely populated cities such as New York City (Blake, Kimberlain, Berg, Cangialosi, & Beven, 2013; Kiernan & Lenhardt, 2013; Kunz et al., 2013). Power outages for nearly 2 weeks affected most 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 (Kunz et al., 2013).

Subaiya et al. (2014) conducted a rapid need assessment (N= 91 households) of New York City and the neighboring Rockaway peninsula after the hurricane and found that the core elements of life had been disrupted, affecting the safety and health of the population. Respondents to this study cited that lack of heat was their immediate health risk. Storm preparedness education was lacking about dangers such as carbon monoxide poisoning, fire

from propane gas ovens, and neighborhood security. Many of the respondents felt that their neighborhood was unsafe due to looting. The interviewees felt that volunteer relief efforts were excellent compared with government efforts. They also stated that residents came into contact with the Federal Emergency Management Agency (FEMA) (82%), the American Red Cross (41%), and church organizations (32%). It was recommended that recovery efforts assist those who were elderly and people with disabilities, as they have difficulty accessing care and medications.

Researcher's Perspective

This qualitative research arose from the researcher's personal encounters with Hurricane Sandy victims on Long Island. Older individuals, who were particularly vulnerable, shared their experiences of high anxiety and distress at the time of the disaster. Many received assistance from local churches, synagogues, and other faith-based institutions. Faith-based community leaders of differing denominations seemed to work together to meet the community needs. This researcher bracketed her own experience during data collection and analysis in order to maintain trustworthiness in the study. Bracketing is a process of identifying and holding preconceived beliefs and opinions about the phenomenon under study. Researchers use bracketing to analyze the data in pure form. Qualitative researchers use a reflexive journal in order to bracket their ideas (Polit & Beck, 2012). This researcher used a reflexive journal to bracket her views in order to explore how faith-based leaders cared for community-dwelling older adults.

Role of Faith Community Nursing in a Natural Disaster

Nursing can play a major role in management during a natural disaster. Parish nursing, also called faith community nursing, can provide holistic care to people affected by a natural

disaster. Modern-day parish nursing is a specialized practice in professional nursing that offers a holistic approach to nursing care, integrating the spiritual, physical, and emotional health needs of clients within the environment of the community (King, 2011). Parish nursing deals with all aspects of care: physical, emotional, and spiritual. The American Nurses Association (ANA) recognized parish nursing as a specialized professional nursing practice in 1998 with the publication of the Scope and Standards of Parish Nursing Practice (1998). In 2005, the ANA updated this work and renamed parish nursing *faith community nursing* in order to accommodate, parish, congregational, health ministry, and health and wellness nurses (ANA, 2005). The ANA defines faith community nursing as a specialty that focuses on the intentional care of spirit as part of promoting holistic health and minimizing illness in a faith community (ANA & Health Ministries Association, 2012; Harris, 2011).

Since natural disasters cause psychological disequilibrium in victims precipitating unexpected and significant changes in their life situations, surviving natural disasters can be extremely costly, and a great deal of effort is needed to put life and home back together (Hackbarth et al., 2012). Older adults are particularly vulnerable to disaster because of their impaired physical mobility, decreased sensory awareness, chronic health conditions, and socioeconomic limitations (Langan & Palmar, 2012). Together with faith-based community leaders, faith community nursing (parish nursing) can play a major role in rebuilding the community, especially the health of community-dwelling older adults.

King (2011) conducted a qualitative exploratory study of the perceptions of clients of parish nurses and the care they received. Clients clearly described the care they received as holistic. Holistic care demonstrates the interconnectedness of mind, body, spirit, and environment. In a natural disaster, when there is total disequilibrium, it is appropriate that

parish nursing provide holistic care for individuals. Parish nurses can play a major role in providing healing and wholeness to disaster victims, especially older adults.

Disaster Preparedness in Older Adults

Older adults are vulnerable in a natural disaster because of their special health care needs, limited financial resources, mobility limitations, and need for electrical power-operated devices. Al-Rousan et al. (2014) conducted a study of 1,304 community-dwelling US adults, 50 years and older, regarding their preparedness in natural disasters. They found that two out of three lacked an emergency plan, had never participated in a disaster education program, and were unaware of relevant resources. More than one third lacked food, water, or medication needed in the event of an emergency situation; 15% of the sample used medical devices requiring electricity. Many had limited financial resources, adding challenges during disasters.

In any natural disaster, older adults are the severely affected because of their special health care needs when compared to younger victims. Langan and Palmer (2012) used a descriptive exploratory study to examine how Hurricane Katrina in the US affected older adults. The participants were from churches and senior citizen centers on the Gulf Coast of Mississippi. The researchers explored how the hurricane affected older adult survivors prior to, during, and post Katrina, in late August 2005. They found that older adults are vulnerable to disasters because of their impaired physical mobility, diminished sensory awareness, and chronic health conditions. The older adults told of their reasons for sheltering in their homes or continuing to live in a high-risk area. They spoke of spirituality and faith, their grief and anger, and their struggle to find and access resources. Older participants, whose economic and social limitations kept them from disaster preparedness and hindered their adaptability during the disaster, gave specific recommendations based on their experiences that can help public health

nurses and disaster-preparedness officials in improving their functioning. It was noted that one way to include older adults in the planning process is to bring them together to discuss their experiences, share their advice, and give them an opportunity to debrief. Keeping a registry for older adults and other vulnerable population can also help first responders target this population.

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

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

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

Faith-Based Relief Providers

In a natural disaster, faith-based relief leaders have a major role in disaster assistance and management. 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. Churches put tents up for prayer and a place to talk. They provided assistance with resettlement, transportation, medical needs, employment, and school. Some helped rebuild churches and daycare centers. Faith-based relief workers identified that evacuees need love, comfort, and connection with other families along with physical and spiritual support, counseling, a place to feel nurtured and safe, and a location for individual or group spiritual worship. The faith-based providers also felt that there was a connection and common ground through shared faith between faith-based providers and evacuees. They facilitated religious coping strategies such as praying and providing guidance while ensuring a sense of safety, nurture, and meeting basic physical needs. The role reported by faith-based providers occurred during the response and recovery phase of FEMA's comprehensive management cycle. For these providers, sharing their own faith helped reduce emotional trauma (Putman et al., 2012).

Simo (2009) examined the role of cross-sector collaborations by different faith-based organizations as well as by nonprofit organizations. Simo defines cross-sector collaboration as a functional mechanism to provide assistance to communities with social problems and community development issues. Collaboration is defined as formal arrangements and agreements between two or more of three sectors: government, nonprofit organizations, and business organizations. Simo studied the outcome of collaborative efforts in a poverty-stricken neighborhood in New Orleans and focused on what was termed the one-stop human services center, which was established in one target neighborhood after Hurricane Katrina. Effectiveness of the center was also tested after other storms including Hurricanes Gustave and Ike and evaluated during fall 2008 to determine whether it was able to provide the expected relief, recovery, and rebuilding efforts in relation to the additional needs that resulted from subsequent storms. Cross-sector collaboration was found to create and enhance public value and compensate for weakness in one or more sectors or organizations. Nonprofit organization involvement in the cross-sector collaboration was critical when adequate services to meet the needs of citizens were found to be unavailable.

Cross-sector collaboration can provide excellent venues for working on capacity building. When the participating organizations are not involved in a crisis, they can help prepare for future events (Simo, 2009). Nonprofit and faith-based organizations were able to provide increased services following Hurricanes Katrina and Hurricane Rita by working together and formulating collaborations. However, when these collaborations decreased, preparedness for disaster also decreased. According to the author, the long-term use of one-stop human services centers requires planning as well as the expansion of partnerships to prepare for future needs.

MHum, Bell, Pyles, and Runnels (2011) conducted a study that focused on the complementary roles of governmental and nongovernmental organizations, including faith-based and secular profit and nonprofit organizations, in assisting Hurricane Katrina survivors evacuated in New Orleans. That study focused on the perspectives of African American survivors and found that spirituality and religious practices provided the motivational force for resilience. Churches and faith groups provided material and social resources for disaster recovery and reinforce faith and spirituality.

Problem Statement

For this study, this researcher conducted an extensive review of literature about natural disasters and hurricanes indicating the need for disaster preparedness. The needs of older adults are unique in that these groups have increased health problems, difficulties with mobility, diminished sensory awareness, chronic health conditions, and social and economic limitations. Unusual reactions to disaster can include withdrawal, 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 & Palmar, 2012; Pekovic et al., 2009).

Faith-based providers and church religious volunteers were able to provide essential community spiritual needs after Hurricane Katrina (MHum et al., 2011) but older adults were not specifically studied or the leadership process investigated. The collaboration of profit and nonprofit groups was found to be critical to meeting the needs of disaster victims (Simo, 2009). While parish nursing can contribute to spiritual, physical, and emotional needs of community

clients (King, 2011), a limited presence was identified in the community affected by Hurricane Sandy.

Natural disasters such as a hurricane can cause disequilibrium in older adults, who are particularly vulnerable to disasters due to their economic limitations and potential for physical, psychological, and social harm in addition to chronic health conditions. After a literature review using Vufind data base (multiple data bases are integrated in Vufind) at Molloy College, no study was found about the process of faith-based leaders in caring for community-dwelling older adults in a natural disaster. The search terms used in this study were: natural disasters, older adults and elderly, faith-based leaders, and Hurricane Sandy. The process and factors that guide actions and choices made in caring for older adults in any natural disaster by faith-based leaders have not been studied. Therefore this researcher investigated how faith-based leaders cared for their community, especially older adults, during the natural disaster of Hurricane Sandy (the process). This study contributes to the knowledge available to help communities with disaster preparedness and develop policy and action plans in caring for older adults.

Research Question

This researcher investigated how faith-based leaders cared for community-dwelling older adults in a natural disaster using grounded theory methodology. This research focused on the natural disaster of Hurricane Sandy, which occurred on Long Island, New York, in October 2012.

Purpose of the Study

The purpose of this study was to understand the role of faith-based leaders in caring for the older adults after a natural disaster. This study focused on the factors that are associated

with faith-based leaders in caring for community-dwelling adults, ages 50 or older, who lived on Long Island during Hurricane Sandy. Natural disasters cause crisis in an individual's life. Individuals affected by natural disasters tend to look to their parishes and religious institutions for help. Faith-based leaders play a major role in helping the community (MHum et al., 2011; Putnam et al., 2012). Therefore, it is important to understand how faith-based leaders make decisions to care for older adults who are a vulnerable population. This new knowledge will help in disaster preparedness for the future.

Significance of the Study

This qualitative study used grounded theoretical methodology, as explained by Strauss and Corbin (1998), to understand the role of faith-based leaders who helped older adults affected by Hurricane Sandy. According to Hackbarth et al. (2012), major disasters can lead to severe disruptions, trauma, and loss to individuals, families, and communities. A review of the literature 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). However, the crucial aspects of the roles of faith-based leaders caring for community-dwelling older adults have not been studied in detail. The literature shows that older adults have special needs after a hurricane. They have unique health care issues and often rely on their religious community for support. Faith-based leaders play a crucial role in the disaster management and healing process (Graham, 2013; Putnam, et al., 2012). Understanding their role and the process of caring for older adults in the aftermath of a natural disaster will help in future planning for disaster preparedness. It is important to understand the factors that helped faith-based leaders in caring for older adults in a natural disaster (Hurricane Sandy), the factors that were obstacles in the caring process, and the vision

of faith-based leaders about future plans in the event of a natural disaster in order to help the community.

Relevance to Nursing

Older adults are particularly vulnerable to disasters because of their impaired physical mobility, diminished sensory awareness, chronic health conditions, and social and economic limitations (Langan & Palmer, 2012). Understanding the role of faith-based leaders in caring for older adults will help in formulating plans and policy to meet the needs of that demographic group in a natural disaster, thereby enhancing disaster preparedness. Nurses can work with faith-based leaders in disaster preparedness and management. In a natural disaster nurses will be able to focus on holistic health care with an emphasis on the spiritual aspects for disaster victims and help with coping. They may be able to assist in grief counseling and management.

Definition of Terms

1. Natural disaster

Conceptual definition: Natural disasters are crises that cause psychological disequilibrium in the victim for a limited period. Victims are faced with sudden and significant changes in their life situations (Williams & Spruill, 2005). Natural disasters are rapid and instantaneous and have a profound impact on the natural environment. They can cause severe disruption, multiple losses (physical, economic, social), stress, trauma, grief, or shock in individuals, families, and the community. Disasters are destructive events and assistance from outside the community may be needed (Hackbarth et al., 2012; Stangeland, 2010).

Operational definition: The operational definition of natural disaster is Hurricane Sandy, which occurred in October 2012.

2. Faith-Based Leaders

Conceptual Definition: Faith leadership is often equated with religious or spiritual leadership, particularly in the context of religious congregations or schools. There is an assumption that leaders in faith-based organizations are, therefore, faith leaders (Buchanan, 2011).

Operational Definition: The operational definition of faith-based leaders is leaders in faith-based communities present in areas of Long Island affected by Hurricane Sandy.

3. Caring

Conceptual Definition: For the purposes of this study, caring is defined by Watson (2008): “Caring begins with a love of humanity and everything that is living: the immanent, subtle, radiant, shadow-and-light vicissitudes of experiences along the way-honoring with reverence the mystery, the unknowns, the impermanence and changes but actively, joyfully participating in all of it, the pain, the joy, and everything” (p. xviii).

Operational Definition: The operational definition of caring is faith-based leaders self-report of providing deliberate acts to help healing, that is, physical, spiritual, emotional, social, and financial help to people affected by Hurricane Sandy.

4. Older Adults:

Conceptual Definition: For the purposes of this study, older adults are people approaching or in old age. According to the World Health Organization (WHO, 2008), most developed countries have accepted the chronological age of 65 years and above as an older person. Although there is no general agreement regarding the age at which a person is old, the Friendly Societies Act of Great Britain of 1875 considered any age after 50 as old age (World Health Organization, n.d.).

Operational Definition: The operational definition of older adults is people older than 50 years of age.

5. Elderly

Conceptual definition: Elderly has been defined as anyone above the chronological age of 65 years and older. People who are 65 to 74 years are referred to as early elderly, and people who are above the age of 75 are referred as late elderly (Orimo et al., 2006).

Operational definition: The operational definition of elderly is anyone above the chronological age of 65.

6. Faith Community Nursing:

Conceptual definition: The American Nurses Association defines Faith Community Nursing as a nursing specialty that will focus on the intentional care of the spirit to promote holistic health and prevent and minimize illness in a faith community. This is an umbrella term

created to cover parish nurses, congregational, health ministry, and health and wellness nursing (Harris, 2011).

Operational definition: Any registered professional nurse who is involved in a faith community providing holistic care. The terms faith community nursing and parish nursing are used interchangeably in this document.

Research Plan

This research study followed the methodology of grounded theory by Strauss and Corbin (1998), which is a systematic, qualitative method generating middle-range theory from the data at a substantial or formal level. The aim of this study was to produce a theory that emerges from and is grounded in data. In this study, the researcher investigated the interactive process of faith-based leaders in caring for community-dwelling older adults in a natural disaster. This social interaction and caring relationship was studied in order to develop a context-based substantive theory.

Interviews were conducted with faith-based leaders who cared for community-dwelling older adults who were affected by Hurricane Sandy in the Long Island, NY area. Molloy College Institutional Review Board approval was obtained. Purposive sampling was used to begin data collection. Snowball strategies were followed that led to theoretical sampling techniques as the theory emerged. Field journal and memos were maintained throughout data collection and analysis. Data analysis was done using constant comparative analysis following the recommendations of Strauss and Corbin (1998). Data were analyzed by line-by-line, open coding, axial coding, and followed by selective coding. Categories were linked with subcategories. Major categories were then integrated to form a larger theoretical schema and the research findings took the form of a theory. Data collection and analysis

continued until saturation was obtained. The central category was defined in terms of its properties and dimensions. The theoretical schema was validated by the participants themselves. Scientific rigor was maintained (Lincoln & Guba, 1985).

Chapter Summary

This first chapter provides an introduction about the effects of natural disasters in a community, and how Hurricane Sandy occurred on Long Island, NY in 2012. The historical overview of the damage caused by the hurricane, the researcher's perspective, and the purpose of the study are explained. Since this study focused on the process of faith-based leaders caring for community-dwelling older adults in a natural disaster, the vulnerability of older adults in a natural disaster was also discussed here. The role of faith-based organizations in caring for disaster victims, in the past, is explained with research findings. The relevance of this study to nursing and how nursing can help in a disaster by providing holistic care to the community and older adults are explained in this chapter.

Chapter 2: Review of Literature

Introduction

In grounded theory researchers may collect their data before reviewing the literature (Polit & Beck, 2012). According to Strauss and Corbin (1998), literature can be reviewed prior to data collection and as an analytical tool. The literature provides a rich source of events to stimulate thinking about theoretical concepts and properties and to help theoretical sampling. In grounded theory, it is not the researcher's perception that matters; rather, what matters are the perceptions of the research participants about the incidents and events. By doing a literature review the researcher understand the range of meaning given by others about an event and how the participants' explanations of the events and incidents relate to the literature. The grounded theory literature review is used as a source of making comparisons at the dimensional level, to enhance theoretical sensitivity and to direct theoretical sampling. It is also used to stimulate questions during the interviews and to confirm the findings.

In this research study, a literature review was done using VuFind from the Molloy College library database. This chapter reviews the literature related to the role of faith leaders in caring for community-dwelling older adults in a natural disaster and the vulnerability of older adults during a natural disaster. This chapter is divided into multiple sections: (1) natural disaster, Hurricane Sandy and its impact; (2) the effects of a natural disaster on community-dwelling older adults; (3) self-reliance and social cohesion in a natural disaster; (4) lack of training and lack of community resources; (5) healing and coping in a natural disaster; (6) the role of faith-based leaders in caring for older adults and the community; (7) the role of faith community nursing; (8) the philosophical underpinnings for grounded theory, symbolic interactionism; (9) the background of grounded theory methodology; (10) gaps in the literature.

This literature review explores the effects of natural disasters and the role of faith-based leaders in a natural disaster and leads to the research question and why the study was conducted. This chapter also explains about grounded theory methodology and why it was used in this research.

Hurricane Sandy

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).

Hurricane Sandy was one of the costliest US hurricanes, with an estimated damage of more than \$50 billion, the deaths of 147 people, and a great deal of damage to homes and to the infrastructure. Energy systems were disrupted for more than 2 weeks and people had to live without electricity and heat, causing hardship to the sick, elderly, handicapped, and poor. In tall apartment buildings, a lack of elevators caused serious problems for the elderly and people with disabilities (Kunz et al., 2013; Blake et al., 2013).

Effects of Natural Disaster on Community-Dwelling Older Adults

Natural disasters are rapid and unexpected and cause disequilibrium in people's lives. Older adults are more vulnerable than others and prone to emotional reactions during a natural disaster (Pekovic et al., 2009; Tang et al., 2014). There are an increasing number of older

adults in the worldwide population and the anticipated burden of care associated with population aging is a global concern. In 1950 there were 205 million people over the age of 60 in the world; the population increased to 810 million in 2012 and is projected to reach 1 billion in less than 10 years and 2 billion by 2050 (United Nation Population Fund, Help Age International, 2012). Physical and health changes in older adults can have an impact on how they cope in a natural disaster. Preexisting medical conditions and reduced mobility can place older adults in vulnerable situations (Tuohy, Stephens, & Johnston, 2014). Al-Rousan et al. (2014) conducted a 2010 US nationwide survey about preparedness for natural disaster among 1,304 adults aged 50 and older and found that older individuals are more susceptible to adverse effects in natural disasters. The physical and psychological stresses of natural disasters, due to chronic illness, are major concerns. Many older adults live in poverty and with limited financial resources, which adds to challenges during a natural disaster. Lack of communication equipment, lack of transportation, and low education are all factors in how older adults react during a disaster. Al-Rousan et al. (2014) found that two thirds of their study population had no emergency plans, never participated in any disaster preparedness program, and were not aware of available resources. More than one third of the study population lacked a basic supply of food, water, and medical supplies; 15% required electricity for their equipment and oxygen supply and bed transfer devices. They stated that these vulnerable populations need to be in the forefront of first-line recovery processes following a disaster.

Tang et al. (2014) conducted a meta-analysis of risk factors for depression. Risk factors included being female, not married, religious beliefs, poor education, prior trauma, and bereavement during disaster. Losing employment or property and house damage during the disaster increased the risk for depression. Jia et al. (2010) conducted a population-based survey

of adult survivors of the 2008 Sichuan earthquake in China and found that the elderly were more likely to have posttraumatic stress disorder (PTSD) than younger adult survivors. Risk factors included being elderly, losing family members, and feeling guilt about another's death or injury.

Peters et al. (2014) studied the effects of natural disasters and myocardial infarction six years after Hurricane Katrina and found a threefold increase in the percentage of hospital admission for myocardial infarction during the period following the hurricane. Risk factors included unemployment, substance abuse, psychiatric diseases, smoking, and hyperlipidemia. Lack of health insurance also added to the likelihood of increased myocardial infarction.

It was noted that in a natural disaster, older adults and the elderly are more affected than younger individuals because of their frail nature, deteriorating health conditions, limited financial resources, and lack of communication tools. Power disturbances are a major concern for the older adults (Al-Rousan et al., 2014; Jia et al., 2010; Tang et al., 2014; Tuohy et al., 2014).

Loke, Lai, and Fung (2011) conducted a study about the home disaster preparedness of elderly people in Hong Kong and found that the majority were not prepared for disasters but were more vulnerable due to physical fragility, impaired sensory abilities, and mobility limitations. This population depends on others for their daily activities, which makes them more vulnerable during disasters. The authors gave multiple recommendations that included maintaining basic supplies, including a mobile phone, battery-operated radios, nonperishable foods, drinking water, and an emergency contact list. They also recommend that government should reach the elderly through promotional talks and in home visits. The health service

should work with emergency services to develop a linkage system that can be used in a disaster.

Cherry et al. (2015) studied the effects of religiosity and social support on psychological outcomes in older adults after Hurricanes Katrina and Rita and exposure to the 2010 British Petroleum Deepwater Horizon oil spill. People who experienced recent and severe trauma related to natural and technological disaster were at high risk for depression. Protective social support had a positive effect on mental health outcomes.

Annear, Keeling, and Wilkinson (2014) conducted a participatory action research study among independently living older adults after the 2011 Christchurch, New Zealand, earthquake. Their purpose was to develop community-generated recommendations for urban development and to learn about staying active in the aging process. They recommended that leaders act to restore essential services and community order in the worst hit areas and where older and more vulnerable individuals reside. They reported the need for public transportation, especially in areas where older members of the community reside. Other recommendations were age-friendly rebuilding, age-friendly designs, safety measures, and resilient support agencies such as Meals on Wheels and in-house nursing care and counseling services. They also emphasized the need for information about social and cultural venues. This participatory research action study identified the need for added security and added assistance to support agencies in a natural disaster, especially for older adults.

Bei et al. (2013) conducted a longitudinal prospective study in Australia (N= 274 older adults) with pre and post questionnaires about the impact of floods on the mental and physical health of older adults. They found that compared with people who were not personally affected by the flood, there was significantly higher PTSD for those who were personally affected.

Personally affected individuals reported increased anxiety. Greater flood exposure and lack of social support were risk factors for poor mental and physical health.

In a natural disaster, elderly persons are potentially more vulnerable to disasters than other members of their family, neighborhood, or community. They are highly vulnerable to disasters secondary to the likelihood of having physical and mental impairments and special needs that increase frailty and require medicines, diets, and medical care. They tend to be less tolerant to disturbance in their routines, their environment, and trauma (Durant, 2011).

The number of older adults in the population and the care burden associated with population aging is a global concern. Physical and cognitive health changes in older adults can have a direct impact on the health and well-being outcomes in a natural disaster, with preexisting medical conditions and mobility limitations making individuals more vulnerable (Tuohy et al., 2014).

Self-Reliance and Social Cohesion in a Natural Disaster

Self-reliance for the elderly may be an area of concern during a natural disaster, and provision needs to be made for social cohesion for their physical and psychological well-being. Chamlee-Wright and Storr (2011) studied how social capital affects post-disaster recovery using collaborative narratives. The authors examined post-Katrina recovery efforts in St. Bernard Parish, which was devastated by flooding and environmental damage. The researchers found a positive relationship between social capital and resiliency in the community and showed that they help in disaster preparedness and disaster recovery. They focused on the narratives of a close-knit, family-oriented community of people affected by the hurricane. The narratives helped the population adopt a strategy of self-reliance. The study showed the

importance of self-reliance as well as how survivors can rebuild a community with the help of the church community, which was important to these victims of Hurricane Katrina.

Greene, Paranjothy, and Palmer (2015) studied the role of social cohesion on the mental health of a community affected by flooding in the South Yorkshire and Worcestershire areas in England. They found that focusing on the physical safety of the population and the resilience of infrastructure and services may reduce physical harm in a disaster. Strengthening of social cohesion or community relationships will protect the psychological strength and well-being of the communities.

Lack of Training and Lack of Community Resources

Legerski, Vernberg, and Noland (2011) studied the perceptions of disaster relief and evacuee service providers in the Kansas City metropolitan area after Hurricane Katrina. In this exploratory study using focus groups, the authors identified perceptions of providers about the needs of evacuees. The researchers found that service providers faced unique challenges when attempting to assist evacuees, such as feeling unprepared and lacking adequate training in cultural competence. Khankeh et al. (2011) studied the disaster health-related challenges, disaster health management, and barriers following an earthquake in the Kerman province of Iran. In that grounded theory study, the participants were a multidisciplinary disaster response team and residents of the community affected by an earthquake. The results of the study indicated that lack of planning, inadequate management of resources, insufficient coordination in the provision of health services, and lack of coordination of international relief efforts were some of the barriers to adequate health service delivery. They emphasized the need for proper disaster planning, organization, and resource coordination as critical factors in a disaster response.

When a natural disaster occurs, it is common for people to be unable to access resources and services that are vital for survival. The social and community services available to natural disaster victims following a disaster reduce the negative impact of the catastrophe. Access to community-level resources may be a more important factor than the actual event in predicting individuals' psychological response to the disaster (Hackbarth et al., 2012).

Healing and Coping in Natural Disasters

Healing and coping with loss in a natural disaster is a process that takes time. Individual spirituality may help in the healing process. Owens et al. (2011) discussed the process of healing and hope after Hurricane Katrina and the disaster September 11, 2001, in New York City. They indicated that healing is a process of bringing to fruition the wholeness that is required to be productive and contributive to society as well as to the community. Healing is not only of the body, but involves the wholeness of the individual and the community. Healing is also not immediate; it takes time and is a process within religious contexts. Spirituality plays a significant role in coping and provides internal strength and emotional support. Spirituality moderates the relationship between negative life events such as natural disasters and levels of depression and, to a lesser extent, anxiety.

Fernando and Hebert (2011) studied the Asian tsunami of 2004 and Hurricane Katrina a year later. They found that the resiliency and recovery seen in victims separated by continents and cultures had similarities; survivors of both disasters shared a common bond in their extreme trauma and struggles. The authors stated that survivors may process the event in several different ways, some through intrusive thoughts, whereas others may avoid processing the event all together by emotional distancing or "numbing out." The way in which an

individual processes a disaster experience is one of the primary indicators of that person's mental health outcomes.

Stratta et al. (2013) studied the effect of spirituality and religiosity on the psychological trauma experienced after an earthquake in L'Aquila, Italy, in 2009 and found that religious participation helped the community against experiencing psychological distress. Out of the 901 study participants 410 experienced the earthquake in 2009; the remaining participants were from nearby districts, which were not affected by the event. The researchers found that spiritual practices were associated with the absence of posttraumatic spectrum symptomatology. Regulation through rituals, ceremonies, and rules for living, which were part of religious dimensions, helped individuals maintain control and psychological well-being and cope with traumatic experiences.

Faith-based leaders and the faith community are an integral part of society. Community members, especially older adults and the elderly, rely on faith leaders and faith institutions for coping and healing in a natural disaster (Owens et al., 2011; Stratta et al., 2013). Some faith-based institutions offer faith community nursing, health ministry teams, and faith-based clinics (Chase-Ziolek, 2015). 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). The role of faith-based leaders becomes an important factor in a natural disaster, especially for community-dwelling older adults who have special needs in comparison with younger adults.

Role of Faith-Based Leaders in a Natural Disaster

Faith-based organizations represent a source of stability in a community and have an established presence; they serve the community in a natural disaster (Muller et al., 2014). Muller et al. studied disaster preparedness and resiliency among faith-based organizations in a natural disaster and noted that the church is an important ally in efforts to provide preventive health care, social services to at-risk populations, including the economically disadvantaged, people with limited English proficiency, people with multiple medical issues or disabilities, and people who are experiencing cultural, geographic, or social isolation. Survey and semi-structured interviews were conducted with six faith-based organizations. Social networks among the congregation and community were found. The study showed that there were no disaster plans in place, but if a natural disaster were to occur, the faith leaders and community members would work together. Participants stated they understood the importance of the church to its members and members of the community and they were willing to put a disaster plan together as a resource for future disasters.

Gajewski, Bell, Lein, and Angel (2010) conducted a study about the response of nongovernmental organizations (NGOs) and faith-based organizations to the recovery of Hurricane Katrina survivors in a host city (Austin, Texas) that received evacuees. They found that NGO and faith-based organization providers were highly motivated, flexible, and created and started serving the community about one week before FEMA arrived. Their generosity assisted the survivors in adjusting to their new homes and situations. They worked hard to provide efficiency and prevent duplication. They concluded that while NGOs represent the best of civil society, they cannot function independently but can work as adjuncts to the state.

Duval-Diop, Curtis, and Clark (2010) conducted a case study about the engagement of grass-root organizations in all aspects of redevelopment and policy reform, post-Hurricane Katrina in New Orleans. Faith leaders understood the need for involvement in community development activities and policy making in order to make changes that transcend small communities and impact broad regions. Faith-based leaders in New Orleans formed a coalition of national and local churches called Church Supporting Churches (CSC). They were committed to advocating for equitable development policies that met the needs of low-income residents at the neighborhood level. The pastors mapped the needs and rebuilding status of selected neighborhoods using a community-enhancing geographical information system (GIS) method. Their efforts empowered the pastors to involve their communities for system changes that would lead to regional equality. Thus, the CSC coalition helped pastors achieve community mapping and engage in public policy advocacy that affected congregational and community transformation.

When a disaster strikes a community pastoral caregivers can function as public pastoral theologians and provide spiritual care, solace, and safety for the victims and families and can help the community to respond and heal (Graham, 2013). 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). In a disaster situation, mosques, churches, temples, and synagogues can play a major role in disaster management. There is a complex

relationship between communities and community-based religious institutions. A collaborative approach involving religious institutions with state and private sector agencies involved in natural disaster management will contribute to risk reduction (Cheema et al., 2014). In this study on Hurricane Sandy, the role of faith-based leaders and how they cared for community-dwelling older adults and the community are explored.

Role of Faith Community Nursing

Faith community nursing (parish nursing) is a specialized practice in professional nursing. Faith community nursing provides holistic, physical, emotional, and spiritual care within the faith community. A registered nurse works in the faith community and addresses health care issues in that faith community (King, 2011). Parish nursing originated within the US in 1980, when Reverend Granger Westberg proposed an innovative nursing role in the faith community. The roles were based on seven hypothesized functions: integration of faith and health, health educator, personal health counselor, referral agent, training of volunteers, developer of support groups, and advocate (Solari-Twadell & Hackbarth, 2010). The development of these roles has been Christian based but it is also open to all nondenominational and interfaith populations. Parish nurses serve Christian, Jewish, Muslim, and other faith traditions in the United States, Canada, Australia, Korea, United Kingdom, and several countries in Asia and Africa. Some congregations fund full-time parish nurses; most often parish nurses are part-time volunteers. With natural disasters and man-made disasters increasing in number, affecting communities at large, faith community nursing has an active role in preventive health, disaster preparedness, developing community resilience, and community disaster recovery programs.

Solari-Twadwell and Hackbarth (2010) conducted a national study of parish nurses to generate a comprehensive dataset and provide an evidence base for ministry of parish nursing practices in the United States and to use data provided by parish nurses to understand what they do to enhance the health of their faith community. Another purpose of the study was to assess what parish nurses believe is the essence or core of their practice that makes it a unique nursing specialty. The findings of the study suggested that the majority of participants used coping assistance and patient education in the behavioral domain. Practices identified as unique to parish nursing were: interventions of presence, touch, spiritual support, spiritual growth facilitation, and hope instillation. They also identified active listening, emotional support, and health education.

King (2011) conducted a study focusing on the holistic nature of parish nursing care. Participants in the study included 17 clients of three parish nurses in a Christian-based community. The focus of study included education, personal counseling, health screening, spiritual support, referrals, and health advocacy. This descriptive exploratory study revealed that the clients' descriptions of the care they received were holistic: the interconnectedness of body, mind, spirit, and environment which is consistent with the definition of holistic care by the American Holistic Nurses Association (www.AHNA.org).

In any disaster faith community nurses can come to the forefront to provide holistic care to the community, especially older adults. By maintaining a registry for older adults with their special needs and demographic data, older adults can be contacted early in a disaster and they can be evacuated to their families or to a safe shelter or hospital. During the disaster phase and recovery and rebuilding phase, faith community nurses can contact the older adults to provide need-based care. They can be part of a disaster preparedness team and participate in

interfaith counsels for future recommendations and for future research. Demographic data with special needs for specific populations can be stored in a database and used by first responders and the faith community.

Philosophical Underpinnings for the study (Symbolic Interactionism)

Symbolic Interactionism was the philosophical underpinning used in this study (Blumer, 1969). In Blumerian theorizing, interactions help the actor (study participant) to establish meaning that defines a situation. Through this process the actor interprets the actions of others and acts in such a way that specific responses from others are elicited. Blumerian symbolic interactionism considers the concrete details of an actor's perception as central; the method used to investigate those perceptions needs to be close to the actor's experience (Wagner, 2007). The main goal is to provide a theory that explores human behavior.

Symbolic Interactionism is the philosophical underpinning for grounded theory research and methodology used in this research. The meaning represents the definition of the given situation, and then the actor is able to interpret the action of others and engage in behaviors that will elicit a specific response from the other. In Blumerian interactionism, the focus is on the immediate interaction situation, and the content of the actor's perception is central to understanding his or her behavior in a particular situation. Each actor's point of view is the controlling factor that determines how the actor behaves in a situation. The social world is newly regenerated each time an actor enters into a new situation or when involved with another actor. The meaning and perception about a behavior determines the actor's behaviors and the actor is able to better interpret the meaning of his or her action. Therefore, the researcher's focus is to remain as close to the actors' own interpretation of their behavior. If the

analysis of the situation provided by a researcher makes sense to the actor then the interpretation of the investigator is valid (Wagner, 2007).

According to Aldiabat and Navenec (2011), symbolic interactionism provides a guiding framework in data collection about the meaning of a particular type of behavior and its context. Grounded theory methodology provides a systematic approach to generating a theory that explains human behavior as a social process among actors in an interactional context. According to Strauss and Corbin (1998), grounded theory reflects the complexity and variability of a phenomenon and human interaction, how participants develop meaning about a particular situation, and how this meaning is influenced by organizational, psychological and social factors. In grounded theory there is a need to get into the field and collect original data in order to understand the meaning of what is going on in the symbolic world of the participants in a given situation (Aldiabat & Navenec, 2011).

In this research study, the dynamic interaction process of the faith-based leaders with older adults and the community in a natural disaster such as Hurricane Sandy was studied. The basic psychological problem of the older adults and the intervening contextual factors in the situation and their effects, and how these dynamic processes of faith-based leaders affected the community-dwelling older adults, were studied. Data collection that was direct from the source was studied and analyzed. The study of faith-based leaders caring for community-dwelling, older adults was done in relation to the basic philosophical principle of symbolic interactionism. This researcher used the methodology of grounded theory as explained by Strauss and Corbin (1998). The use of symbolic interactionism for the investigation of human behavior is appropriate because symbolic interactionism provides a guiding framework to collect data about a phenomenon. This method provides a systematic approach to generate a

theory that explains human behavior as a social process within an interactional context. This social interaction was studied in order to develop context-based substantive theory and tie the philosophical underpinnings of this study to symbolic interactionism.

Methodology (Grounded Theory)

The methodology used in this study was grounded theory as described by Strauss and Corbin (1998). Grounded theory methodology enabled this researcher to search for the process 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 about 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 theory is developed from the data and not from any assumptions.

Background on Grounded Theory

Grounded theory, as explained by Glaser and Strauss (1967) in the book *The Discovery of Grounded Theory*, proposes an approach to qualitative research. The grounded theory method utilizes a technique of concurrent collection and analysis of data, known as the constant comparative method, and theory development grounded in the data. In the 1980s, Glaser and Strauss ceased working together and Glaser continued on his own. The classic “Glaserian” grounded theory is an inductive methodology that identifies significant issues in a given field that emerges from the setting and the participants themselves (from data). In this method the researcher enters the research field, not with a question (Glaser, 1992) but with a question of what is going on in the situation. In Glaserian grounded theory, the review of the

literature is delayed until after data collection and analysis in order to prevent imposition of other concepts that are developing in the theory (Birks et al., 2006). Glaser (1992) stated that researchers should restrict themselves to reading along the periphery of the topic. As theory and theory development are grounded in empirical data and in the acts of daily social life, the researcher interacts with those being studied and interprets the meaning of their social world and meanings. Therefore, the method includes conducting interviews, transcribing, detailing, and storing the interviews, and writing theoretical memos (Hunter, Murphy, Grealish, Casey, & Keady, 2011a,b).

Straussian Grounded Theory (Strauss & Corbin, 1998)

In the 1980s, there was a split between Strauss and Glaser (Higginbottom & Lauridsen, 2014), their main difference having to do with data analysis. Strauss then began collaborating with Juliet Corbin. Strauss and Corbin (1998) articulated the need for a balance between objectivity and sensitivity. Strauss and Corbin recognized that the researcher's characteristics and past experience contribute to the data and subsequent interpretation. Straussian grounded theory relies on the foundational procedures of original grounded theory; however, the analysis phase, as described by Strauss and Corbin, involves additional tools and techniques in relation to coding and memo writing. Glaser, Strauss, and Corbin all encouraged analysis through constant comparison. The final stage of grounded theory involves relating categories to one central core category around which all categories are integrated. Strauss and Corbin added an intermediary step known as "axial coding" (Higginbottom & Lauridsen, 2014; Strauss & Corbin, 1998).

Constructivist Grounded Theory by Charmaz

Another variant of grounded theory is found in the constructivist approach of Charmaz (2006), who advocates for social constructivist perspectives that includes diverse local worlds and multiple realities and complexities of particular worlds, views, and actions. Charmaz places greater emphasis on the views, values, beliefs, feelings, assumptions, and ideologies of individuals than on the method of research. For Charmaz, grounded theory research does not minimize the researcher in the process. The researcher makes decisions about the categories throughout the process, brings questions to the data, and advances personal values, experiences, and priorities (Creswell, 2013).

This researcher used the approach of Strauss and Corbin (1998) because Straus and Corbin allow for some preliminary literature review in order to gain knowledge about the topic of study. The Strauss and Corbin method is also very prescriptive about the data collection procedures, data analysis (axial coding), and formation of the theory.

Literature Review in Grounded Theory

There are different views about using literature reviews in grounded theory. According to Strauss and Corbin (1998), in order to analyze data, one needs to use accumulated knowledge. Later during data analysis, knowledge and experience enable the researcher to recognize incidents that are similar or dissimilar and give conceptual names. By this process the researcher becomes sensitive to data. Literature review also helps in theoretical sampling and to validate the theory (McCann & Clark, 2003a,b,c). In this study a preliminary literature review was done for theoretical sensitivity and for theoretical sampling. As the data analysis progressed, more literature was reviewed to validate the findings.

Theorizing in Grounded Theory

Developing theory is a long process. “Theorizing is a work, that entails conceiving or initiating ideas (concepts) and formulating them into a logical systematic and explanatory scheme” (Strauss & Corbin, 1998, p. 21). The idea needs to be fully explored and considered from many different angles or perspectives. It is also important to follow through with implications of a theory. The formulations and implications lead to research activity that helps to make decisions and to act in relationship to many of the questions throughout the research process – what, when, where, how, who, and so on (Strauss & Corbin, 1998). Throughout the process of theory generation there is interaction with the data, and the researcher uses memos and diagrams for conceptualization of the theory.

Two types of theories can be developed in grounded theory:

1. Formal theories that are general and deal with conceptual areas of enquiry (Strauss & Corbin, 1998).
2. Substantive theories that concentrate on specific social processes and are developed for narrower empirical areas of study (Strauss & Corbin, 1998).

In this research a substantive theory was developed that explains the social process of how faith leaders cared for community-dwelling older adults. It explains one specific process and its dimensions, properties, and their interrelations; thus, it is a substantive theory.

Any hypotheses and propositions derived from data needs to be checked continuously against the incoming data and need to be modified, extended, or deleted as necessary. At the heart of theorizing lies the interplay of making inductions (deriving concepts, their properties, and dimensions from the data) and deductions (hypothesizing about relationships between concepts). The relationship can be identified from the data that are extracted from the raw data

(deduction). At the end the researcher (it is hoped) systematically develops the products of analysis into a theory. “Theory denotes a set of well-developed categories (e.g., themes, concepts) that is systematically interrelated through statement of relationship to form a theoretical framework that explains some social, psychological, educational, nursing, or other phenomenon” (Strauss & Corbin, 1998, p. 22). These statements of relationship explain who, what, when, where, why, and with what consequences an event occurs. Once the concepts are related through statement of relationship among each other into a theoretical framework, the research findings move beyond the conceptual ordering to a theory. This is important because one concept alone cannot explain or predict a social phenomenon.

Explaining or predicting a theoretical statement requires a connection among two or three concepts. Theory is more than a finding. It offers an explanation about a phenomenon. It is an inductive methodology that identifies a significant issue in a given field that emerges from the setting and the participants themselves (from data). In this method the researcher enters the research field not with a research question but with a question of what is going on in the situation (Strauss & Corbin, 1998).

Grounded theory, as taught by Strauss and Corbin (1998), is a theory that was derived from data systematically gathered and analyzed through the research process. Data collection, analysis, and theory stand in close relation to one another. The researcher begins with an area of study and allows the theory to emerge from the data. The theory derived from the data is more likely to resemble the “reality” than a theory derived by putting together a series of concepts based on experience or solemnly through speculation. Since it is drawn from data, it is likely to offer insight, enhance understanding, and present a meaningful guide to action. Grounding concepts in data is the main features in the study. Analysis is the interplay between

researcher and the data. It is a science because it maintains a certain degree of rigor and grounds the analysis in the data. Creativity manifests itself in the ability of the researcher to aptly name categories, ask stimulating questions, make comparisons, and extract an innovative, integrative, realistic schema from masses of unorganized raw data. It is a balance between science and creativity (Strauss & Corbin, 1998). Description is the use of words to convey a mental image of an event, a piece of scenery, a scene, an experience, an emotion, or a sensation. This is an account related from the perspective of the person doing the depicting. The descriptive details chosen by a storyteller usually are consciously or unconsciously selective, based on what he or she saw or heard or thought to be important. Description is the basis for more abstract interpretation of data and theory development. Description is basic to theorizing (Strauss & Corbin, 1998).

Integration of the Theory

Integration of the theory is deciding on a central category (core category) representing the main theme of the research. It consists of all products of analysis condensed into few words. This will explain what the research is all about. This central category has an explanatory power to pull all categories to form an explanatory whole. Several techniques to achieve this are explained by Strauss and Corbin (1998), such as writing the story line, making use of diagrams, and reviewing and making use of memos. Once the research's theoretical schema is identified, the next step is to refine the theory by reviewing the schema for internal consistency and for gaps in logic, filling in poorly developed categories, and validation of the scheme that is developed (Strauss & Corbin, 1998).

Summary and Gap in the Literature

The literature reviewed identified multiple problems encountered by older adults in natural disasters. These included physical limitations, psychological issues, decreased financial resources, multiple health morbidities, and lack of technical skills. These factors contributed to the older adults' vulnerability. The studies identified the importance of social cohesion, spirituality practices, and the need for disaster preparedness. Research has identified the important role that faith-based leaders have in natural disasters. There was no research identified about how faith-based leaders cared for older adults in a natural disaster.

Chapter 3: Methodology

Introduction

This study utilized the methodology developed by Strauss and Corbin (1998). Interviews were conducted with faith-based leaders in the Long Island, New York, area who cared for community-dwelling older adults during Hurricane Sandy. The model was most appropriate to answer the research question. Its use in this research has led to the development of a substantive theory about faith-based leaders caring for community-dwelling older adults in a natural disaster.

This research originated from the personal experience of the researcher, a nurse practitioner, who was involved in Hurricane Sandy when it hit Long Island in October 2012. The researcher experienced the sorrows and the suffering that the community experienced, especially older adults. Individuals the researcher encountered during this time were helped by faith institutions.

The research activity started with a preliminary literature review. The questions of when, where, how, who, and why were then asked to understand the phenomenon of faith-based leaders caring for community-dwelling older adults and the community as a whole. During data collection, this researcher used a bracketing technique (Polit & Beck, 2012) to prevent preconceived ideas from influencing the study. Faith leaders were identified using a snowball strategy and purposive sampling. Interviews were done after obtaining consent from participants. All interviews but one was audio recorded and transcribed in a way that maintained confidentiality. The data were explored from multiple angles asking the questions what, when where, why, and how. Attempts were made to interpret the data with its

dimensions and properties. Through each step of the data collection and analysis, the researcher allowed the data to speak. The data collection and analysis were done as described by Strauss and Corbin (1998).

Problem Statement

Natural disasters such as a hurricane can cause disequilibrium in older adults who are particularly vulnerable due to their potential for physical, psychological, social, and economic limitations, in addition to chronic health conditions. There is a lack of knowledge about the process of how faith-based leaders provide care for community-dwelling older adults in any natural disaster. Further knowledge is needed to help communities with disaster preparedness, policy development, and action plans, especially in caring for older adults.

Purpose of the Study

The purpose of this study was to understand how faith-based leaders cared for community-dwelling older adults after a natural disaster. This study identified factors that are associated with faith-based leaders caring for community-dwelling older adults who were 50 years of age or older and lived in the Hurricane Sandy affected communities of Long Island, New York. Natural disasters cause crises in an individual's life. Individuals in communities affected by natural disasters often go to their parishes and religious places for help (Chamlee-Wright & Storr, 2011), and faith-based leaders have a major role in helping the community. Therefore, it is important to understand how faith-based leaders make decisions about caring for older adults as a vulnerable population with an emphasis on available resources and assets, priority setting, and obstacles faced. This knowledge will help in preparation for future disasters.

Research Question

The research question asked in this study is “How did faith-based leaders care for community-dwelling older adults affected by the natural disaster of Hurricane Sandy?” The research questions (see Appendix A) started out broadly and then became progressively narrower, with a focus during the research process on concepts and relationships as identified by Strauss and Corbin (1998). Five sub questions were asked as follows:

1. How did you care for older adults in your community after Hurricane Sandy? (The process may include any older adult registry with specific health needs, any secondary contact numbers, any secondary means of communication, transport facilities to reach shut-ins, any evacuation protocols, any health-related education or any disaster-related education protocol in place for disaster preparedness in the community, any other method of caring.)
2. How did you help older adults in their health-related, financial, spiritual, and physical distress after they were affected by Hurricane Sandy?
3. What are your perceptions about the role of faith-based community leaders in caring for older adults in a natural disaster such as Hurricane Sandy?
4. What are your recommendations for the future in caring for older adults in natural disasters?
5. Do you recommend any special interventions or actions specifically for older adults in the community?
6. Do you have parish nursing in your community? If so, how did parish nurses care for older adults during Hurricane Sandy?

In conducting this research, the researcher used the following interview probes and guides as needed:

1. How did the faith-based organization make decisions to help community-dwelling older adults?
2. What was your perception about your role as a faith-based leader?
3. Did you receive help from funding agencies?
4. How did you find materials to provide to hurricane survivors?
5. Did you collaborate with FEMA, the Red Cross, Catholic Charities, or any other organizations?
6. What were the specific needs of older adults?
7. What human qualities such as altruism or universal brotherhood and sisterhood influence you to care for older adults?
8. How did you influence other community members and leaders to care for older adults?
9. Did you form any coalitions with other faith-based community leaders in the area and with national organizations and other community organizations?

The questions and probes were modified as the theory developed in order to fill in the categories, to identify their relationship in terms of dimensions and properties, and to understand the similarities and variations to the concepts identified.

Study Design

This study used a qualitative research design based on grounded theory methodology to understand the process of faith-based leaders caring for community-dwelling older adults in a natural disaster. The study was based on experiences that occurred as a result of Hurricane

Sandy during October 2012. This research study utilized the data analysis methodology of Strauss and Corbin (1998), which is a prescriptive approach toward data collection, analysis, and theory development.

Human Subject Consideration/Ethical Issues

Approval from the Molloy College Institutional Review Board (IRB) was obtained. Written consent was obtained from the participants. Permission to audiotape the interview and permission to transcribe the data by an outside transcribing agency was obtained. Interviewees were assured that the information they provided will be kept confidential and no names will be used in the transcription of the interviews and in audio cassettes or computer printouts or field journals. All biographic data will be stored under lock and key by the researcher and only those people who are involved in the research will be able to study the data. Data from each interview were identified only by numbers and pseudonyms. The participant's name was not used when the recording was sent for transcription. Even during the snowball strategy no information was given to any interviewee about referrals and who will be the next to be interviewed. When the data were coded, categories were made, and personal responses were written, no identification was provided except words such as Priest, Rabbi, Christian minister, or Muslim leader. Interviewees were told that they could drop out of the study at any time if they chose to do so and all relevant materials would be destroyed. Names and identifying data are not to be used, nor will be used, in any final written document or publication.

Informed consent

Interviewees completed an informed consent form that was approved by the Molloy IRB prior to participating in the research study; the consent process could be terminated at any time. The consent form showed the voluntary nature of participation in the study.

Confidentiality was maintained throughout the study and in data analysis. The consent process included the opportunity to clarify any questions participants may have had about the study.

Potential risks

There were no direct anticipated risks to participation in this study although it was possible that recalling traumatic experiences could be potentially upsetting to the interviewee. It was also possible that talking about events associated with Hurricane Sandy could help interviewees feel better, reminding them that they were able to care for people and the community. If an interviewee became uncomfortable during the interview for any reason, he or she was able to choose to discontinue the interview and participation in the study. No interviewees chose to discontinue their interview.

Potential benefits

Participants were informed that data derived from the study will provide a basis for knowledge development and for preparedness in a natural disaster, especially how to care for community-dwelling older adults. These research findings may lead to future policy changes and allocation of resources and disbursing funds to faith-based local communities in the event of a natural disaster. As older adults are a vulnerable population, it is important to study their needs and ways to care for them through faith-based communities.

Sampling Strategies

Purposive sampling

In this study the researcher chose participants who were able to contribute to the development of the theory. The researcher identified potential participants who were rich in information (Creswell, 2013). According to Polit and Beck (2012), qualitative sampling may

begin with volunteer informants and new participants can be obtained through a snowball strategy, evolving into theoretical sampling that will benefit the study.

Sampling, data collection, and data analysis took place at the same time. Study participants were selected continuously as the study concepts emerged. The researcher began with a general notion of when to start and who to start with. This process began at the researcher's hometown, which was involved in Hurricane Sandy. The first few cases were selected purposively or by snowball strategy, then theoretical sampling, followed by maximum variation sampling, which was used to gain knowledge of the phenomenon and its complexity. The sample was adjusted as conceptualization developed (Polit & Beck, 2012). Sampling was continued until data saturation occurred. Final sampling was used to confirm or disconfirm cases to test, refine, and strengthen the theory. Multiple faith-based leaders from a broad variety of faiths in the affected areas of Long Island were approached. In addition, attempts were made to include faith-based female leaders. To identify Christian, Jewish, and Muslim leaders, a service directory of community leaders and personal contacts were used, followed by snowballing. Potential participants were approached through phone calls and emails inviting them to participate in the study.

Theoretical sampling

Theoretical sampling was done throughout the data collection process, as theoretical sampling is cumulative. Sample data build from the previous data and add to the previous data collection and analysis (Strauss & Corbin, 1998). To obtain a diverse sample the researcher interviewed faith-based community leaders of different faiths who were involved in caring for older adults in areas of Long Island affected by Hurricane Sandy.

Sample size

According to Polit and Beck (2012), grounded theory research is done using a sample size that may range up to 20 to 30 using a theoretical sampling method. In this research study the researcher anticipated that approximately 20 participants or more would be needed until data saturation took place. However, data saturation occurred after 10 interviews; 6 more interviews were conducted for confirmation of the theoretical schema.

Inclusion criteria

Participants were male or female faith-based leaders (ordained leaders of their religious congregation) who were involved in caring for community-dwelling older adults on Long Island, New York, including the counties of Queens, Nassau, and Suffolk, during Hurricane Sandy in 2012. To be included in the sample, leaders needed to be with their communities at least 6 months prior to the hurricane.

Exclusion criteria

Faith-based leaders were excluded from the study if they took care primarily of youth groups rather than older adults or served less than 6 months in the community before Hurricane Sandy. Leaders who came to the Hurricane Sandy-affected area only to serve in this particular episode of natural disaster were excluded.

Recruitment

After Molloy IRB approval was obtained, purposive sampling was utilized and faith-based leaders were approached. The names of leaders were obtained through a community leader directory, by personal contacts, and 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.

Data Collection Procedures

Demographic data

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 (See Appendix B.).

Participant interviews

In-depth interviews were used in order to understand the process of how faith-based leaders cared for older adults during Hurricane Sandy. Data were collected through open-ended questions to faith-based leaders including Catholic Priests, Rabbis, Christian leaders, and Muslim Imams. In qualitative studies, the researcher goes into the field knowing the most likely source of data. The main source of collecting data was by interviews. Semi-structured interviews were conducted with open-ended questions. According to Strauss and Corbin (1998), the main purpose for research is to develop theory. In order to do that it is necessary to frame a research question that will provide the flexibility to explore a phenomenon in depth, which will enable the researcher to find an answer to issues that seem important but are not answered.

The research question started out broadly then became progressively narrow and focused during the research process as concepts and relationships were identified. The research question in a qualitative study is a statement that tells the reader what the researcher specifically seeks to understand about the subject (Strauss & Corbin, 1998). According to Polit and Beck (2012), in semi-structured interviews the researcher wants to make sure that a

specific set of topics is covered in the interviews. A written topic guide, which is a list of topic or research areas to be covered, was used (See Appendix A). The interviewer's job was to encourage participants to cover all areas on the guide, to talk freely on the subject, and to tell stories in their own words.

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. Nonverbal expressions were hand recorded. Second contacts with the participants were done for clarification as needed after data analysis for confirmation and verification. This was done by personal contact, by telephone and email.

Field journal and writing memos

A field journal was maintained by the researcher. Memo writing, a specialized type of written record that contains the product of analysis or direction for analysis, is the intermediate step between data collection and writing a draft of a paper. Memo writing is crucial as it prompts the researcher to analyze the data and codes early in the research process. Memos can be analytical and conceptual rather than descriptive, and can be code notes, theoretical notes, or operational notes; a single memo can have elements of all three (Strauss & Corbin, 1998). In this research, study memos were written as field observational notes during the interviews and coding notes were written when the interviews were analyzed to develop codes. The relationships of the concepts were written using diagrams; theoretical notes were written as the theory developed along with operational notes. A summary memo was written to synthesize the contents of several memos.

Data Management and Data Analysis

Data transcription

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. All data were analyzed utilizing data analysis methods as explained by Strauss and Corbin (1998).

Constant comparative analysis

Microanalysis is an important step in theory development. This careful analysis of data will uncover new concepts and novel relationships and systematically develop categories in terms of properties and dimensions (Strauss & 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. Data were broken down into discrete parts and each part was closely examined. The data were compared for similarities and differences. Events, happenings, actions, and interactions that were conceptually similar in meaning and nature were grouped into categories, which led to more theoretical sampling. Theoretical sampling was used to obtain more theoretical comparisons and theoretical analysis.

According to Glaser and Strauss (1967), the conceptual category developed from the data need to “fit” the data. The theory is working when it is meaningful, relevant, and explains the behavior in a particular study. In order to achieve this result, Glaser and Strauss developed a new approach of constant comparative analysis, which includes simultaneous data collection and analysis and the identification of similarities and differences in the data to allow coding,

category development, and concept development. Categories and subcategories are again compared with each other to find properties and relationships that exist between them. Constant comparison helps compare new and previous data to provide new insight (Birks, Chapman, & Francis, 2006).

In this research study the researcher, after open coding and identifying categories, conducted axial coding, linking categories to subcategories in a conceptual and dimensional level. Structure and process were linked in order to understand what was going on in the situation. Once categories were identified, further sampling and data collection were done to find subcategories that were linked to the original categories (axial coding). Linkages were done at the conceptual and dimensional level. Theoretical comparison and theoretical sampling for further data were conducted. The incoming data were analyzed with the present data using constant comparative analysis. In this research study, after open coding and axial coding, the researcher found a central category that related to all other categories and to that central category. This was done by story line, making use of diagrams and theoretical memos. Checking and validation were done by the participants.

Internal Consistency and Logic in Grounded Theory

The theoretical schema needs to follow in a logical manner without inconsistencies. If the researcher finds that the theoretical schema is not followed in a logical manner, then the researcher needs to go back to the central category. The central category needs to be defined in terms of its properties and its dimensions. The definition will come out of properties and dimensions (Strauss & Corbin, 1998). For consistency and logical development this researcher looked into the data to see what the properties were and how much was built into the schema.

Filling in Categories

According to Strauss and Corbin (1998), in theory building the analyst aims for density, which is the identification of salient properties and dimensions in categories. The categories need to have precision variation in identified categories. The ultimate criterion for finalizing the data gathering process is theoretical saturation, which happens when no further properties and dimensions emerge from the data and much of the possible variations are explained. This researcher followed the theory building as explained by Strauss and Corbin (1998). After the initial data collection and comparative data analysis, the categories and subcategories were identified and linked to a central category. Additional data collection was done to fill in the categories until data saturation occurred and concepts and categories were well defined.

Trimming the Theory

When there is excessive data and some ideas do not fit the theory, Strauss and Corbin (1998) advise dropping them instead of cluttering the theory. If the fit is not correct, that is, if the abstract does not fit with data, those categories are reevaluated and additional member checking strategy is required. In this research study, the researcher evaluated all categories and subcategories that were developed for properties and dimensions and found they clearly fit the theory. Trimming was not required in this study.

Validating the Theoretical Schema

According to Strauss and Corbin (1998), by the time a theory emerges from the raw data, it represents an abstract rendition of that raw data. It is important that the abstraction is drawn out of the raw data. This can be done by high-level comparative analysis, returning to the data, and comparing the schema against the raw data. Another way is to ask participants to read the schema and state whether these schema fit into their cases. Participants may be able to

recognize themselves in the stories. Cases found that do not fit into the schema may be outliers that represent a variation of the theory and alternative explanations. An odd event that arises may explain that variability, and this variation needs to be identified. Negative cases and building explanations for these cases will increase generalization and explanatory power of the research. Strauss and Corbin (1998) encourage bringing in variation within and between categories.

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 see how well the theory fits their stories. A theory that is grounded in data should be recognizable to the participants; even if all details may not fit, the larger concept should fit with their experience (Strauss & Corbin, 1998). 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 these with them to verify and confirm the findings. The participants validated the theoretical schema. No variation from the schema was identified.

Methods to Enhance Auditability

Auditability is the ability of another researcher to follow the methods used by the researcher and follows the researcher's decision and interpretation through the use of carefully maintained records and explicitly presented records and results (Chiovitti & Piran, 2003; Polit & Beck, 2012). For this research, auditability was accomplished by delineating and specifying the criteria and specifying why participants were selected for the study. This was also done by theoretical comparison, theoretical sampling, and discussion to confirm the findings with peer

review, committee members, and an external reader. The external reader was a research expert at an outside university.

Methods to Enhance Fittingness in Grounded Theory

Categories must be readily applicable to the data under study and fit the data without being forced. The categories must be meaningfully relevant so as to explain the behavior under study (Glaser & Strauss, 1967). Fittingness, as explained by Chiovitti and Piran (2003), is the same as transferability and pertains to the probability that a research finding will have meaning to others in similar situations (Lincoln & Guba, 1985).

This researcher provided details about the sample and settings and other characteristics in this study, which will allow readers to assess the fittingness and the transferability of the findings. Describing how the literature is used to relate to each category that emerges also helps in the fittingness of the theory.

Strategies to Enhance Scientific Rigor and Trustworthiness

In this research study, scientific rigor and trustworthiness was incorporated from the origin of the study through data collection, data analysis, and presentation of findings. This researcher used methods to enhance credibility, dependability, transferability, and confirmability. Bracketing was also used. Bracketing is a process of identifying and holding preconceived beliefs and opinions about the phenomenon under study. Researchers use bracketing to confirm the data in pure form. Qualitative researchers use reflexive journal in order to bracket their ideas (Polit & Beck, 2012). This researcher used a reflexive journal in order to bracket her views.

Methods to enhance credibility

Credibility can be enhanced a number of ways and may include a background understanding of the social process under study and a peripheral review of the literature prior to collecting data (Strauss & Corbin, 1998). The researcher was involved in the Hurricane Sandy disaster, witnessed the after-effects, and spoke with religious leaders and community-dwelling older adult victims. A peripheral review of the literature was also conducted. This researcher had prolonged engagement with the situation and a persistent observation of the phenomenon being studied.

Another criterion that can be used to increase credibility is reflexivity. This involves systematically and continually attending to knowledge construction. Maintaining reflexivity and limiting subjectivity was achieved by keeping a journal and diary and writing memos. Comprehensive field notes were written from the start of the research process until the evaluation process was finished.

Interview data from purposive sampling guided the inquiry process. Interviews were transcribed verbatim and transcription accuracy was maintained by reading the transcribed data together with audiotapes. Codes obtained in initial interviews guided further data collection. Constant comparative analysis was used for data analysis. An analytic file and writing memos were used for the data and coding process. A personal journal was kept by the researcher about her views. A literature review was done in order to provide a rationale for the study and a further literature review was done when concepts were developed. Debriefing of the data was done with the committee chair. During and after data collection, this investigator conducted member checks with participants about the findings to confirm whether or not the findings were consistent with participants' stories. This provided participants an opportunity to correct

any errors and provide additional information as needed. The researcher maintained an audit trail to demonstrate how operational and theoretical decisions were made.

Methods to enhance dependability

Dependability refers to the stability of data over time and conditions. It is measured to ascertain whether the findings of the research study can be repeated if replicated by the same or similar participants in the same or similar context (Polit & Beck, 2012). Dependability was maintained in this research by using careful documentation and an audit trail so that all data could be verified. All decisions made during data collection and data analysis were recorded. Coding and data collection to fill in categories were conducted until data saturation took place. All interviews had field notes and interview files to explain the context.

Methods to enhance transferability

Transferability refers to the extent findings can be transferred or applied in other settings and groups. The responsibility of the researcher is to provide sufficient descriptive data so that consumers can evaluate the findings (Polit & Beck, 2012). Providing details about the sample and settings and other characteristics in a study allows readers to assess the fittingness and the transferability of the findings. The researcher also needs to explain what type of theory is generated from the research, whether formal theory or substantive theory.

In order to enhance transferability of this study, comprehensive field notes were maintained delineating the scope of the research in terms of how theoretical sampling was achieved and how a substantive theory was generated, with all relevant details. Since the researcher was studying only one phenomenon in one setting (Hurricane Sandy) the theory generated is a substantive theory. Maximum variation sampling was used to see the differences

about the phenomenon under study. Thick, vivid descriptions of the data were provided with each concept and category.

Methods to enhance confirmability

Confirmability refers to objectivity. It is congruence between two or more independent people about the data's accuracy, relevance, and meaning. Findings must reflect the participant's voice and condition, not the researcher's bias or perspectives (Polit & Beck, 2012). Bracketing is a process of identifying and holding preconceived beliefs and opinions about the phenomenon under study. Researchers use bracketing to confirm the data in pure form. Qualitative researchers use reflexive journal in order to bracket the ideas (Polit & Beck, 2012). This researcher used reflexive journals in order to bracket her views.

In order to ensure confirmability, this researcher used careful documentation with a decision trail about all codes, and participant checking was done. A search for confirming evidence in the data and an audit trail of the process of inquiry were conducted with the Dissertation Chair, who is an expert in qualitative methods, to ensure that raw data, field notes, theoretical notes, categories, and category saturation were reached. An external reader with qualitative research expertise confirmed the findings of the study after verifying the transcripts and data analysis.

Chapter Summary

This chapter described the use of an approach to the study of the role of faith-based community leaders in caring for older adults during Hurricane Sandy in 2012. This study utilized semi-structured interviews with open-ended questions of faith-based leaders of multiple faiths on Long Island who cared for community-dwelling older adults in the area. The Straussian approach was used for the study because it offers a well-documented, prescriptive

method of data collection, analysis, and theory development where the theory is grounded in the data. The data collection procedure involved theoretical sampling and the identification of categories and subcategories, which were connected using constant comparative analysis. A central category that unifies all subcategories was identified and a substantive theory was developed.

Data collection procedures and the process of data analysis and theory development are explained in this chapter. Inclusion and exclusion criteria for the participants, ethical considerations, the IRB approval process, and the research questions and interview guides and probes are delineated. The data analysis process is explained in detail, with methods to ensure the rigor of this qualitative study.

Chapter 4: Findings

Introduction

The purpose of this study was to understand the process of how faith-based leaders cared for community-dwelling older adults in a natural disaster. This study focused on Hurricane Sandy, which affected Long Island, New York, in 2012. Natural disasters are sudden and unexpected and can cause disruptions, trauma, loss, and devastation to individuals and communities. Community-dwelling older adults have special needs (physical disabilities, need for special medications, lifesaving equipment that may need power to operate, may rely on others for transportation and mobility) after a natural disaster. They may rely on their own community for their main support. Faith-based leaders have a major role in their recovery and healing process.

This study identified DISEMPOWERMENT as the basic psychosocial process among community-dwelling older adults in a natural disaster (Hurricane Sandy) and development of a substantive theory of FAITH-BLIND CARE. The core category identified in this research study was faith-blind care. All faith-based leaders who participated in this study cared for their community and older adults, irrespective of religious or faith orientation. As the leaders indicated, all that mattered was human relationships, not religious or faith affiliation in this natural disaster. The faith-based leaders followed what they identified as an open door policy of welcoming all individuals, irrespective of their faith or religious orientation. Interfaith collaboration was also a key factor in their approach. As part of faith-blind care they focused on meeting basic needs, like providing food to all through an effective food distribution system. Loving kindness and compassion guided the faith leaders in all their actions.

Four other categories are related to the core category of faith-blind care. These were providing presence and contacting the community, need-based care, rebuilding the community, and universal brotherhood and sisterhood. The chapter findings begin with a description of the study participants. It is then presented within six sections as follows: basic psychosocial process (the critical issues of the older adults) a brief summary of the data analysis process and identification of the four categories that led to the core category of FAITH BLIND CARE provided by faith-based leaders in the natural disaster of Hurricane Sandy.

Description of the Research Participants

The participants in this study were 16 faith-based leaders of congregations located on Long Island, New York, where Hurricane Sandy caused significant loss and destruction. They ranged in age from 33 to 75 years of age. 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 (see Table 1).

Table 1.

Summary of the Demographic Data

Number	Pseudonym/ Faith Leader	Gender	Age	Congregational Affiliation	Years of Leadership	Ethnicity
1	Rev. Julian	male	69	Pentecostal	15	African American
2	Rev. Mark	male	67	Methodist	4	Caucasian

3	Rev. Samuel	male	64	Methodist	3 months	Caucasian
4	Rabbi G	male	67	Jewish	17	Caucasian
5	Pastor Caring	male	54	Pentecostal	15	African American
6	Monsignor Ignatius	male	70	Roman Catholic	10	Caucasian
7	Pastor D	female	33	Lutheran	6.5 years	Caucasian
8	Monsignor Joe	male	56	Roman Catholic	10	Caucasian
9	Rabbi Machi	male	55	Jewish	18	Caucasian
10	Father Anthony	male	71	Roman Catholic	3.5	Caucasian
11	Rabbi (10)	male	37	Jewish	11	Caucasian
12	Pastor (C)	male	47	Pentecostal	10	Hispanic
13	Rev. John	male	49	Episcopalian	8	Caucasian
14	Bishop Jake	male	75	Pentecostal	40	African American
15	Imam (16)	male	59	Muslim	30	Asian
16	Imam Maj	male	57	Muslim	10	Asian

The participants were all ordained leaders of their congregations. They indicated that 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 (see Table 2).

Table 2.

Description of the Research Participants

Number	Pseudonym	Description
1	Rev. Julian	Rev. Julian is a 69-year-old male African American Pentecostal pastor serving his congregation for 15 years. Total members in the congregation are about 80, with 30 members above the age of 50. Rev. Julian's congregation was completely affected by Hurricane Sandy.

2	Rev. Mark	Rev. Mark is a 67-year-old Caucasian Methodist pastor serving his congregation for more than 4 years. He has about 300 families in his congregation, which was partially affected by Hurricane Sandy. His congregation organized work teams and served both his own congregation and the affected neighboring communities.
3	Rev. Samuel	Rev. Samuel is a 64-year-old male Caucasian Methodist pastor. He has about 80 families in his congregation and they are predominantly older adults. Most of his congregation was affected by Hurricane Sandy.
4	Rabbi G	Rabbi G is a 67-year-old male Caucasian Rabbi serving his community for the last 17 years. He has more than 350 families with many affected by Hurricane Sandy.
5	Pastor Caring	Pastor Caring is a 54-year-old male African American Pentecostal Pastor who was serving his congregation as an assistant pastor for 15 years and then became the pastor in October of 2012. Most of his congregation was affected by Hurricane Sandy.
6	Monsignor Ignatius	Monsignor Ignatius is a 70-year-old male European American Roman Catholic priest serving his congregation for the last 10 years. His parish has more than 1,500 families and about 4,000 members. Nearly his entire congregation was affected by Hurricane Sandy. He has more than 1,000 members who are above 50 years of age.
7	Pastor D	Pastor D is a 33-year-old Caucasian female Lutheran pastor serving her congregation for more than 6.5 years. Approximately 25% of her congregation consists of older adults over 50 years of age. Most of her congregation was affected by Hurricane Sandy.
8	Monsignor Joe	Monsignor Joe is a 56-year-old Caucasian male Roman Catholic priest serving his congregation for more than 10 years. He has over 4,000 families and about 12,000 parish members with half of the members over age 50. His community was severely affected by Hurricane Sandy.
9	Rabbi Machi	Rabbi Machi is a 55-year-old Caucasian male Rabbi serving his community for more than 18 years. His community was moderately affected by Hurricane Sandy.
10	Father Anthony	Father Anthony is a 71-year-old Caucasian male Roman Catholic priest serving his community for the last 3.5 years. He has more than 4,000 families in his parish and 25 % of the populations are over age 50. His community was moderately affected by Hurricane Sandy.

11	Rabbi (10)	Rabbi (10) is a 37-year-old Caucasian male Jewish Rabbi serving his community for the last 11 years. He has more than 3,500 members and about 500 are over age 50. His community was completely affected by Hurricane Sandy.
12	Pastor (C)	Pastor C is a 47-year-old Hispanic Pentecostal pastor serving his congregation for 10 years. He has about 125 members in his congregation. His congregation was completely affected by Hurricane Sandy.
13	Rev. John	Rev. John is a 47-year-old Caucasian male Episcopalian pastor serving his congregation for 8 years. He has about 120 members in the congregation with 80 above age 50. His community was completely affected by Hurricane Sandy.
14	Bishop Jake	Bishop Jake is a 75-year-old male African American Pentecostal Bishop serving his community for the last 40 years. He has over 1,500 members in his congregation with 500 over age 50. Some of his members were affected by Hurricane Sandy. His congregation went to the neighboring community to help hurricane victims.
15	Imam (16)	Imam (16) is a 59-year-old Asian (American) Muslim Imam serving his congregation for more than 30 years. He has a membership of over 700 people with about 300 over age 50. Many of his congregation's members were affected by Hurricane Sandy. He and his congregation helped people from their own community as well as neighboring communities.
16	Imam Maj	Imam Maj is a 57-year-old male Asian (American) Muslim Imam serving his congregation for more than 10 years. His congregation has more than 1,500 people as members and more than 7,000 seasonal worshippers. Many of his congregational members were affected by Hurricane Sandy. He and his congregation helped all the neighboring communities.

Basic Psychosocial Problem and Critical Issues Identified

The faith-based leaders identified disempowerment as the major psychosocial problem among the older adults in their congregations and the communities they served. The critical issues that contributed to disempowerment included: uncertainty about the future, financial constraints, increasing health needs, lacking essential documents, and feelings of abandonment. The faith-based leaders noticed that many older members started following hazardous

behaviors that affected their safety and well-being (hoarding, remaining as shut-ins within an unsafe home). The faith-based leaders found that the older adults were difficult to reach and many were depressed.

The older adults were described as disempowered. They lacked the physical strength to do things they could have done in the disaster if they were younger. Many of the older adults had financial constraints and lived on a fixed income. They lacked financial resources to restore or replace their damaged homes and property. They were uncertain if they would receive any money from the US Federal Emergency Management Assistance Program (FEMA) or from their own personal home insurance companies. Many elders did not want to leave their homes because they were afraid of their homes being robbed. Reverend Samuel, a Methodist pastor who served the community for only 3 months when Hurricane Sandy hit his area, stated that he went door to door to check on his congregants. He worked with the community to help individuals complete an application for FEMA financial assistance. He used a laptop personal computer to email their applications so that reconstruction might not be as delayed. He checked on his congregants and older people. For some several time a day. He stated:

One of the things that come with being an older adult is being disempowered. You no longer have the physical strength. You no longer have the capabilities of doing things that you would have done before. In many cases, people's life partners had already passed away so they were alone and that reduces their capabilities of doing things financially. Most of the people in my congregation who are elderly are living on fixed incomes and they don't have much in the way of disposable income. Also, the whole uncertainty about whether or not they're going to receive money from FEMA or get money from their insurance companies ... there was a great deal of uncertainty and

fear ... I had one lady that was in a house that was below freezing for days. I don't know how she survived. But she was afraid to leave her house. She was afraid her stuff would get stolen So she would not go. She had two children; she had a son in Queens and a daughter in Pennsylvania. She would not leave to go stay with them because she would not leave her stuff. So it would have been really good if we could have had some kind of portable heater that we could have put it there (Reverend Samuel).

Monsignor Ignatius, a Roman Catholic priest who served his community for 10 years, had a large parish with more than 4,000 members, most of whom were affected during Hurricane Sandy. He stated that many of the elderly were disoriented after the hurricane because they had to leave their homes and many developed delirium and cardiac issues. He felt that older adults were just giving up and found it too difficult to rebound back. He stated:

There were people, particularly people say in their 80s that ended up being disoriented because they had to leave the home they may have lived in for 50 or 60 years. Some of them developed dementia when there was no sign of that beforehand, others developed heart issues, and we noticed that for about a year or a year and a half after the storm that there were a growing number of deaths ... people who before the storm appeared to be in perfectly good health ... obviously there was no scientific study of this, but we all are assuming and I am thinking with a certain amount of justification that these are ultimately storm-related deaths (Monsignor Ignatius).

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

sand washed up from the beach. Pastor D, who served her congregation for more than 6 years, found that many of the older adults developed respiratory and health-related issues. She stated:

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

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

One of my [parishioners], her house was totally demolished because she was right on the water ... and wiped her house out, and she had no heat, no hot water, nothing, but

she didn't want to leave the dwelling And then that posed another problem because ... as a senior citizen you're more comfortable in your home than you are outside of your home... even till today I have a lady that is still not situated in her home years after Hurricane Sandy. She still has no heat. She still has no hot water. She's a senior citizen; she is disabled, and right now she is using the satellite heaters, the heater with extension cords (Pastor Caring).

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

Another problem identified was a lack of essential personal documents of identification and certificates related to home or insurance. Lack of documents prevented the elderly from obtaining money available to them from insurance companies and FEMA. Many elderly widows also never completed required paperwork after their spouse had died. Pastor Caring said: "The amount of paper work and the amount of ... hurdles ... they had to jump was just unfair for a senior citizen to have to go through."

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

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

So as things were unfolding we were having house fires. Gas lines were rupturing so we had explosions. Houses... were flooded, some of them exploded. You're trying to get to the elderly, taking care of fires, so there was a lot ... I remember we picked up one person by a rowboat ... They lived in a two-family house on the second floor.

The water literally was over the front door of the house ... why didn't this person get out? She said, I know ... I didn't think it was going to be this bad ... A lot of family did take their elderly out. It was the people that had no family that stayed (Monsignor Joe).

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

behaviors. Lack of documents to file for insurance claims also contributed to the disempowerment in the older adults.

Theory of Faith-Blind Care

In this research study, the data collection and analysis led to identification of multiple categories and sub concepts. The relationships between the concepts and categories were identified from the data and questions were asked: why they are related, how they are related, what the process is, and what their dimensions are. The analysis of the data by open coding, axial coding, and selective coding was done meeting the criteria as explained by Strauss and Corbin (1998). In order to understand why a phenomenon was happening, the intervening factors were explored from the data. After the concepts and categories were identified; a core category that was related to all the categories was identified. This researcher followed the Strauss and Corbin (1998) approach and identified a core category that interrelated to all other categories in their dimensions and properties, validating their connections. The interplay between all categories and concepts was systematically depicted into diagrams and a schema was developed. The core category in this study is identified as faith-blind care. Faith leaders provided faith-blind care to the older adults, elderly, and the community by providing their presence and contacting individuals, providing need-based care and helping to restore the infrastructure and rebuild the community by grounding in the principle of universal brotherhood and sisterhood (see Table 3).

Table 3.*Categories and Concepts of the Theory of Faith-blind Care*

Category 1: Providing presence to the community and older adults (contacting the community)	<p>Concept 1: Getting in touch and keeping in touch with the community</p> <p>Concept 2: Providing hope for the community and community-dwelling older adults by non-abandonment, encouragement, and empowerment.</p> <p>Concept 3: Creating inter-and intracommunity connections</p> <p>Concept 4: Providing a safety shelter</p>
Category 2: Providing need based care	<p>Concept 1: Seek and reach out to the community</p> <p>Concept 2: Meeting the physical needs of the community</p> <p>Concept 3: Meeting the psychological needs of the community</p> <p>Concept 4: Providing social and legal help</p>
Category 3: Rebuilding the community	<p>Concept 1: Building physical structure</p> <p>Concept 2: Registering with FEMA and other insurance companies(co-ordination of financial resources)</p> <p>Concept 3: Organizing work teams and volunteers</p> <p>Concept 4: Fundraising</p>
Category 4: Universal brotherhood and sisterhood	<p>Concept 1: Caring for each other and co-existence</p> <p>Concept 2: Connections far and wide and volunteerism</p> <p>Concept 3: Interfaith connections</p> <p>Concept 4: Trusting relationships</p>
All four categories led to the core category of "FAITH-BLIND CARE".	<p>Concept 1: Open door policy</p> <p>Concept 2: Meeting basic needs including food distribution system (resource center)</p> <p>Concept 3: Interfaith collaboration</p> <p>Concept 4: Loving kindness and compassion</p>
Category 5: Faith-blind Care	

Category one: providing presence to the community and older adults

All the faith-based leaders provided a presence to the community older adults by contacting them (see Figure 1). Providing presence was identified by all the faith leaders as a

most important factor in a natural disaster. Presence involved reaching out to their community, contacting people by phone, visiting them, providing emotional and spiritual support and meeting physical and health-related needs as well as material needs. Category one consisted of four concepts:

1. Getting in touch and keeping in touch with the community
2. Providing hope by non-abandonment, encouragement and empowerment
3. Creating inter- and intra-community connections
4. Providing a safety shelter

Concept 1: Getting in touch and keeping in touch with the community

Getting in touch with the community and keeping in contact with older adults, was considered one of the most important aspects of caring by all the faith-based leaders participating in the study. All tried to find out whether every one of their congregational members was safe. Since telephones were not working, the faith leaders had to go door-to-door in the community to find out if their congregants were safe. They wanted to take care of the people who may have been in danger from flooding. The older adults and elderly were checked on and given special consideration.

Reverend Samuel went door to door to check on his congregation. He used his laptop computer to send applications to FEMA so that reconstruction would not be delayed. He checked on his elderly parishioners many times a day. Providing safety was most important since many in his community were older adults. He contacted each and every one in his community. He stated:

I have an aging congregation to begin with...so many of my folks are older. So the first thing that I did was just to be present for them, to travel to their homes to make

sure they are okay, to make sure they had access to food. I just basically did a round through the community a few times a day ... [He also stated he has a church registry]... and it was a question of getting in contact and keeping in touch with everyone. In a disaster, the first step was getting contact; afterwards it was keeping in touch with them (Reverend Samuel).

For Rabbi G, knowing about his community was of prime importance. The most important thing he did was to contact every member of the congregation. He and his Associate Rabbi got on the phone and called as many members as they could reach. However, many of their home phones were not working because of lack of electricity. He said:

We contacted people, we called them up and checked in, we did a check in basically, that was one thing that we did ... certainly a lot of people in the congregation have cell phones, so what we started doing was every day or every other day I would write a letter to members of the congregation, letting them know what resources were available, how we could help them, just giving them pastoral encouragement ... in a very difficult time for them. We contacted a lot of people even though they didn't call us back, they found it really comforting to know that we were reaching out to them in that way (Rabbi G).

He provided pastoral encouragement, spiritual support, and presence in the midst of the disaster.

I made a point to drive around the area and wherever I knew people lived, I would stop and see them. I drove by my members' homes ... When the electricity came back on many people still didn't have it, but once we got electricity back we set up an area of the synagogue where people could come. There was food for them here, there were

computers and internet so that they could contact people. It was just a place to come (Rabbi G).

Monsignor Ignatius found providing presence was very important yet very difficult. His community had almost 1,500 households and more than 4,000 people. He stated:

The chief of the fire department and I would go around trying to visit as many people as possible. From the first response time of Hurricane Sandy, the chief of the fire department would come and pick me up in his vehicle. We visited the nearby places and houses to make sure that there wasn't anybody trapped.... Presence in the community is the important thing and people can sense that (Monsignor Ignatius).

Together with the fire and sanitation departments, Monsignor Joe tried to identify places with a significant number of elderly. Despite warnings, many did not evacuate. He and his team tried to contact people and evacuate them. They were not only contacting the people but rescuing them and bringing them to the church and providing them shelter. He said:

The fire department was evacuating people by rafts and rowboats. So what we started to do was bring people here.... Although we didn't have power, at least it was dry and we had the food pantry so we could, at least, give people something to eat. We had water and gave them something to drink (Monsignor Joe).

For Pastor Caring contacting his community was not as difficult as he had a registry of all the members and the senior citizens. He stated that contacting his parishioners was easy.

Pastor D has served the congregation for 6 years. Her community was affected by Hurricane Sandy. She opened the church door on the day of the storm so anyone could come to her church if they were not able to evacuate in time. For Pastor D, contacting her congregation

during Hurricane Sandy was the most important task at hand. She also matched up people to help settle their needs. She stated:

Houses of worship are very uniquely set up in that we have these relationships that are already in place. So when a disaster hits, it's not like we're scrambling to make connections, the connections are already there ... and so we started matching up the needs with people's gifts. We had one family that welcomed numerous people into their home ... we had another member who has an RV, so he just loaned the RV to a family and they lived out of this RV while their house was getting put back together for quite a few months. Making those connections was really important... in the beginning with all the phones down there was just no way to contact each other except going door to door, checking on your neighbor (Pastor D).

Reverend Julian is an African American Pentecostal pastor who served his congregation for 15 years. His church and community were completely affected by the hurricane and the church building was almost destroyed. He stated:

Actually, when the hurricane hit, my job was to check and see if everybody was all right. I connected with them and stayed in contact with them and the location in which they lived. Quickly we went and reached out to check to see if everybody was all right; we helped each one that needed help, we reached out and helped them.... We tried to make contact with each of those that we could help and could reach out (Reverend Julian).

Reverend John is an Episcopalian pastor who served his congregation for 8 years. His main concern was that all older members of the congregation were safely evacuated since he lived in the area worst hit by the hurricane. He stated:

My church community has, I'd say 75 percent ... older members, 50 and older. Our first concern here was just ensuring that our senior-most members, our most elderly members were out of town. .. So the morning after [the hurricane] one of the church members who stayed in town came over to the rectory on a bike. I got my bike out and we just went all around town on bicycle (Reverend John).

Pastor C is a Hispanic Pentecostal Christian pastor whose community was completely affected by Hurricane Sandy. He has about 80 families, and most were affected by the hurricane. He stated: "As a pastor, I just connected with people and families to find out if everybody was okay and in good condition. And then from there we moved to more people with their families."

Father Anthony is a Roman Catholic priest who served for 3.5 years in his parish with about 4,000 families, many affected during the hurricane. Many of the church's Eucharistic ministers were already in contact with older adults of the parish throughout the years. The parish was able to contact older adults with the help of volunteers [and Eucharistic ministers]. He stated:

And as people came we told them... we needed help and we were really blessed by the number of people who came to help. Those who had some means of transportation ... and knew of older people who might not have gotten out, and drove there with supplies in the car from our pantry to make sure that people were okay. Luckily we have a large group of Eucharistic ministers that go to the older peoples' homes to bring communion. So many of them came by and went to the homes they usually go to visit and found out what was needed and came by and got supplies [for the elderly] (Father Anthony).

Rabbi 10 is an Orthodox Jewish Rabbi who has about 3,500 members in his congregation, where he served for 11 years. He lived in an area hit hard by the hurricane. The synagogue building was affected by water and his house was flooded so he had to move to another location. He continued to conduct prayer services and stated:

So the first thing was just make sure everybody was safe... the first few days was really just making sure that everybody was safe, making sure everybody had food to eat, clothing, shelter and working with all the authorities and all the other synagogues and churches and all the other groups to facilitate and make sure everybody was okay (Rabbi 10).

Rabbi Machi is a Reformed Jewish Rabbi who led his congregation for 18 years. He stated:

Once we got everything together the main thing that we did at first, which is very obvious and logical, was to try to reach out to people.... If there is anything that Sandy actually taught me ... is that the reaching out, the simple hello makes them [people affected by the hurricane] feel good ... It really makes them feel good when somebody in a position of leadership calls. I discovered that it wasn't the same if another member of the congregation called a member than if I called.... I couldn't do anything more than the others; it was simply the fact that the Rabbi called ... the Rabbi cared. But again, I couldn't do anything else or anything more than the other person, but somehow they feel that connection (Rabbi Machi).

Reverend Mark is a Methodist pastor who served his community for 4 years and has 300 families in his congregation. He stated:

The first thing, the first phase is a response, a response phase. You want people to know that there is help available. And the faith-based community was right up front with that. We were some of the first to respond.... And whoever called, whoever contacted us we were in. We didn't ask any questions. There weren't any priorities, if somebody needed help we went, you know, address the situation when we got there. So when folks called we went. There was no waiting process. We knew they needed help, we went (Reverend Mark).

Concept 2: Providing hope by non-abandonment, encouragement, and empowerment

Providing hope to the older adults and community by faith-based leaders was one of the major concepts that evolved from the data. The faith leaders provided constant contact and care and empowered individuals and families and communicated with them. After making sure that all the members of the congregation, older adults, the elderly, and the community itself were safe, the faith leaders became instrumental in providing hope and encouragement, especially for the elderly. They followed the concept of non-abandonment since many of the elderly felt disempowered. They tried to meet basic physical needs, food, shelter, and clothing. In this study, providing hope involved reassuring the individuals and community that their damaged properties can be rebuilt. Helping them to rebuild their houses and helping them to fill out legal papers provided hope that things could get better for them.

According to Reverend Samuel, providing hope was very important. Several of his congregational members' houses were damaged so the church organized work teams to go into their houses and strip out the floors. They "gutted and sanitized the houses so that the development of mold could be avoided." By helping to reduce the cost of rebuilding and construction, these valuable services also gave hope. He stated:

We had work teams ... some of them were from churches, Methodist churches in Connecticut and other places. They came down and brought teams, particularly of youth to help with that. And there were also members of my own church that were involved with that. There must have been about 10 houses that we helped our members basically strip back. In the case of the one woman ... the contractor that she ultimately contracted to fix her house indicated that the work that we had done had reduced the cost that he had to incur by about \$20,000. So it was a very valuable service. And plus it gave her hope because she was feeling totally despondent. And so by seeing her place coming back to life so quickly it gave her hope and it gave her encouragement (Reverend Samuel).

Monsignor Joe stated that many of the elderly were living with fixed incomes and all their possessions were wiped out. They were psychologically in shock. To provide hope and encouragement was important for their recovery but that needed a multifaceted approach. After people were stabilized, faith leaders assessed what their needs were. He stated:

The assurance that the parish was there to assist them and help them was important. 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 (Monsignor Joe).

For Pastor D, non-abandonment of the community was very important. Many of her older members developed depression after Hurricane Sandy. Those who didn't have children in the area or those without larger families felt isolated and were especially affected. To empower them, faith leaders spent extra time connecting with them. She would say to them: "You do have an extended family, we are all connected. It is ok to be depressed, it is ok to be upset in

this moment, but we are here for you. I recommended a lot of people to counselors and therapists, within our congregation, nobody went unnoticed.”

Pastor D stated that they distributed prayer shawls to congregants to make them know that they matter and were not forgotten. “So we were also distributing prayer shawls. It’s that connection, that physical connection that people really longed for, that things might be okay, that they were loved, that they were noticed and mattered, that God was still present. So that was a big piece.”

Pastor Caring had to reassure his community, provide hope, build their confidence and build their faith. Building faith was his most important task. He stated:

A lot of times with senior citizens, just knowing who I am and that I am there reassures them. It was to reassure them that the tragedy was not aimed at them, that natural tragedies do happen, but that we have hope that God will see us through. And so it was to build their confidence and to build their faith that, they would get through this ... the spiritual aspect ... we were there. [For] the senior citizens, just knowing who I am and that I'm there gives them that confidence. It just reassures them (Pastor Caring).

Monsignor Ignatius stated that for many people who gave up, the open door policy of the church provided hope and encouragement. He stated:

There were some people who were psychologically so struck by the storm, they really gave up. One of the people who came to church during the storm said, “you don't know what it means to me to see that the doors of the church were opened. Despite everything that happened now I can believe that God did not abandon us. I was

starting to fear that God abandoned us, but I see that the church is still here so I can believe that God is still here” (Monsignor Ignatius).

For Rabbi 10, non-abandonment of the congregation, older adults, and the community itself was the priority. He stated:

So we helped the Red Cross and the police to reach out to a lot of the people in the buildings where they were up in their apartments. They were free to leave; people knocked on their doors saying they were the Red Cross ... some of them [the residents] were Jewish people... they didn't want to come down until ... they heard a...[Rabbi name] a synagogue or something like that. Then they were able to come down (Rabbi 10).

Father Anthony stated:

A lot of the younger people came to collect stuff for the older people; luckily some who had two-story homes had something left. The first floors were all gone. And we were able to supply them with food and clothing immediately. ... Well, the big thing was that there were people who cared for them ... we were finding out what they needed ... it was to help keep them going and encouraging them (Father Anthony).

Pastor C provided help to all with kindness and gave hope and encouragement. He stated that as a human being, “you’re always first to help each other and more as a pastor. We know that we have our responsibility to the community, and that’s what we do ... to be able to represent Christ ... to help each other” (Pastor C).

Reverend John provided hope and encouragement to the community by continuing church services. He stated:

We kept the church open. That was kind of exhilarating ... and I think it sets a good example of encouragement for the neighborhood to do that.... It made a big difference that we continued to worship on Sundays. The doors were open...I've heard this from more than one ... plenty of folks and just to see some activity here made a big difference. It created a sense of hope and possibility. Even though it was largely symbolic, symbols are very powerful (Reverend John).

Reverend Julian stated: “It was such a disaster with what was going on so we just reached out and tried to help as many people that we could that were in need of our help. And checking and praying for them, and contacting them and encouraging them that we can make it together.”

Reverend Mark and the United Methodist Committee on Relief team gave a training course to local first responders. They encouraged the responders to provide support and emotional and spiritual help. He stated:

So basically what we were told when we took this course was, first and foremost, we need to show up; we need to be there for people. We may be able to help them a lot, we may be able to help them just a little bit, it may be beyond the scope of what we can do but we are to show them that people care, that we are there to help in whatever way we can. And one of the components of this was spiritual ... emotional support. I went along with the team. We were to ask, “Would you like us to pray with you?” Now, not everybody is motivated that way ... you would engage the person in conversation. Remember this is someone's home ... now it's just everything's gone. So that was the first thing we were to do, to respond, to show people there were folks that cared about them and to be supportive in whatever way we can (Rev Mark).

For Rabbi Machi, providing emotional support, hope, and encouragement was his priority. He stated:

At that very moment the only thing that we could actually offer as help were two things. Like everything else in life, material things ... and moral support. Those were the two things that we were able to offer.... Two months later ... I had to go visit people and ... they were able to say to me ... I realize now the TV is not that important ... Sandy taught many people the importance of enjoying a little bit ... that it was okay to get excited about renovation on the house. It was so interesting that from the sadness, people became all excited about just painting a wall in a different color, which is very good. I told them you know why you are able to do this, because nobody died. You just lost a car and a wall, not a life (Rabbi Machi).

Concept 3: Creating inter- and intracommunity connections

In this study, creating intercommunity connections refers to faith-based leaders meeting with governmental and local level leaders to facilitate and coordinate care during Hurricane Sandy. Many of the leaders worked with the fire department, the sanitation department, the Red Cross, and hospitals around the area, helping to evacuate shut-ins and those who were late to evacuate. This cooperation and coordination helped the faith leaders organize care and assign people to approach different centers for specific needs. Monsignor Joe met with sanitation and fire department officials and made a preparedness plan and evaluated potential dangers. This helped them identify where elders were living and helped them evacuate older adults and the elderly who refused to leave, despite warning to do so before the storm arrived. He stated:

And then what began to happen is that it became worse than they expected, and the waters came up ... the fire department was evacuating people by rafts and rowboats and things like that to get people out.... It was a whole community effort. And the important thing was that the parish, the fire department, the sanitation department were all on the same page. We all were working together (Monsignor Joe).

Reverend Samuel organized local work teams while at a broader level, his denomination set up a recovery office. Most of Rabbi G's congregation was helped through a nearby Jewish organization and other Jewish organizations from far away. He worked with the Jewish Community Center (JCC) and stated: "So we are a Conservative synagogue, and the leadership of this region contacted me and sent out word into other areas. So within 24 hours people started sending clothing and toiletries and all types of things." Rabbi 10 connected with other Jewish congregations, local community leaders, and the Red Cross, working with them to distribute first aid kits and then vouchers.

Pastor D also stated that her congregation coordinated efforts with local communities as well as with distant communities. She collaborated with the Presbyterian Church, a nearby JCC, the local fire department, and local community service groups. Pastor Caring organized volunteers from his own community to help each other. He stated: "Some of our other parishioners... were coming in and doing volunteer work." For Reverend Julian, connecting with other churches was very important. He stated that the Higher Pentecostal Church also helped: "Then we had some of the other churches pitch in and they brought in things to help get us back on. So we had leaders who came in and we were able to get back."

Pastor C connected with leaders from the state of Rhode Island and other churches that helped the community, along with students from a nearby university; "And they came, we

helped a lot of people remove garbage and things from their houses. And we were able to help a lot of people.” Father Anthony told how he connected with other Catholic churches and the Catholic Charities service organization: “Luckily within 2 or 3 days we started getting supplies from Catholic Charities and from people from all around the country who drove in. We had one former parishioner who drove up from Florida with a van full of food and clothing that came just in time as we ran out.

Monsignor Ignatius also told about receiving help:

Financial support we received ... it came from all around the country ... it came from a special collection that the Catholic Dioceses throughout the United States ... individual parishioners around the country and in Canada, ... sent donations to us, all of which we were able to give out (Monsignor Ignatius).

Monsignor Joe, with a larger community, found he had to provide multifaceted care since many older adults were affected. Catholic Charities came to help and issued grants, and relief funds were sent by people from around the community: “They [Catholic Charities] set up funding in the amount of \$1500-2000 given to each family.” Pastor D, with one third of his congregation displaced, received delegations and support from the parent church, the Evangelical Lutheran Church of America, as well as churches in Namibia and Canada.

For Rabbi G, obtaining help from religious leadership was not difficult. He said that the United Jewish Appeal Federation contacted him fairly early and provided an initial grant to give to people. He also received food and clothing as well as funds from other congregations and synagogues outside the New York area. He stated that he was able to give quite a bit of financial assistance.

Reverend Mark organized and led intercommunity and intracommunity work groups.

He said:

We had case management help because that was really overwhelming to try to do the (various) paperwork (including) FEMA, New York Rising, and a number of state and federal organizations that were willing to give money. But the biggest (help) that took on the case management work was New York Catholic Charities. They did case management and would refer people to us for registration for FEMA and things like that. We had a coalition team made up of Methodist and Presbyterian members. We still do and they donate one Saturday a month. Earlier it was more than that but now it's one Saturday every month to go out and work on a house because there is still help needed (Rev Mark).

Concept 4: Safety shelter

The safety shelter concept in this study is defined as providing a safe environment to disaster-affected victims in their place of worship, home, temporary adopted home, or shelter. All faith-based leaders agreed on the need to provide a safe environment for all, irrespective of where they were sheltered. According to Reverend Samuel, his work was to ensure that people were safe and their lives were not in danger. If there was no heat and no electricity in their homes, he checked that the elderly were not suffering from hypothermia and tried to get in contact with family members. He stated: “Of course there was no heat, there was no electricity so it was very uncomfortable. And so a big part of it was just making sure they were safe and that their lives were not in danger.”

Monsignor Ignatius told how he opened his church doors right away so that people could come in: “Well, people started, gathering, and we were able to have the church open.

Also the Long Island Catholic school that's right next door survived the storm so we were able to open up the gymnasium there as a place for people to be able to gather, to start ... the process of recovery.” Rabbi G said that his house was made available as a safe place for the congregation and the synagogue was used as a warming center for victims of the hurricane: “Here in the building, what we did was we were able to ... set up a warming center ... there were certainly I know members who took in other members of the congregation.”

Monsignor Joe stated that after the initial phase of the hurricane, people were evacuated, especially older adults, and were brought to the church building, which was used as a shelter. He said:

So what we started to do was bring people here to [the church building] where, although we didn't have power, at least it was dry and we had the food pantry so we could at least give people something to eat. So the people that were shut in, a lot of family did take their elderly out ... And that night the fire department has a bus and we all rode in the bus to different locations ... you go down so far and people would be coming up by boats or things like that and you'd pick them up and then you would bring them to different locations. The elderly came here and spent the night here and then we transported them to shelters where they could be better provided for. So we became a holding stage (Monsignor Joe).

Pastor D opened her church door on the day of the hurricane to serve as an evacuation place and safe shelter. She stated, “So being able to figure out how to work together...respecting the whole person and walking beside that person. In disastrous situations, churches are uniquely set up for that because that is what we practice.”

Reverend John remained in the church to provide safety for those who did not evacuate.

He said,

I remained here...because like many people, I probably underestimated how severe the storm would be. I knew it would be bad and much worse than Irene the year before. But I knew that if I left town I wouldn't be able to get back in and I need it to be present here for the parishioners who were not able to get out or who chose not to leave. And it was a good thing. Because there were some folks even here on the street, who were not church members but they knew I was here (Pastor John).

Pastor C, indicated that it was a miracle that his church was not flooded. He stated:

So we opened the church. And from there we helped people from the church ... everybody ... We had water and we were okay...People came over here to take a shower because we have a boiler and this area ... was the first area for lights to come on. So we had electricity; we had power. So we had hot water, people came over here to take a shower and people slept over here too in the church (Pastor C).

Father Anthony explained how his church became a safe place for many victims of Hurricane Sandy:

People expect to be treated with care... So they came here expecting and hoping that we would help them and we did. And the word got out very quickly that we were open during the daylight hours, we weren't open when the sun went down because it was too cold because we didn't have any heat for 2 weeks, but the word got out by word of mouth. People initially came because they expect the church to be there for them and we were (Father Anthony).

Similarly, Rabbi Machi said that his synagogue was open to all during the day but not at night, due to lack of electricity. “But when we had electricity, then we had coffee and doughnuts for them. It wasn't just for members; it was for anybody.” Rabbi 10, who expressed the need for a safety shelter in a natural disaster, stated that older people were a lot frailer and weren't able to handle the situation as well as younger people, “So we had to provide food and clothing and talk with them and find a place for them to stay temporarily. People in our community were staying all around the tristate area at different homes”

Bishop Jake stated: “In the case of Hurricane Sandy we provided ... food and some shelter, a place for them to come and reside until they could find a location.” Rev. Mark opened up his parsonage for anyone to come: “We had four showers, bathroom facilities as well. Also, we owned the parsonage over here. We had people come and shower there if they needed to shower. So we did open up my house.”

Imam 16 stated “We did open the mosque for them [Hurricane Sandy victims], anyone who came with any need, we opened the doors for them”. During Hurricane Sandy Imam Maj stated that “the mosque was transformed into a sort of camp... and they allowed people to come and stay inside the mosque.”

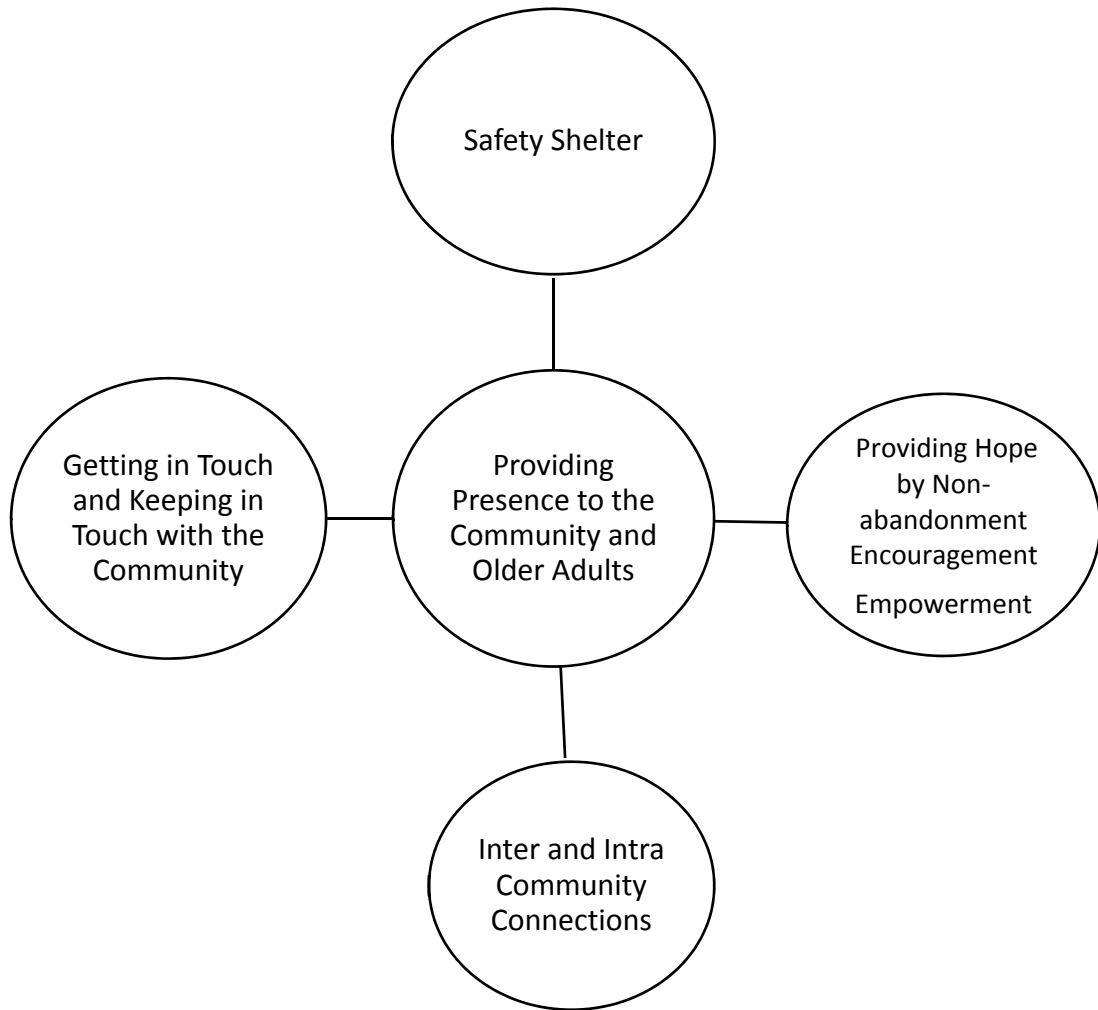


Figure 1.

Category 1: Providing Presence to the Community and Older Adults

Category 2: Need-based care

One of the most important categories identified from the data was that faith-based leaders provided need-based care to older adults and the community. They reached out to older adults, met their physical, psychological, and emotional needs, and provided social and legal help (See Figure 2).

Concept 1: Seek and reach out to provide a support system

Seek and reach out was an important concept identified from the data. All the faith leaders cared for older adults and the community, reaching out to them so as to provide a support system. Need-based care was guided by the principle of fair treatment to all, irrespective of faith or religious orientation. Pastor D stated:

Over one third of our families were displaced during Hurricane Sandy. Over 50% were affected by some kind of damage, and of course everyone was affected. But that first Sunday when we gathered together as part of our worship ... everybody got post-it notes. And we said, what is your need and what do you have to offer.... We started matching up the needs with people's gifts. We had one family that welcomed numerous people into their home ... additionally we opened up a resource center here ... we were just checking in on each other all the time... making sure that people were cared for (Pastor D).

Monsignor Ignatius made sure everyone was safe and then looked at what their individual needs were. He told how the center and parking lot were used for the distribution of food, warm clothes, and gasoline for running generators. According to Reverend Samuel, the disaster brought out the best in people. He stated: "They came and people brought clothing, people brought in many cases. There was more than we could actually cope with." Rabbi G

contacted people to make sure they had food and said, “We had our house opened, we let the word out that, that anyone who needed a place to come, we didn’t have electricity, but I have a gas stove. So we had food, hot food up all the time.”

Monsignor Joe said:

Every weekend we began to have a collection of clothing and food, bedding, socks, underwear, in our whole lower church. People were responding from all over bringing clothing. And then the food and then cleaning supplies and so we became like the hub for the whole community. Everyone was donating here, it didn’t matter what church you belonged to. People then could come get clothing, stay here and get warm. We’d serve coffee and food (Monsignor Joe).

Pastor Caring became a facilitator for his community, which suffered primarily from physical damage to homes. His priority in reaching out was to help people get their personal documents together and does demolition work. Rabbi 10 made sure that people were responding to safety initiatives and provided information about the whereabouts of his congregants to distant relatives. He stated:

So we helped the Red Cross and the police to reach out making sure everybody had food to eat, clothing, shelter and working with all the authorities and all the other synagogues and churches and groups to facilitate and make sure everybody was okay.... The older people were frailer and they weren’t able to handle the situation as well as younger people so we had to provide food and clothing and talk with them and find a place for them to stay temporarily.... The synagogue downstairs was flooded but there was another synagogue that wasn’t flooded so we all worked out of that one synagogue ... and that became like a soup kitchen with all of the food for

everybody, and it had diapers and it had flashlights and it had blankets. We were able to reach out to other organizations, and other organizations were reaching out to us in offering their help (Rabbi 10).

Rev. Julian tried to make sure that all were safe and tried to keep in contact. He stated that, his job was to check on his congregation. "Once this happened we went and reached out to check to see, is everybody all right; helped out each one that needed help ...we reached out and helped them. Pastor C felt that it was very difficult for the elderly to cope with the natural disaster. He had to physically pull trapped people from their homes.

For the older people it was very hard because ... they are not able to move and they live in conditions ... sometimes by themselves and we had to pull out older people [trapped]...the families came to pick them up if they would be able to go with them. It was very hard for them. It was very hard for the church and the community; very hard (Pastor C).

Father Anthony and his team arranged for people to communicate with family members and insurance companies and found accommodations for parishioners:

Some of our other parishioners took people in. Our outreach program found places for them to go. We were sort of an information center. We had one phone that was working so we had people coming in to use the phone for getting in touch with insurance, FEMA and all that sort of stuff (Father Anthony).

Reverend John described his efforts to contact people:

Some of them were in high-rise buildings but they suffered from different kinds of disabilities or impairments, couldn't easily get out of the buildings ... many shut-ins. Even young families on the west end where the water was, where the storm came in.

It was 12 feet of water coming down those low-lying streets on the west end. So we went down there... and made a good effort and a mostly successful effort [at contacting people]... in locating and contacting the various members and parishioners who had stayed here in town during the storm (Reverend John).

Rev. Mark told how he reached out to help the community.

When someone called, you went. This was not limited to any one denomination nor was it limited to church people. There was a need in the community and we went out into the community ... some we had to seek out. Sometimes we would have to be the ones to reach out and say, do you need help? (Rev Mark).

According to Rabbi Machi, seeking out and reaching out took time since his own house and his car were destroyed. He stated:

Once we got everything together the main thing that we did at first ... was to try to reach out to people ... once we were able to reach out whether it was by phone, whether it was actually by driving there... what we can do, and which we did, was also give moral support ... reaching out (Rabbi Machi).

Bishop Jake sought out hurricane victims through telephone calls. He said "I made it known through telephone calls and by presence of my membership mission department to make contact with persons in the area." Both Imam (16) and Imam Maj indicated that they went door-to-door to help the Hurricane Sandy victims, especially the older adults.

Concept 2: Meeting physical needs

The data indicated that need-based care was the goal of the whole recovery process. The faith-based leaders felt that meeting physical needs was one of the most important things in the disaster, especially for older adults. After making sure that individuals were safe, faith

leaders moved them into shelters that were either set up by the government or in an individual's home. Faith leaders also used their own religious facilities as holding areas during the disaster, providing a place to take showers, get warm, and get hot food. Rabbi G stated:

We set up an area of the synagogue where people could come, there was food for them here, and there were computers and internet. We started to get back to normal.... we have religious school twice a week, on Tuesdays and Thursdays, so on Tuesdays and Thursdays what we did for a number of weeks is we provided dinner for the children.... And the parents were coming to pick them up, the parents ended up eating as well.... It wasn't so much that people needed ...were hungry, but the idea was to make their lives a little simpler so that they didn't have to go and start preparing in their homes that were still cold... it just made things a little bit easier for them if the kids had already eaten dinner before they went home (Rabbi G).

For Pastor D, it was always very important for her congregation to provide need-based care to the community. Right before Hurricane Sandy, her church had prepared 10,000 packaged meals to be ready for distribution. This shelf-stable dry food was packaged by her church in collaboration with an organization called End Hunger NE. She stated that it "was wonderful ... just boil water and serve ... we have a gas stove up here, so we were able to make food for folks ... we made sure there was food available when people came ... so that was really a gift."

Reverend Samuel, who has an aging congregation, made certain that basic needs were met, even though the fellowship hall had no power. "We couldn't provide heat for them or light for them here so that really wasn't a viable option. We did receive meals ... emergency

meals from FEMA and we kept those here and people would eat those and we would also take them and deliver them to them.”

Monsignor Joe told how he worked to bring people into the church. He stated:

Our St. Vincent De Paul Society stepped into action and began to organize everything as people came in; they interviewed people, assessed what their needs were. [People] could go to St. Vincent De Paul [desk] then they would go to the FEMA desk or the Red Cross desk. Each took care of different things. So that began from the time of the hurricane and we continued that through November up until Thanksgiving time. So we had ... people coming in all the time, if they needed food clothing, cleaning supplies, other toiletries, things like that.... So the first thing you had to deal with was the basic necessities; the basic needs of existence for people (Monsignor Joe).

Father Anthony opened the church food pantry to meet the physical needs of the hurricane affected people. “Luckily we had a food pantry here already ... so we had our outreach coordinator open up the food pantry and then our volunteers ... and our staff ... would come in ... sort out clothes and food for people, and people just started coming in.” Rabbi 10 described how he cared for his community and worked to meet basic needs. “We had restaurants from all around New York supplying in one of the synagogues that wasn't affected. We used to provide food for them every night. We had dinner for them; we had lunch for them; we had to. One of the main things was just to make sure that people had the food that they needed.”

According to Rabbi Machi, meeting physical needs was important. He provided a Jewish quotation: “There is a teaching there that says, if I'm not for myself, who will be there but if I am only for myself what have I?” Bishop Jake stated, “In the case of Hurricane Sandy

we provided ... food and ... shelter, a place for them ... to come and reside until they find a location” [to reside].

Imam Maj stated that “We had a lot of groceries that were purchased and issued to the people. Many used the premises of the mosque during the daytime and returned at night to their relatives and families”. Imam 16 stated that “our community helped other communities. We got together, Christian, Jewish and any other faith, without looking at what their religion is. This is our Muslim faith-to help others. A neighbor is a neighbor: he doesn’t have to be a Muslim. We may not know each other still we help.”

Concept 3: Meeting psychological needs of the older adults and community

In any natural disaster, the psychological equilibrium of the victims is lost. People affected by Hurricane Sandy also suffered psychological shock; they felt their lives were shattered; they suffered from grief and depression and their possessions were gone. Many were sent to professionals for counseling, to stabilize them. Monsignor Joe described the shock:

Psychologically, many of them were in shock ... their whole world, their whole life was shattered. Their possessions that they had for 60, 70, 80 years were gone ... their memories were gone ... so you were dealing with people who were sometimes ... just mere shells of who they were. I mean, they were just sitting in front of you but they just stared off blankly because the amount of devastation was so great. So you have to assess ... what they immediately need.... So you had your first need, the shock, and getting people stabilized. Then assessing what they needed and then how do you keep them going; how do you keep on providing for what their needs are. And so you had multifaceted things going on (Monsignor Joe).

Faith leaders provided assurance that the parish was there for them. Monsignor Joe

stated that they provided faith-blind care. The Catholic Church helped the community financially. While people depended on flood insurance, they found they could get some extra help and consolation from the parishes.

The faith leaders were able to provide hope by their presence, by helping to rebuild people's homes and by providing need-based care. Work teams from around the country came to help the community, especially the older people to get their homes rebuilt. Reverend Samuel said, "There must have been about 10 houses that we helped our members basically strip back."

Monsignor Ignatius felt that many of the elderly ended up being very disoriented and developed dementia after the storm. He stated: "Because there were some people who were psychologically so struck by the storm that they really gave up. And for younger people, people in better physical health, this was something they could rebound from, for a number of older people it wasn't."

To provide presence, psychological support, hope, and grief counseling, the chief of the fire department and Father Ignatius went around and visited people. Muslim, Hindu, Christian, and Jewish faith leaders went to five different parts of Long Island and held prayer services, healing services, and interfaith prayer services so that people could come, pray, and reflect together.

Pastor Caring noticed that the community questioned God during this disaster. For him, providing hope, reassurance, and confidence was very important. He said that as a support mechanism, he paired older parishioners with younger parishioners. "So needless to say we went ... we also prayed with them... we reassured, made ourselves available for them in case they called."

Pastor D was instrumental in providing emotional support and care for her community and the older adults. She tried to pair their needs with what others had to offer, matching needs with individual gifts,, and “prayerfully” took action. “It was whoever came down the street, whoever we found who was in need ... we were just working with whatever we had,... in the beginning with all the phones down there was just no way to contact each other except going door to door, checking on your neighbor. This also provided emotional support.” Pastor D described how she hosted helping actions, created internal community connections, and worked to promote universal brotherhood and sisterhood.”

So we did a lot... there was a lot of worship, there was a lot of prayer. We have a prayer shawl ministry where people create these prayer shawls...each time they work on these shawls that they knit or they crochet, they pray a blessing upon whoever it is going to unfold... So we were also distributing prayer shawls ... that connection, that physical connection that people really yearned for, that things might be okay, that they were loved, that they were noticed and mattered, that God was still present. So that was a big piece.... We had not only the bishop of our Metro New York Senate, we had the Bishop of the ELCA in the US, and we had the bishop from the Lutheran Church in Canada, the Lutheran Church in Namibia, and the Lutheran Church of Tanzania. So they actually came to visit us, to walk through our rehab center, our distribution center, to talk to us about our experiences, to pray with us ... so that was really an incredible experience. To recognize how connected we are, to really recognize those connections that go way beyond, to recognize that we have sisters and brothers all around the globe that are praying and are connected in that way... and that everyone has something to give (Pastor D).

For Rabbi G, contacting the congregation and providing pastoral encouragement was the most important way to provide emotional support. He said when he tried to reach them that many people felt it was very comforting. Those who needed emotional support and care were sent to a social worker who continued to work with disaster victims.

Father Anthony said that people needed to go into the church to pray and talk and just be with other people. He stated, "I think people ... even more than the physical resources, needed just being to be able to come in. Many people came in just to talk, to be with other people.... We also had a special service ... when people came and expressed their prayers.... It was a very lovely, meditative experience."

Reverend Julian found that the older people felt more depressed due to the hurricane. He stated: "Older people seemed to take it a little rougher than the other ones, because most of them were quite sickly and disabled and because of the storm, no lights and their condition with no heat ... they took it a little harder than the younger ones. So they were not able to cope like the younger ones. Reverend John expressed that his presence in the church provided emotional support: "Because there were some folks even here on the street... knew I was here. And it just made a psychological difference; it helped to make them feel safer to know that, to see me rattling around outside with my flashlight looking."

Concept 4: Social and legal help

After the hurricane many homeowners were completely devastated. Many of their houses had water in the basement or even the first floor. Complete or partial demolition and rebuilding were essential. This was a major problem for the community-dwelling older adults who couldn't relocate easily to another town. Since they were of retirement age and living on a fixed income their houses represented valuable memories and all their possessions. It was very

difficult for them to cope with the situation and deal with insurance companies and FEMA to get funds for repairs. Many of the older adults and elderly experienced anxiety and disequilibrium. The faith-based leaders organized work teams from the community and other states, helping older adults rebuild their homes and filing for legal paperwork with FEMA and insurance companies. Rev. Samuel said that he went door to door to his aging congregation. He stated:

I started registering my folks with FEMA on the day after the storm. And so that for some of them within a week of the storm they had FEMA inspectors that had come to their house and had given them checks... and so for some of them, they had money within just a couple of weeks of the storm. And that was important because it meant that they could get in with the contractors and make contracts and get the work started before ... the big rush hit the contractors and the contractors had to get backed up. So ... I just basically had a round that I would do a couple of times a day where I would go to any member of my church I know that had experienced difficulty (Rev Samuel).

Pastor Caring became a facilitator for older adults and the elderly, stating that many members were taken advantage of by demolition companies. Many didn't know the resources available to them. Insurance companies often sent agents who were unfamiliar with the area, and many seniors did not have the right papers. He said, "A lot of times they wanted me there just to talk with the adjusters because they didn't have confidence in the adjusters as senior citizens."

Monsignor Joe's large congregation, together with community workers, the Red Cross, and FEMA, made a major effort to rebuild the community. With 4,000 families and 12,000

people, filing for claims was challenging. They set up a processing center to assist older adults, the elderly, and the community with filing claims. He stated:

People really never realized what their insurance didn't cover. We ended up really trying to help people, especially, getting grant money. In fact, FEMA, when they were here, took pictures of everything because they were amazed that we could pull all this off ourselves without having, you know, a government agency or something doing it; just the fire department, the sanitation, and the parish had the whole thing set up and arranged. We had the food area; we had the rest area; we had the clothing area; we had the cleaning supply area (Monsignor Joe).

Pastor D was able to organize outside work teams and for her community. She stated:

So we were able to connect. We were running [announcements] in our bulletins, in our newsletters, on signs and on our main church sign out there. We were posting the numbers to call for FEMA, the website for FEMA, and where to go ... so we made sure that kind of information was disseminated on a very regular basis.... We handed out forms, we would make copies and hand out all of the forms. Anyone who needed anything was able to connect. We had some people who got trailers from FEMA ... while they were working on their homes. So it was really a lot of information dissemination as well (Pastor D).

Rabbi G stated that a number of groups came from different areas of the county. New York Legal Aid also came to help. He stated:

They came in, they go to wherever there's a disaster. They help clean out the houses. They stayed afterwards and they continued for another year helping people rebuild ... Another group that we had that came into the community is called NYLAG, which is

the New York Legal Aid... They came in and they were helping people in terms of dealing with FEMA, applying for insurance. People were having problems and they set up in our congregation and people came in and made appointments and met with them. So the other group that we had working in our community, of course is the Jewish Community Center (Rabbi G).

Rabbi 10 stated that the Jewish organizations were very helpful.

The Jewish organizations were very, very big.... Because the Red Cross wasn't giving out refrigerators, they were giving out food. But then for the first few weeks we needed food but 6 months later, 3 months later, 5 months later people needed a refrigerator, people needed an oven, and the Red Cross definitely wasn't giving that type of thing, so that's when the Jewish organizations came in and were very, very helpful (Rabbi 10).

Father Anthony stated that all who needed assistance in any way were helped.

“Whoever came and was in need got the same treatment. Now, in fact, for about a week and a half both Catholic Charities and FEMA came by. One of the compliments that was confidence building was the people from FEMA came by and saw our operations and said we were doing a better job.”

Assisting people with their papers and insurance companies was a major role for faith leaders. Bishop Jake stated, “We have a systems department in charge called Missions.... a department to take care of all the needs of individuals who come to the church.” Bishop Jake described the care provided as faith-blind care.

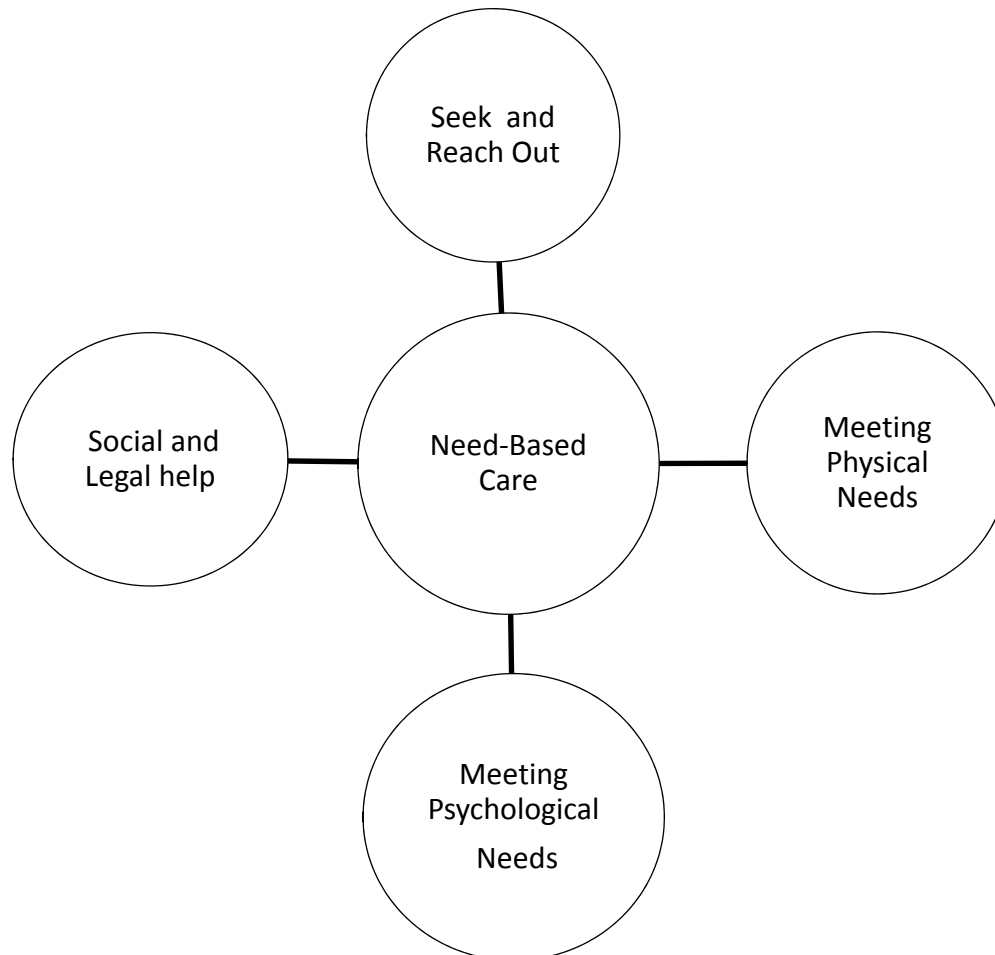


Figure 2.

Category 2: Need-based Care

Category 3: Rebuilding community

Rebuilding the community in this study is defined as building physical structures and helping families obtain money from government agencies to rebuild their houses. It involved working with different governmental and private agencies to provide need-based care for all individuals, especially the older adults who were disempowered because of the natural disaster.

The concepts included in this category are:

1. Building physical structure
2. Coordination of financial resources by registry with FEMA and insurance companies
3. Organizing work teams
4. Raising money from different congregations

Concept 1: Rebuilding physical structure

Rebuilding the physical structure is defined as rebuilding the houses that are damaged, gathering the materials, and cleaning the houses so that families can move in. All the faith leaders agreed that rebuilding damaged houses was a massive effort. Cleaning homes had a physical and psychological aspect. Many homes were flooded, with belongings under water. To remove that material required manpower and cleaning supplies. People, especially older adults, had been living in their houses for many years. With their belongings gone, they did not know where their papers were in order to file for disaster relief with FEMA and insurance companies. Many people also had been hoarding materials, making it difficult for volunteers to do this task.

Pastor Caring stated that he was a facilitator for many older adults who did not know where their documents were or had documents that were not in the correct format. All faith-based leaders identified volunteers from their own community as well as volunteers from other communities who reached out to clean and rebuild houses. Rabbi G stated that many congregation members came together and helped people clean their houses.

For Pastor D, many young people helped older members in the task of demolition and rebuilding. “They did a lot of cleaning and we did a lot of demolition work. We went to a lot of homes and pulled down walls and pulled out carpets and pulled out all the stuff that was destroyed.” She stated that volunteers worked prayerfully and with trust “because we were

going through folks' things." Monsignor Joe stated, "We no longer needed the clothing so much but we needed all the cleaning supplies. So we were collecting bleach and mops and sponges and all the types of cleaners that you needed to do that."

According to Rev. Mark, the United Methodist Committee on Relief and the Annual Conference of the United Methodist Church provided help to rebuild the infrastructure. He stated:

The first phase, the response phase folks from the local church could do. We could go and clean up. We could go and be with people. We could tear drywall down and spray mold with bleach, but once it started to get into the area of where they needed some skills to rebuild, the local church was limited with what we could provide. So the annual conference for New York State got involved and got a grant from UMCOR, for a couple of million dollars, and we set up an office on Long Island.... The New York Annual Conference got some money. We opened an office and we started the Long Island Sandy Recovery Ministry.... And in the first year after Hurricane Sandy, first priorities were ... generally elderly people. People whose health was in danger because of the condition at their home or who had health problems and could not get into their homes.... The second was people with children who were displaced because their house was uninhabitable. And the third was people who had lost their job because their business closed up and were in terrible financial situations and just didn't have any resources at all. Those are pretty much the top three but the first one is elderly folks who suffered problems. And so we would ask, we would do an interview when people called in. Our case manager did that. We'd go and look at the site. Our construction manager would estimate what was needed. We would ask for

the funds to do that and then we would coordinate the team and the material and when it could be done. You know, this is all coordination. This isn't easy (Reverend Mark).

Imam 16 explained how he cared for the community, especially the older adults. He stated:

We did a lot of relief programs. We went from door to door to help them. Mostly older people were affected. Younger people could go anywhere. But the elderly people mostly stayed in the house. The Muslim community helped rebuild houses... and all who came, got food and supplies. Community went to people's houses and found older people that were affected by Sandy. Muslim brothers came and helped the congregation. This relief program helped the community.

Rabbi Machi stated that the younger generation in his community tried to help and stated, "Our kids did, and the youth group went and helped ... move things out." Pastor C. stated that a lot of volunteers, including students from Adelphi University, came to help: "They came and we helped a lot of people ... remove garbage and things from their houses. And we were able to help a lot of people." Reverend John noted that many of the community houses and the church were destroyed, and rebuilding was a big task. "They would be here... at the church to help; I would ... dig out and things."

For Father Anthony, with 4000 to 5000 families in his parish, rebuilding the infrastructure after Hurricane Sandy was a big task. He stated:

For months afterwards, a lot of people had problems buying supplies like boilers, and appliances.... Catholic Charities came through with a lot of help for that through our outreach program ... I think we went through something like \$80,000 from Catholic Charities to give out to people ... Luckily within 2 or 3 days we started getting

supplies from Catholic Charities, and people from all around the country drove in... We were giving out money to people towards the end of the 2-week period that were out of electricity (Father Anthony).

Concept 2: Coordination of financial resources by registry with FEMA and registry with insurance companies

All faith-based leaders helped their community and those in need, especially older members with their paperwork for FEMA and coordinated efforts so that the families could get financial help to rebuild their homes. Faith-based leaders, with the help of an interfaith council and government agencies coordinated the effort of rebuilding. Monsignor Ignatius stated that “the Interfaith Council ... up to a year after the storm brought in... people from all sorts of (expertise) medical insurance, construction... It was the Interfaith Council that initially sponsored that and brought that together.”

Pastor D tried to facilitate with her community to do all the necessary paperwork to get money from FEMA and insurance companies. Then people who had completed their own applications went out to help the others in the community. Rabbi G stated that a number of groups came from different parts of country and helped people out: “They came in and they were helping people in terms of dealing with FEMA, applying for insurance. People were having problems... and... people came in and helped them.”

Pastor Caring helped the community as a facilitator, helping people file claims with FEMA and insurance companies. He stated that it was difficult for senior citizens to go through the paperwork: “The amount of paper work ... was just unfair for a senior citizen to have to go through.” According to Rev. Mark, completing FEMA paperwork wasn’t easy; however, his team helped a lot of people who needed it.

It took a little time... it took time for FEMA as well although for the most part I would have to say that FEMA was here pretty quickly. But it was hard for people. There were forms to fill out and there were... procedures to fill out... It became overwhelming. First of all, you lost your home, your house, you are displaced in a motel somewhere, and ... you have all the paperwork and all these procedures to go through. So it wasn't easy (Reverend Mark).

Pastor C stated that “we had Red Cross come over here and give us some stuff to give it to the people. We put a FEMA table over here for the community, so they can come and ask questions, sign up for help... FEMA sent some Spanish people and we were able to help them out.”

Concept 3: Organizing work teams

All the faith-based leaders participated in organizing work teams. Many volunteers from the community joined together with volunteer teams from other parts of the country. Faith-based leaders were instrumental in organizing teams and delegating jobs as needed. Pastor Caring stated: “We were instrumental in terms of assessing the damage... For some we assisted in the demolition and... assessing the entire needs.” Reverend Samuel told how work teams from all over the country came to help the hurricane victims and their families. Monsignor Ignatius found that it was very difficult for older adults to do demolition work and take part in the recovery process. They needed help from faith-based leaders, together with other community leaders.

Rabbi G stated that a number of groups from other parts of the country came to town to help: “They helped a number of families in our town. Initially they helped individuals to clean out. They stayed afterwards and they continued for another year helping people rebuild.”

Pastor D. was in the forefront of organizing the rebuilding process after Hurricane Sandy. She opened up a resource center, a drop-off center where people dropped off all sorts of things. She stated:

We also were hosting groups and people from outside of New York who came in to do work. So we were able to host and house them, and work through that process as well. Then we were just checking in on each other all the time. Making sure that people were cared for ... (Pastor D).

Monsignor Joe worked with different governmental and community organizations. They organized plans even before the hurricane hit Long Island. He stated:

We began a collection of clothing and of food, bedding, socks, underwear; and then the food and cleaning supplies. We became the hub for the whole community....

Everyone was donating here, didn't matter what church you belonged to. And then the sanitation trucks would come here, load up with supplies and then go down south of Atlantic and south of Merrick and go to the communities that were flooded and begin to bring supplies out to people there. FEMA then set up their operations here and so when FEMA began to set through here, we had the Red Cross and we had the National Guard all working out of our lower church here (Monsignor Joe).

According to Monsignor Ignatius the church began a coordination place for other activities that followed. With more than 1,500 households, he first established that things were all right and then looked for the needs of the people. For Reverend Mark, organizing work teams was very important. Together with local volunteers, volunteers from other states came to help.

Now, additionally there were teams that came in from all over the country, teams of volunteers that wanted to help... Some of them were experienced some of them were not experienced. One of the very first calls I got from folks who wanted to come help was from a young lady from Notre Dame University and it was the marching band. They wanted to come and help and they needed some place to stay. So we found the families that would put the students up while they worked, and they were here for a week. That was in the initial phase. That was young folks who really wanted to help out (Rev. Mark).

Reverend Julian stated “We had a few (volunteers) that came and helped us with whatever they could do. They joined in and they did what they could; [they would] bring in stuff, whatever they could contribute.”

Rabbi 10 stated:

We saw busloads of people come from all the different communities to help us so we were coordinating all of the volunteers; the people had to rip out all of their furniture and take out all of their beds and everything that was destroyed. So we had thousands and thousands of volunteers and it was a big job coordinating it and making sure everybody had whatever they needed... And even during the week we had people kept turning up offering to volunteer, so it was a big coordination effort (Rabbi 10).

Pastor C had to do a lot of coordination of work teams. “We had a lot of help from other churches, all the pastors came from all other places to help.” Father Anthony indicated that volunteers from all over the country came to help. Organizing each team was very important:

So very quickly we got a lot of our volunteers to help. We had closed down

everything. We had to stop our services because we had no lights in the church and moved an altar down among the pews so that we could have a morning Mass. And as people came we told them we needed help and we were really blessed by the number of people who came by to help (Father Anthony).

Concept 4: Community fund raising and raising money from different congregations

All the faith-based leaders were instrumental in raising funds from their own communities as well as different congregations. They requested funds from those in their own congregations who were not affected by Hurricane Sandy, and people provided what they had. Many faith-based leaders contacted their parent congregations and received funds from local, national, and international congregations. Faith-based leaders organized funding for their communities and noted that the elderly and older adults who were living with fixed incomes and mobility restraints were most in need of services. For many of these older adults, all their possessions were destroyed.

Monsignor Ignatius stated:

Financial support we received... came from all around the country. It came from a special collection from the Catholic Diocese throughout the United States... It came from individual parishioners around the country and in Canada (who) sent donations to us, all of which we were able to give out. But none of this was done through the government. It was done through, the religious organizations themselves (Monsignor Ignatius).

Monsignor Joe, with a large community, had to do multifaceted care. He stated:

The next thing that happened was Catholic Charities came in. And Catholic Charities began issuing grant money to families to help them get back on their feet. It basically

wasn't a huge amount of money it was a few thousand dollars, but basically it covered people's co-pays and things like that. (Monsignor Joe).

He also stated that people around the country sent money so a separate fund was set up. Funding in the amount of \$1500 to \$2000 dollars was given to families after need was assessed.

Rev. Mark told how the annual conference for New York State got involved, enabling his congregation to set up an office to help Hurricane Sandy victims. Pastor D stated that the parent Lutheran Church organized and helped her congregation and sent delegations and support. For Rabbi G, getting help from his parent religious leadership was not difficult:

We are a Conservative synagogue, and the leadership of this region contacted me and sent out word into other areas. So within 24 hours people started sending clothing and toiletries and all types of things... I also received money from, I mentioned the United Jewish Appeal... They contacted me fairly early on also, and they had an initial grant so we had some extra money to give people.... I received food and clothing and some of the people sent me money to help others.... I started receiving checks from other congregations ... from other synagogues, outside of the New York area, or in the Greater New York area... People were wonderful, so I was able to give quite a bit of financial assistance (Rabbi G).

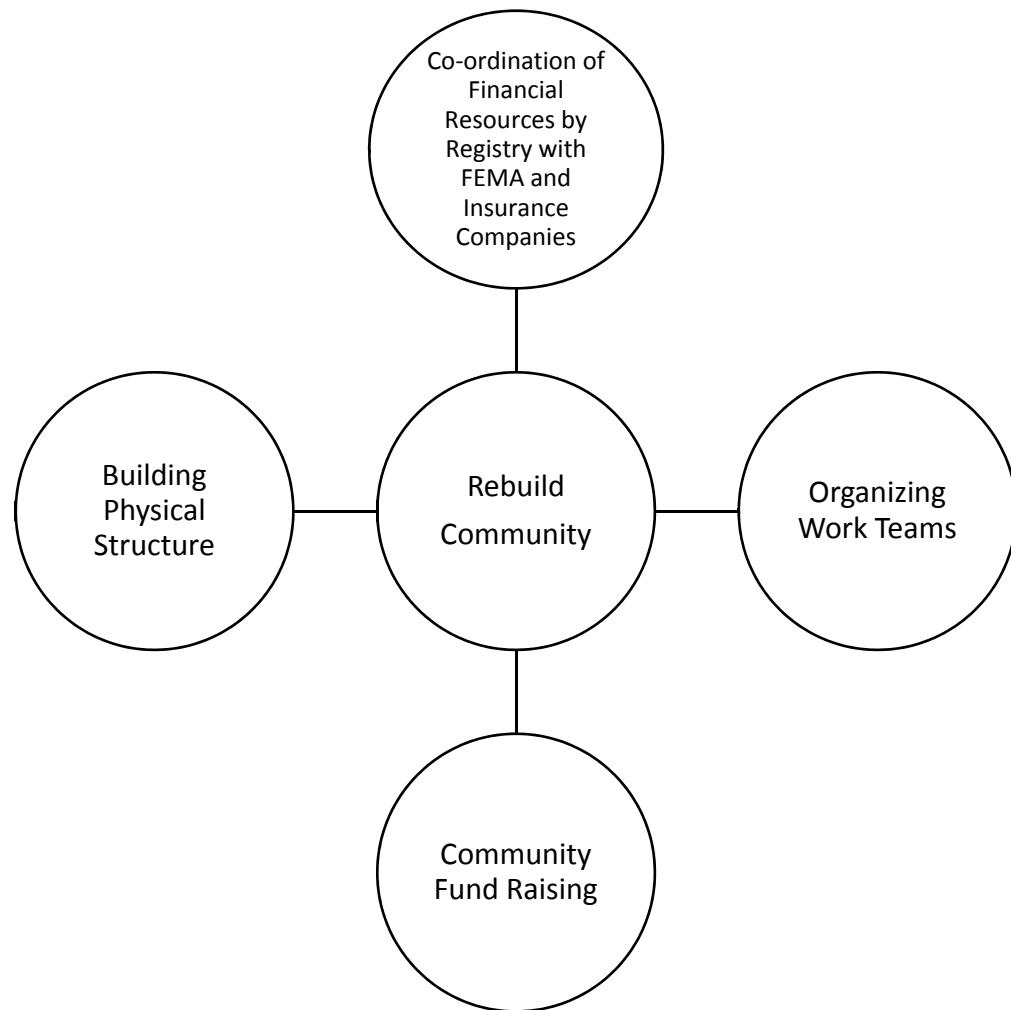


Figure 3.

Rebuilding the Community

Category 4: Universal brotherhood and sisterhood

All faith leaders who participated in this study agreed that universal brotherhood and sisterhood was the guiding and practicing principle in their care for older adults, as well as for the community. According to Pastor D, community is a broad concept: “And so the community ... not only was taking care of our immediate ... Lutheran church community, but we

recognized that community was broader. So we were always looking for ways to reach out and to continue to reach out”.

Pastor D stated that during Hurricane Sandy the church door was open so that those who did not evacuate could come in. People from all over the country and abroad were coming to help and all were hosted and housed. The evangelical Lutheran church of America, churches in Namibia, Canada, Tanzania, and the Lutheran World Federation sent delegates and helped the community.

So they actually came to visit us to walk through our rehab center or our distribution center to talk to us about our experiences, to pray with us. So that was really an incredible experience. To recognize how connected we are, to really recognize those connections that go ... that go way beyond where we think sometimes. To recognize that we have sisters and brothers all around the globe who are praying and are connected in that way.... That everyone has something to give (Pastor D).

Pastor D pointed out that all the different congregations (Lutheran, Presbyterian, Jewish, Catholic) and local officials, the town, and city officials joined together to provide services to people. A connection of universal brotherhood and sisterhood was seen throughout the caring process. She said that member of a youth group from another state wrote, "We took time to pray for you today. We just wanted you to know we were praying for you." Noting that all the teens signed the letter "We have never met you, but we love you," made her congregation feel that they were not alone.

Four concepts were identified in the category of universal brotherhood and sisterhood:

1. Caring for each other and coexistence
2. Connections far and wide and volunteerism

3. Interfaith connections

4. Trusting relationships

Concept 1: Caring for each other and coexistence

Caring for each other, even in the midst of suffering and damage for their own property, was noted by many of the faith-based leaders. Volunteers saw the concept of universal brotherhood and sisterhood as part of the substance of their personality and participated in volunteer work in the hurricane-affected areas.

Pastor D indicated that those whose homes were not affected welcomed older adults into their homes and cared for them. Pastor D stated:

So we had one family that welcomed numerous people into their home ... who stayed there for quite some time including families with younger children... We had one family in Rockville Centre who didn't lose power ... and they opened their home up to everyone to come and do laundry, to come plug in phones, to do things of that nature. Not only were we taking care of our immediate ... church community, but we recognized that community was broader. So we were always looking for ways to reach out and to continue to reach out (Pastor D).

For Rabbi G, caring for each other was the way to go forward. The JCC had social workers who helped the community and the older adults. He said:

[Jewish people from the Five Towns] drove around the neighborhood and just picked people up and took them home, older people they picked them up and they took them home, which was, sort of amazing.... I know members who took in other members of the congregation... I had 11 people sleeping in my house at one point ... people genuinely reached out to one another... people tried to help one another (Rabbi G).

For Monsignor Joe, organizing care was very important, especially for older adults. He stated:

Supplies ... started coming in from across the country. People would bring truckloads of things. We had a lot of things and we began to disburse them to other parts of Long Island, especially down the ocean side down to Long Beach to help.... So it became a whole community event. I think the thing that was most important was that no one group tried to do it all by themselves. Everybody realized you had to work together and you set up a site and where everyone would work out of that one site, so everybody knew what everybody else was doing. It was a whole community effort. And the important thing was that the parish, the fire department, the sanitation department were all on the same page. We all were working together.... So they were helping their neighbors even though they were going through the difficult time of not having heat, not having power; they had a house, they had shelter; they did have food and so they were, bringing things down to help them (Monsignor Joe).

He emphasized that people provided selfless care, helping others even when they were going through difficult times.

For Rev. Samuel, caring for each other in a natural disaster is the basic principle for the coexistence of humanity. He stated that “a situation like this, it brings out the best in people so it’s not like you have to go out and rally them.... They came and people brought clothing, people brought in many cases there was more than we could actually cope with.”

The community reached out to older residents as well as younger residents irrespective of religious faith or orientation. They cared only about helping human life. For Rabbi 10, co-

existence and selfless care were important principles in a natural disaster. His own house was destroyed and his family had to move in with another family. He stated:

Once we had some electricity, somebody gave me their summer apartment and I basically lived there with my family.... We set up a hotline.... So we had a hotline, we had e-mail; we had people who started cleaning up, we had people coming by buses and by cars and volunteering with mops and brooms and all their equipment. And they were helping literally, in some homes they would take everything out of the basement, everything out of the first floor and put it outside. So it was a big job.

(Rabbi 10)

Reverend Julian noticed that reaching out to people, encouraging them and providing hope by praying with them, were the only things they could do in the initial phase of the disaster: “And it was such a disaster ... we just reached out and just tried to help as many people that we could that were in need of our help. And checking and praying for them, and contacting them and encouraging them that we can make it together.”

Father Anthony noted the selfless care within the community.

One of the things that was amazing was a lot of people who were in need themselves came here and started helping distributing food and clothing ... I remarked to a couple of people who were volunteering, that's great that your homes weren't hurt since you're here. Oh, no, I lost my car, I lost my home. But still they came to help other people. And meeting with other people.... Some of the volunteers... found places for [the Hurricane Sandy victims] as well (Father Anthony).

Rabbi Machi stated that people cared for each other even in the midst of the disaster. Those who had gas stoves cooked meals and served others. “What we also did actually, we were able to [take care of people] either in their homes ... in those houses that did not get ruined by water. What they did was, they had a gas kitchen and we prepared meals there and we took them to people in the community. And again, it was amazing to see what a chicken can do in a time like that.”

Bishop Jake cared for his people with a faith-blind open door policy. He stated, “They may come in, yes, and used our sanctuary. And we gave food and clothing. And I have members who live in the area that were affected by Sandy.”

Concept 2: Connections far and wide and volunteerism

Another concept noted under universal brotherhood and sisterhood is that of connections far and wide and volunteerism. Most of the faith leaders called for help from their parent organizations, which helped with money, manpower, and psychological support. The leaders of the parent organizations visited and walked with those affected by the hurricane.

Pastor D stated:

God calls us to be our brothers’ and sisters’ keeper. ... God calls us to love one another, and ... love is a verb. It's an active thing and we in the Lutheran Church have a theology, called the Theology of the Cross that God, you find God in the place that you would least expect to find God. So no one would expect to find God in the cross. So in those places of suffering and in those places of struggle we very much believe that God is there, and if God is there we should probably be there too (Pastor D).

Pastor Caring led the volunteer work in his congregation. “Volunteers came from our parishes and other faiths to do volunteer work, help in demolition, and specifically assist older adults.” For Monsignor Ignatius, the primary concern was safety. He collaborated with local government agencies and volunteer organizations, including the Tower to Tunnel volunteer group.

They set themselves up in the parking lot on the other side of the school, and one of the initial things they did was walk through the entire neighborhood going house to house ... to make sure that people were safe, that there was nobody injured in the house or left alone in the home.... After it was established that everyone was all right, then they began to go and see what the needs were of people. Two-by-two they again walked through the entire community trying to see if there were immediate needs, housing needs whatever they could take care of. So that was probably the primary thing that was done, and they stayed here several months.... Here is a very strong sense of community ...so a lot of the younger middle-age residents specifically reached out to older residents ... to do some of the things that they could not do [alone]. And then ... this group from Tunnel to Towers ... stayed here for months. They were able to specifically look for older residents who weren't able to do any of their repair work themselves and help with that (Monsignor Ignatius).

Reverend Samuel also collaborated with local and parent organizations. The Methodist congregation set up recovery offices in multiple sites and collaborated with local interfaith councils. He stated:

And in this one moment we had work teams. Some of them were from churches, Methodist churches in Connecticut and other places. They came down and brought

teams, particularly of youth to help. And there were also members of my own church that were involved.... Now this is at church level. Now the broader level, my denomination set up disaster recovery offices. There was one in Brooklyn, one in Rockville Centre, there was one in Freeport. And this was staffed by pastors and laity out of our New York Annual Conference of the United Methodist Church. And we were coordinating with teams from all over the country who were sending groups in here to do the similar type of work that we were doing here locally. The Oceanside Interfaith Council also worked together to identify people that needed help and the good thing about that 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 (Rev. Samuel).

For Monsignor Joe, with his large congregation, coordination was needed. Help was available to him from local as well as government agencies and nationwide. Catholic Charities and other churches helped the community and families. He said,

It became a whole community event. I think the thing that was most important was that no one group tried to do it all by themselves. Everybody realized you had to work together. You set up a site where everyone would work out of that one site, so everybody knew what everybody else was doing. Then we also had people from around the country that heard of what happened and they were sending monetary funds (Monsignor Joe).

The work for Rabbi G was similar. With 80% of his congregation affected, people came from far and wide to help.

So we are a Conservative synagogue and the leadership of this region contacted me and sent out word into other areas. So within 24 hours people started sending clothing and toiletries and all types of things... United Jewish Appeal ... contacted me fairly early on also, and they had an initial, grant so we had some extra money to give people. There was one group; from the Midwest, which was a Jewish organization... That has helped a number of families in our community.... So the other group that we had working in our community, of course is the Jewish Community Center ... people genuinely reached out to one another ... people tried to help one another (Rabbi G).

Father Anthony also stated that people from all over the country helped. The parish outreach had some supplies, but food and supplies came from “far and wide.” He said, “Luckily within 2 or 3 days we started getting supplies from Catholic Charities and from people from all around the country drove in.” Help came from all over for Pastor C, who stated that his “brothers and sisters in faith” did things he would not have been able to do all by himself:

We opened [the church] for everybody. We started giving some food, water to the people and then other people came out, other trucks came out ... and let me know they want to help so I told them come in.... Even myself, I slept over here in the church 11 days. Other people came from another state and they stayed over here. I let them stay here to sleep and they used to go out and work outside... We had a shower inside the church ... we had water and we were okay (Pastor C).

Rabbi 10 noted that the whole community was helping each other. The Jewish community from all over the country sent help for them. Many sent generators and they had

some light and were able to do prayer services.

For the first 2 weeks there was no electricity. However, we were able to get generators. And we had some communities bring us generators so in the synagogue we had a generator and we were able to get a little bit of light and even on the first week we had the Sabbath services, it was pitch-black outside but we were organized, somebody from upstate brought huge amounts of food for the Sabbath for people to take and collect, chicken and bread and all this type of stuff... and we had Jewish groups from Baltimore, was sending generators to Far Rockaway and the five towns into Long Beach and we were able to get hold of them and we were able to get a little bit of light. It wasn't for each house, it was more just for the synagogue itself to be able to operate ... people came from Manhattan, people came from New Jersey and everybody gave what they were able to do. People donating flashlights, people donating toothpaste, people donating diapers, people giving ... kids equipment for school and it was a big operation and for a whole year we were really focused very much (Rabbi 10).

Revered Mark stated that Hurricane Sandy had its unique problems. People did not realize that it would be so devastating and many did not take precautions. Many houses were ruined and needed lots of help to rebuild. He organized teams of volunteers from all over the country.

We had teams come from all over the United States to stay with us to help out. So the staff comprised of the... we had a manager, we had a construction manager who helped with construction; we had a case worker manager, we had a housing manager, which was myself, to arrange for housing. We still have teams coming in. We have

them coming in ... stay with stay with us ... we had people from as far away as California come; we had people from Stanford University that came ... Georgia, Pennsylvania, all over the United States ... upstate New York, of course, Louisiana (Reverend Mark).

Category 3: Interfaith connections (interreligious prayer service and healing service)

Physical and emotional disequilibrium can occur in any disaster. Those people who are affected by natural disasters can get angry toward God and nature. Pastor Caring stated that “whenever there is a tragedy, people tend to question God.” All the faith leaders agreed that in tragedies such as Hurricane Sandy, there is a need for faith leaders to reassure the community and provide hope and uplift. Pastor Caring stated: “Well, the reason why my presence made a difference is because of course whenever there is a tragedy, you question God. As to why you were affected.... And it was to reassure them that the tragedy of was not aimed at them, that natural tragedies do happen, but that we have hope that God will see us through.”

For Rabbi G, prayer services were important to give hope and consolation and healing. After the daily prayer service, people could get together and share their sorrows and console each other. “Well, we have prayer services every day ... twice a day, every morning and every evening.... So our synagogue was always open for prayer.”

For Monsignor Ignatius, opening the doors of the church to all was part of the emergency plan. He stated that even before the storm there were strong interfaith connections and they had interfaith prayer services.

One of the interesting things that we were able to do, and this was, maybe 6 or 7 months after the storm, the Interfaith leaders ... Muslim, Hindu, Christian, and Jewish leaders went to five different parts of this island, the fire department took us, and held

a short prayer and healing service, an interfaith service... in those five different areas [in Long Island] so that people could ... come and pray and reflect together.... It was only for about 15, 20 minutes, and then we moved to the next area. And, as I say, we did it in five different places. But I think people found that a very healing thing that we were able to do that... That presence in the community is perhaps the most important thing. That people can sense that. One man said that God had not abandoned them because he could see the presence of the religious institutions and the religious leaders. A second thing I would say is that the religious leaders of different faiths so very much together with this. We were working together. It became a sign for the whole community, that ... the religious differences didn't mean anything, but that people could all work together (Monsignor Ignatius).

For Pastor D, healing services within the church and interfaith services were so important that she opened the doors of the church the day of Hurricane Sandy so that anybody could come in. The faith leaders made interfaith connections so that people could have services in the different facilities. Pastor D stated:

Because the Presbyterian Church down the road, they had heat. So we said great... take what you need, here's some food, here's this and that.... If you need a place to just be warm, if you need to recharge your phone go to the Presbyterian Church right down the street. They'll be able to provide that. But they didn't have the space to house some of the stuff that we could do (Pastor D).

Reverend Julian stated that their church was open to all for prayer services: "Yes, whoever wanted to come. It was no one in particular; anyone could come. 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 and going.”

As a Catholic priest, Father Anthony said that continuing Holy Mass was very important. His church was not destroyed so they were able to offer Holy Mass for the community and do interfaith prayer services. Reverend Mark realized that one of the most important components in a natural disaster is spiritual help. Prayer was important to provide hope, consolation, and a mindset to accept care. For older adults and the elderly, whose lifelong possessions were shattered, holding to their faith was very important. He stated:

And one of the components of this was spiritual ... emotional support. I went along with the team. We asked “Would you like us to pray with you?” Now, not everybody is motivated that way.... You would engage the person in conversation (Rev. Mark).

Concept 4: Trusting relationships

Another concept identified within the category of universal brotherhood is trust relationships between the different faith communities and strengthening existing trust relations with faith leaders and congregations. These trust relationships are unique as people put their trust in faith leaders, irrespective of their religious or faith orientation.

Reverend Samuel, whose congregation had more of an aging population, went out a couple of times every day to make sure that people were safe. He stated, “Religious facilities are places where people can feel safe; they can trust the people that are there.” For Monsignor Ignatius, a trusting place to stay was important. He opened the church door for all, irrespective of religious orientation, and people started coming in. People trusted the church as a shelter, as a safe haven. Monsignor Ignatius stated that they opened the gymnasium in the Catholic school as a place for people “to be able to gather to start the very initial process of recovery.”

For Pastor D, trusting relationships within her congregation were important. People knew each other and a trusting relationship was in place so they knew where to come. She stated that “in disastrous situations, churches are uniquely set up for that because that is what we practice. And I think disaster situations here in the U.S. or around the world, if you look so often where grounds are being made, in those houses of worship because they already have those networks and communities set up.... People already knew us. They trusted us.”

For Monsignor Joe, trusting relationships were the key in all his actions and efforts. He coordinated his actions for the whole community, especially for older adults who were shut in and trapped. People were brought to the church and later moved elsewhere. He stated that “in a natural disaster, the community tends to go to their faith-based leaders and faith-based communities than go to a different shelter. . . . I think they trust us more and the feeling of safety.”

According to Rabbi G, the synagogue was the home where the congregation felt safe. People said that they were “really grateful that we did as much as we did.” For Pastor Caring, his presence was the essence of trust and it provided hope. Father Anthony stated that people trusted the congregation and came to church with all their needs, and many people stayed after the Holy Mass and helped others. People came throughout the day to the church with all their needs. Older adults and the elderly were checked out by Eucharistic ministers, and young adults helped ensure that the elderly had food, clothing, and shelter and were safe.

We saw parishioners who came to mass in the morning and then came right over here from mass and asked what they could do and we had a group of women who sort of rolled the clothes out by size and gender in the auditorium. When people needed clothes, they were just asked the size and gender and age and directed to a place in the

auditorium where they could get what they needed. And so we had a real flow of people all day long for a couple of weeks. The first couple of weeks until electricity was restored.... Well, people expect to be treated with care ... so they came here expecting and hoping that we would help them and we did. And the word got out very quickly that we were open. People initially came because they expect the church to be there for them and we were (Father Anthony).

Pastor C noted that all around, places were under water, but his church was saved. Therefore, he invited everyone to come inside and all came, young, old, and elderly, irrespective of their religious faith. He stated: "Yes ... definitely safe. We helped a lot of people. There used to be a line outside. People were receiving all kinds of food ... clothes. We give them everything... to the community."

Rabbi 10 stated that a trusting relationship is one of the bases of his congregational relationships. Trust between the Rabbi and congregation is essential at all times, but especially during a natural disaster where his presence was very important. Bishop Jake also spoke about the trust between the faith leader and the community, stating that for community-dwelling older adults and the elderly, their faith congregation and worship place are like their home. He said: "I would think people feel much safer in a house of worship ... the trust, the trust of the community, they trust you ... everyone is welcome to come and be a part of it. And I do think people feel better in a house of worship that is open".

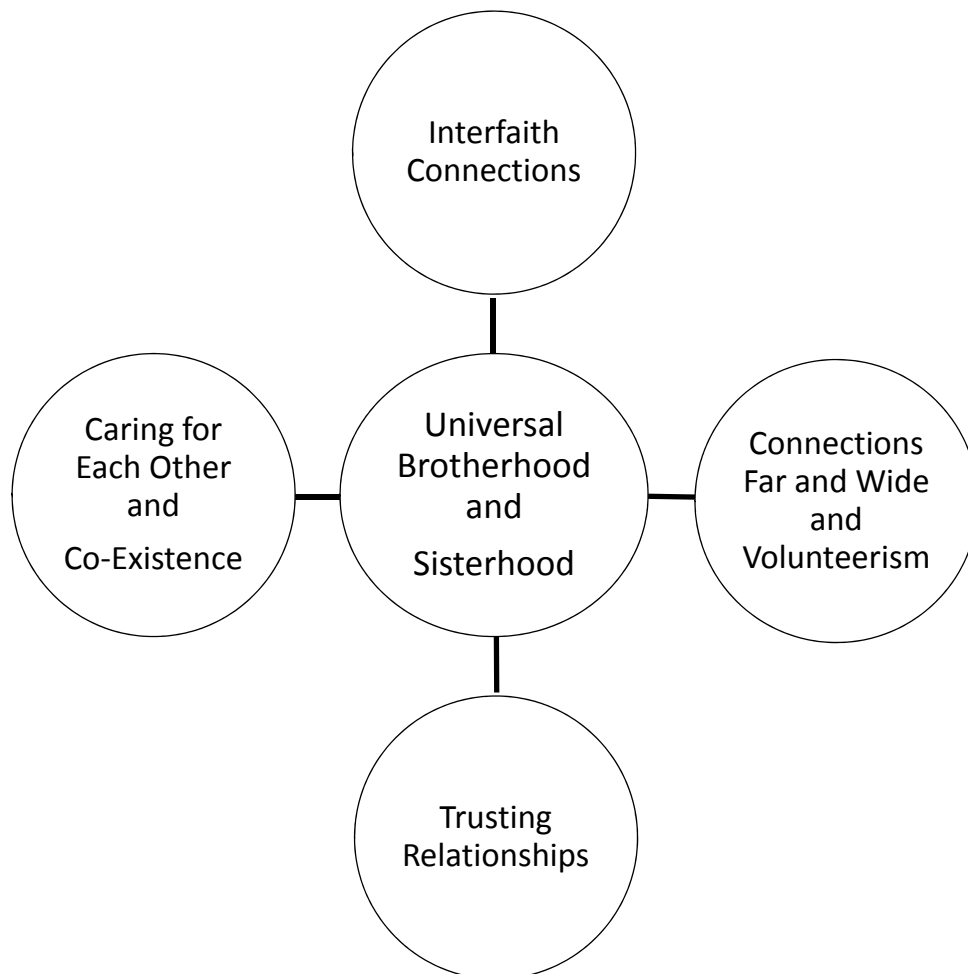


Figure 4.

Universal Brotherhood and Sisterhood

Category 5: Faith-blind care (core concept)

All the faith leaders in this research study identified faith-blind care as a basis of their approach. Faith-blind care is defined as caring for a person or a community irrespective of

religious orientation or belief system. During a natural disaster all those affected by the disaster are in the same situation. But while younger and older adults are affected in the same way in terms of destruction, younger adults can bounce back easily while older adults become devastated, secondary to the loss of their possessions, and usually do not have the time to rebuild. Moreover, older adults may be deteriorating in their health, or their life partner may be sick or deceased. Children may have moved away and they may be living alone. These factors make older members in the community a vulnerable population who need more care, compassion, and encouragement in a natural disaster. Providing hope and encouragement are essential for their recovery.

Older adults may belong to some form of faith-based organization that serves as their spiritual home. This makes it very important that faith leaders identify the community-dwelling older adults during a natural disaster.

According to Rev. Samuel, faith-blind care involves caring for anyone who needs help, anybody who has difficulty, anybody who is suffering, 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.”

According to Monsignor Joe, 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 stated:

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 stated 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."

For Pastor D, it didn't matter whether a person was a Christian:

It was whoever came down the street, whoever we found who was in need ... in those beginning days, we were just really scrambling because, if you remember all the phones were down ... so we were just working with whatever we had, as time progressed we started connecting with other houses of worship and other community organizations. And so the ... community, really not only were we taking care of our immediate ... community, but we recognized that community was broader. So we were always looking for ways to reach out and to continue to reach out (Pastor D).

The concepts included in this category are:

1. Open door policy
2. Meeting basic needs and food distribution (resource center)
2. Interfaith collaboration
3. Loving kindness and compassion

Concept 1: 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.

Pastor D stated that on the first Sunday after Hurricane Sandy, “we had our doors open the first day. We had our doors opened actually during Hurricane Sandy. If anybody [who] didn't evacuate found themselves in need of evacuating, we had this space open for anyone because ... we're higher up...we don't tend to be in a flood zone.” 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).

Rabbi G pointed out that even when houses were not flooded in his community, there was no electricity for 2 weeks, but, he stated, “We had our house opened, we let the word out that anyone who needed a place to come, we didn't have electricity, but I have a gas stove. So we had food, hot food up all the time.” Rabbi G made his own house available at all times for people who needed to take shower. He set up a warming center and stated, “So we were able to help people ... it is things as simple as people coming over to take a shower.”

For Monsignor Ignatius, faith-blind care and open door policy were so important that as soon as Hurricane Sandy hit, they opened the doors of the church for all. “People started gathering, and we were able to, have the church open.”

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. He stated:

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).

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).

Father Anthony stated it did not matter whether a person is a Catholic or any religious orientation. Anyone who needed help was taken care of. He told how one of the first few people who came to his church to help the community was a Jewish young adult.

When people came in and said they needed something we just gave it to them. There was no bureaucracy of forms to fill out or any questions ... our whole preaching and our whole belief system is geared toward helping the poor ... to people in need. So that's our number one priority, so clearly when something like that happens that's what we're here for (Father Anthony).

Pastor C followed faith-blind care in all his actions. He opened the door for all and welcomed those who came to help from different communities. He stated, “I wanted to use the church as a place to help people. So we opened the church ... we helped people from the church...everybody...”

Reverend Julian was amazed how all religions and different faith leaders came together to help each other. He provided his church for worship for all and stated:

It was quite an adventure to see these things happen and see us come together ... we were able to come together regardless of different religions we were able to come together and work together.... So our church doors were open to anyone. Anyone that wanted to come, they could go in... (Reverend Julian).

Reverend Mark organized his congregational help in terms of an open door policy and faith-blind care.

If someone called we went. If we knew someone that needed help we went and while we were in the neighborhood we would see if there was anybody else and it was just everybody needed something.... This was not limited to any one denomination nor was it limited to church people. There was a need in the community and we went out into the community. There were no questions asked.... And that went on for a good year.... Where it was needed that's where we went (Reverend Mark).

For Bishop Jake, an open door policy was part of the church's principles in everyday life. He opened the door for everyone, irrespective of religion.

Where there is a need for mission assistance, we do that continuously, not only during the time of national disasters, we're open 7 days a week. And many persons come in with situations and we do mission work to help them... Sandy, yes, we were open for

them and we have never closed help to anyone who comes here.... As I said, we are cosmopolitan and anyone can come and be helped here.... We are here to heal and to help. We are here to help humanity. Humanity is just humanity to us irrespective of race, sex, color, ethnicity (Bishop Jake).

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 Maj stated:

We announced that this Mosque will be a camp [for the people affected by the hurricane]. So this portion, this main hall, was for prayer, but the downstairs was a camp. And upstairs was for the sisters and the downstairs was for the brothers. So this Mosque was transformed ... or was changed into a camp ... anyone who comes at the gate, there was a table over here and people could get whatever they needed. We had also offered to the people who could not have a bath, to take a bath, because at home they did not have the electricity and they did not have hot water. So we offered that they could use the Mosque bathroom” (Imam Maj).

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, backpacks, and food.”

Concept 2: Meeting basic needs and food distribution (resource center)

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 safety and resource

shelter. The physical needs of the people were met irrespective of 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 assisted people to file for claims from FEMA and insurance agencies.

According to Monsignor Ignatius his parish became a distribution center. Many parishes that were not affected sent food and clothing and it was distributed to anyone who came for help. He stated, “The National Guard, which brought in food packets ... and to the church and other religious institutions. Our own parish that became one of the main distribution centers for that food.” He added: “And then supplies started coming in from across the country...people would bring truckloads of things. So we had a lot of things. And we began to disburse them to other parts of Long Island, especially down the ocean side down to Long Beach to help.”

According to Monsignor Joe, it was important to not only meet physical needs but also psychological care and emotional support. He stated: “Psychologically, many of them were in shock [older adults]... 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.

Pastor D’s church also became a resource center. She stated: “We 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.”

For Rabbi G, the synagogue became a distribution center and his house became a shelter for many. Many people in the community provided houses for members of the

congregation. There was an influx of food and clothing into the synagogue and people could take whatever they needed. He stated:

People were coming from neighboring communities, non-Jews.... I think that if there is one thing that characterizes the Jewish community it's the sense of community that we have... we have responsibility, we're responsible for one another (Rabbi G).

Father Anthony and his team organized food distribution for all who came to the church throughout the day. He stated: "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 were coming through here all day long."

Pastor C's church, which was not flooded, helped the whole community. He said: "We helped a lot of people...I have a friend who had a cooking truck, he had the truck outside and he began to cook meals in the truck and give hot meals to the people."

For Rabbi 10, to provide kosher food to his community was one of the most important aspects of care, since most of his congregation used only kosher food. He stated: "So we had restaurants from all around New York supplying in, one of the synagogue that wasn't affected, we used to provide food for them every night. We had dinner for them; we had lunch for them; we had to." Rabbi Machi told about preparing meals and bringing them to people in the community. Reverend Mark stated: "If somebody came in and needed canned goods or something like that, we would give them some food. We did get contributions of food and we gave... to people."

Imam Maj stated:

And I saw the people over here who were affected, and we had a lot of groceries that were purchased and then issued to the people. And what was more relevant was that people had their own arrangements. They used the premises of the Mosque during the day time. And from the restaurants we had sandwiches and eggs and coffee. And we distributed to those people who were standing in the queue. I remember that...we made packages... the package had lentils, it had rice, bread, cooking oil ... sugar, salt, and things that usually people need. We had made the packets and distributed it, and it was displayed outside that anyone who is affected ... Muslim, non-Muslim, Hindu, [anyone] ... So anyone who is in need ... can pick up the packet. ... And there were some families who were here who used the premises of the Mosque to distribute food, to cook food they brought. And then they distributed to the people who otherwise could not cook at home because of absence of gas, absence of electricity, and water (Imam Maj).

Imam 16 stated, “We did a lot of relief programs ... The Muslim community helped to rebuild houses and all who came, got food and supplies.... Muslim brothers came and helped the congregation. Volunteers, youths, and everyone helped each other in every task possible.”

Concept 3: 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 council 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 community was helped and rebuilt.

According to Rev. Samuel, the Oceanside Interfaith Council worked together to identify people who needed help irrespective of their religious orientation (faith-blind). They provided care to the needy. He said: “We worked with St. Anthony's [Church], taking food to them, using them as sort of a distribution point.”

According to Monsignor Joe, collaboration between different faith communities and government agencies was important to deal with the disaster-affected community. He stated that the Catholic Charities organization was very helpful: “The people [affected by the hurricane] would come up here. They'd be interviewed and fill out all the paperwork. Then we'd send it into Rockville Centre Catholic Charities. They assessed everything and then began issuing checks to people.”

According to Monsignor Ignatius, 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 Pastor D, interfaith collaboration was very important for building the community. She stated that “we started connecting with other houses of worship and other community organizations. We actually hosted a couple of meetings here to try to coordinate how we were going to be doing this outreach and to be able to figure out how to do it in the most effective ways.” Interfaith collaboration was also important for Rabbi G. He said “Through our

Interfaith Council we were talking to one another. We were sort of connected with one another and continued to do that over the next year in terms of working together” (Rabbi G).

Reverend Julian stated that interfaith collaboration was important to rebuild the community:

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).

Rabbi 10 was instrumental in helping his community rebuild again. He contacted different Jewish organizations and many Jewish organizations contacted him to help older adults and the entire community. He stated:

So the first few days was really just making sure that everybody was safe, making sure everybody had food to eat, clothing, shelter and working with all the authorities and all the other synagogues and churches and all the other groups to facilitate and make sure everybody was okay (Rabbi 10).

For Father Anthony, interfaith collaboration was always part of his church activities, and it was easy for him to coordinate: “We are part of the Interfaith Council. Later on, weeks later, we had a meeting, we were sharing ideas and projects of what we were doing, but we do that year round.” For Bishop Jake, interfaith collaboration is also part of the everyday experience. It reached its maximum 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”.

For Rev. Mark and his team, interfaith collaboration was also important. He worked with Catholic Charities and his parent religious community. Rev. Mark stated:

We have coalition with the Presbyterian Church and we are still working with the Presbyterian Church.... We had a coalition team made up of Methodist and Presbyterian members. We still do and they donate one Saturday a month. Earlier it was more than that but now it's one Saturday every month to go out and work on a house because there is still help needed (Reverend Mark).

Imam Maj stated that he was part of the Interfaith Council and worked with other faith institutions and clergy through the Long Island Church Council and as members of the Bay Shore Clergy. Imam 16 is also part of the interfaith program. He said: “We have interfaith program, we are in contact with churches and synagogues, and in any calamity we are willing to help ... We help each other and it is our faith. We do it... It did not matter what religion they came from.”

Concept 4: Loving kindness and compassion

Loving kindness and compassion were the essence of the care that faith-based leaders provided for the community, especially 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.

According to Monsignor Joe, loving kindness and compassion were guiding principles in his care. He stated that all need loving kindness and compassion and told how people provided compassionate and selfless care, even when they themselves were affected. He said:

And for us, three quarters of the fire department are parishioners. So it also helps, remember, the fire department is all volunteer also. And so, some of these guys, their own homes were going under water and they were still working with the rest of the community. So they had a great deal of sacrifice. They had to go about this without just thinking about themselves but thinking about the whole community. So their faith, I think, is very important that we realize that in the site of their own problems they could see that it was not just about them, it was about the broader community and they assisted others even when they themselves were being adversely affected by the storms. You can't really say enough about a lot of response to Sandy that came from local residents who volunteered (Monsignor Joe).

For Pastor C, loving kindness and compassion were in every step of his care. He stated: For 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 older people ... [from their homes]. The families came to pick them up.... It was very hard for them. It was very hard for the church and the community, very hard. I had a member that passed away because we moved her from here.... When we went to her house to the apartment, the water got almost into her bed, almost, she was lying down in bed and the water went in the mattress; it was wet. Everything inside the house, the apartment, it was terrible.... So we had to go in my car and pull her out from bed. And then we went to the city hall and they had boats there, we put her on a boat, they took her to the family, sent her to Connecticut and she passed away over there (Pastor C).

Father Anthony stated: "Our whole preaching and our whole belief system are geared

toward helping the poor, to people in need. So that's our number one priority, so clearly when something like that happens that's what we're here for.” For Bishop Jake, loving kindness and compassion are his mission, not only during a disaster but all through his mission program. For Rabbi Machi, loving kindness and compassion were present in all his activities:

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. Nobody had to explain to me how it is to lose the car because I lost mine (Rabbi Machi).

Rev. Mark had an organized plan of compassionate care for hurricane victims. United Methodist Committee on Relief (UMCOR) gave classes to first responders with compassion and kindness built in. He stated: “So basically what we were told when we took this course was first and foremost, we need to show up; we need to be there for people. We may be able to help them a lot, we may be able to help them just a little bit, it may be beyond the scope of what we can do but we are to show them that people care, that we are there to help in whatever way we can.”

Loving kindness and compassion for people were an important principle for faith leaders during the hurricane. The Muslim community under Imam Maj implemented a new plan during the hurricane... offered by a Muslim sister to help the community. Each household that wanted to participate in this program had to make packages that included food and necessary items that are needed in a disaster. Each went to 10 houses to their left and 10 houses to their right and thus helped the whole community, guided by loving kindness and compassion. Imam Maj said:

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).

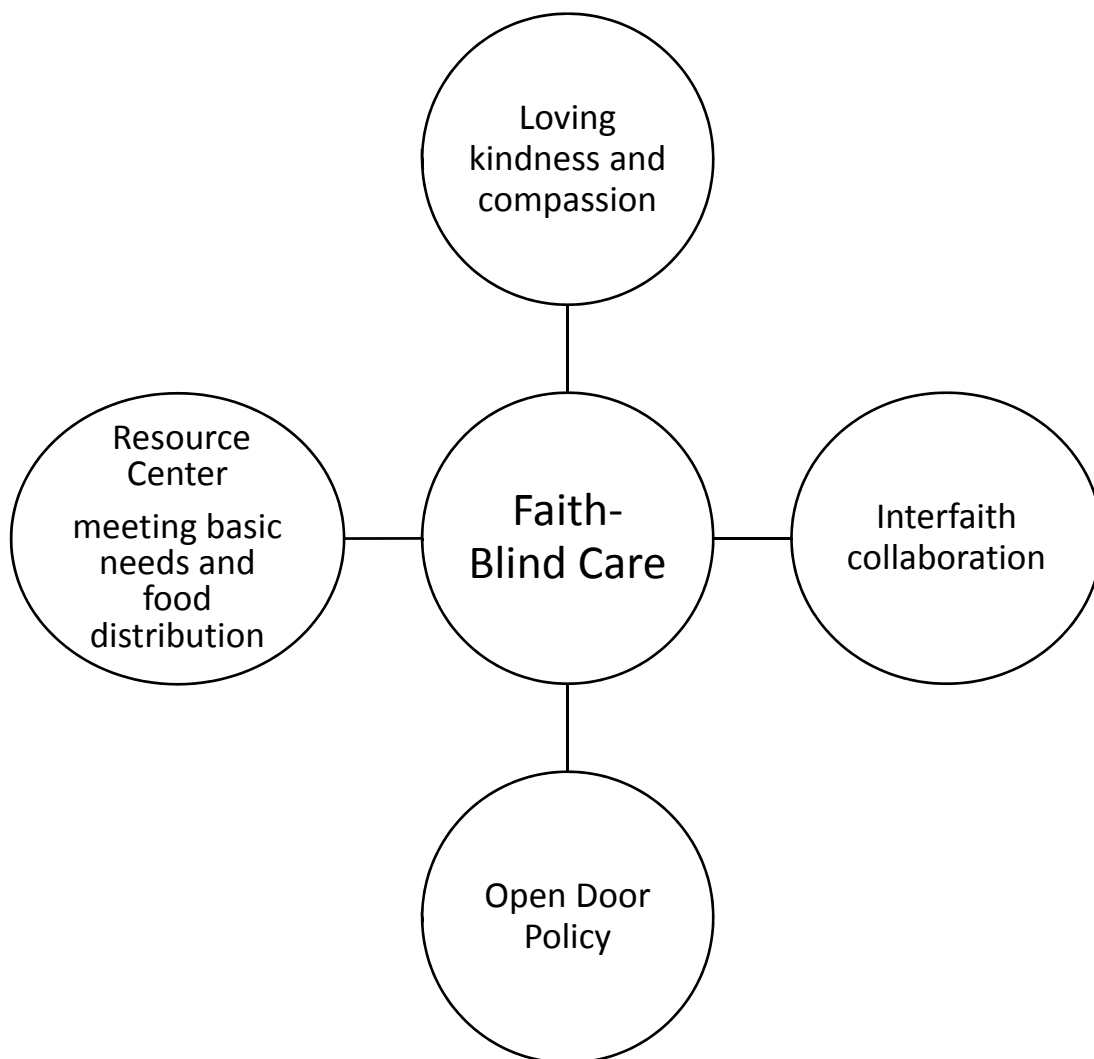


Figure 5.

Faith-blind Care

The Theory Of “Faith-blind Care” In A Natural Disaster: Summary

This chapter identified the process of how faith leaders cared for community-dwelling older adults and the community in a natural disaster. Their approach to caring for older adults and the community was intermingled, and it was difficult to differentiate between the two, but faith leaders provided special care and attention to older adults. The basic psychosocial problem identified by the faith leaders for older adults was disempowerment, which took the form of depression, feelings of abandonment, loss of hope, and deterioration in physical health. Many older adults developed health hazard behaviors. For example, they remained shut-in during the storm and they exhibited hoarding behaviors. The way faith leaders tried to solve these problems was by the social process of “FAITH-BLIND CARE” provided to the older adults as well as to the community.

Multiple social processes led to the theory of “FAITH-BLIND CARE.” The faith leaders participating in this research identified that providing presence to older adults and to their congregants as well as other communities constituted the basic process needed in a natural disaster. Contacting the community to make sure that all were safe was the initial step that all the faith leaders wanted to achieve during the hurricane.

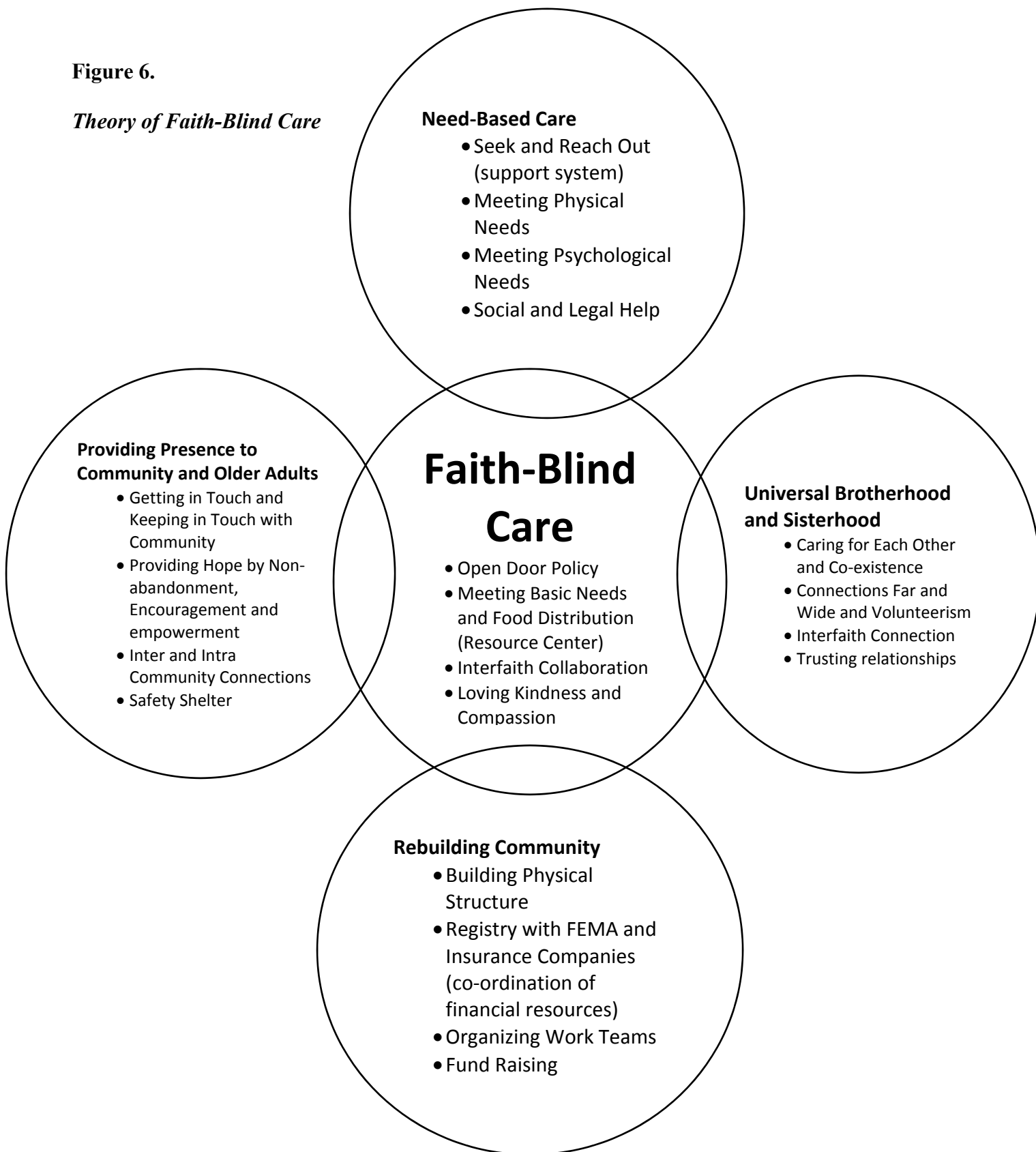
In order to provide their presence and to have contact with the families affected by the hurricane, the faith leaders used the strategy of getting in touch with the community, especially with older adults. Monitoring the well-being of older adults by keeping in touch with them was also a priority. Faith leaders provided a safely 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. They achieved this by creating intra- and intercommunity coordination and connection with interfaith councils and other nongovernmental as well as

governmental organizations. Faith leaders provided hope by non-abandonment, encouragement, and empowerment to the community, especially older adults.

Based on data obtained from the interviews and by constant comparative analysis it was recognized that need-based care was given to the community and older adults. Physical, psychological, spiritual, emotional, social and legal needs were met by following the principle of “seek and reach out.” Together with need-based care, the faith leaders were instrumental in rebuilding the community. Special attention was given to older adults. Rebuilding physical structures was considered one of the most difficult tasks. Faith leaders, together with other governmental and charity organizations, raised funds and organized work teams to help the community, especially older adults, rebuild their homes. Faith leaders organized volunteer groups to fill out FEMA and other insurance forms.

Providing presence and contacting the community, providing need-based care and rebuilding the community were guided by the principle of universal brotherhood and sisterhood. Creating trusting relationships and nurturing existing relationships were part of the care provided for the community. Interreligious prayer services upheld the principle of universal brotherhood and sisterhood.

These theoretical constructs led to the theory of FAITH-BLIND CARE in a natural disaster, with special attention to community-dwelling older adults. During the data analysis, by the use of the constant comparative method, faith-blind care evolved as the core concept with four sub concepts: open door policy, interfaith collaboration, meeting basic needs, and becoming a resource center. The principle of loving kindness and compassion guided these concepts. Human relationship was all that mattered for the faith leaders in caring for the older adults and the community and they achieved it by providing FAITH-BLIND CARE.

Figure 6.***Theory of Faith-Blind Care***

Chapter 5: Discussion

Introduction

In grounded theory research, the literature review provides a basis for what is known about the phenomenon that is being studied. The initial literature review helps identify gaps in the literature and helps develop the research question for the proposed study. The purpose of this research was to understand, identify, explain, and describe how faith-based leaders cared for community-dwelling older adults (ages 50 and older) in a natural disaster, specifically, Hurricane Sandy. Using grounded theory methodology, as explained by Strauss and Corbin (1998), this theory was generated through systematic collection of data, data analysis using constant comparative analysis, and by developing categories and concepts that are associated with each category. A central category was identified that relates to all categories. The substantive theory emerged from data that were collected and analyzed.

In this chapter, methodological issues, limitations, study strengths, and major findings are discussed. Implications for nursing practice and nursing education are described, together with implications for community and faith-based organizations and policy making. A summary, together with the lessons learned and recommendations for future research are also explained in this chapter. Major findings are supported by the secondary literature reviewed.

Methodological Issues

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 original inclusion criteria included faith-based leaders who were in the Hurricane Sandy affected community for at least 6 months. However, one Methodist pastor who had served the community for only 3 months when Hurricane Sandy affected the area was included in the study. After discussion with the dissertation committee chairperson, it was determined that his contribution to the community, especially to older adults, was important for the purposes of the study. One Muslim religious leader did not want the interview to be audio-recorded; therefore, his interview had to be recorded by hand while he was talking. All other interviews were transcribed by transcriptionists, after a written signed copy of the confidentiality form was obtained. The audio-recorded interviews were transcribed by a transcription service. All transcribed interviews were sent to the dissertation committee chair for validation of the categories and concepts.

Limitations

Personal interviews were used to develop the data. This study was initiated 2 years following 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 socioeconomic backgrounds could be done in future. This study was done 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 give additional perspectives.

Study Strengths

The recollections of the faith leaders were very clear, and all the data they provided pointed toward the common goal of providing faith-blind care to the community and to older adults. All faith leaders provided presence to their congregants and to the community. The faith leaders cared for the whole community with special attention to older adults. This study utilized participants from varied faith orientations, which added to credibility of the data during analysis. Data saturation occurred when 10 interviews were completed and 6 more interviews were conducted for inclusion and delineation criteria. Although the study was about community-dwelling older adults, the rich descriptions of the data obtained provided a basis for how faith leaders cared not only for older adults but for the entire community.

Major Findings

The major findings in this study included the basic psychosocial problem identified from the data as DISEMPOWERMENT OF THE OLDER ADULTS and the core concept of FAITH-BLIND CARE provided by the faith-based leaders to community-dwelling older adults and the community as a whole during Hurricane Sandy. These findings are explained in conjunction with a secondary literature review.

Disempowerment of older adults

The basic psychosocial problem identified by the faith-based leaders among community-dwelling older adults was disempowerment. The factors that contributed to disempowerment were: (1) lack of physical strength, (2) mobility limitations, (3) fixed income (lack of financial resources), (4) uncertainty and fear, (5) health-related issues, (6) psychological issues, and (7) lack of technological skills. Many older adults did not want to leave their homes during the hurricane as they were afraid that they would be robbed. They chose to be shut-ins, despite the

dangers they were facing. These study findings are supported by the existing literature. Older adults are more vulnerable in a natural disaster than younger people (Pekovic et al., 2009).

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

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

Peters et al. (2014) studied the effects of natural disasters and myocardial infarction 6 years after Hurricane Katrina. Though this study was not specifically about older adults, the researchers found a threefold increase in the percentage of admission for myocardial infarction

during the 6-year period. The risk factors they identified included unemployment, substance abuse, psychiatric diseases, smoking, and hyperlipidemia. Lack of health insurance added to the likelihood of myocardial infarction. After Hurricane Sandy some older adults developed severe health problems including respiratory and cardiac problems and needed to be hospitalized. Older adults are more affected than younger individuals because of deteriorating health conditions, limited financial resources, and lack of communication tools. Many older adults require electricity for healthcare accessories; power failures in natural disasters are a major concern.

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

Core category: Faith-blind care

For the faith-based leaders interviewed for this study, human relationships during Hurricane Sandy were all that mattered; religion or faith differences did not matter to them. The core category of faith-blind care had four sub concepts: open door policy, interfaith collaboration, providing basic needs (and becoming a resource center), and loving kindness and compassion.

All participants identified an open door policy as the basis for their approach in caring for community-dwelling older adults and the community. All participants – Christian, Jewish, and Muslim faith leaders welcomed everyone to their faith institutions, irrespective of faith orientation. Interfaith collaboration and interfaith councils were key factors in coordinating care. The faith-based leaders met the basic needs of the community through an effective food

distribution system resulting from interfaith collaboration. Loving kindness and compassion were integral component to the faith-blind care that guided the faith-based leaders in caring for older adults and the community.

The other categories identified in this study are: providing presence to the community and contacting older adults providing need-based care, and rebuilding the physical structure and thus the whole community through the principle of universal brotherhood and sisterhood. They were integrated components of faith-blind care provided by faith leaders in a natural disaster and are explained in conjunction with a secondary literature review.

Providing presence to the community and contacting the community

This category involved getting in touch and keeping in touch, providing a safety shelter, creating inter- and intracommunity connections, and providing hope by encouragement, non-abandonment, and empowerment of the community.

Getting in touch and keeping in touch

Traditional communication methods could not be relied upon in Hurricane Sandy because there was no electricity and cell phones did not work. Faith-based leaders participating in this study identified that contacting their community and providing their presence was an integral component of their care. Contacting people on the church registry, going to each household, checking on the older adults with available contacts, and utilizing young adults to contact older people to check on their health status were the strategies used by faith-based leaders during the disaster. Getting in touch with the members of the congregation and keeping in touch with them throughout the disaster was considered an integral part of disaster planning. Many faith-based leaders checked on the older adults multiple times during the day by driving to their houses since phone lines were not working.

Muller et al. (2014) studied disaster preparedness and resiliency among faith-based organizations in a natural disaster. They stated that traditional methods of communication fell short in a natural disaster with the church an important ally in efforts to provide preventive health and social services to at-risk populations, including the economically disadvantaged, people with limited English proficiency, people with multiple medical issues or disabilities, and those who are experiencing cultural, geographic, or social isolation. In the Muller et al. (2014) study, survey and semi-structured interviews were conducted with representatives of six faith-based organizations. Strong social networks were found among the congregations and community. The main findings showed that while there was no disaster plan in place, the faith leaders and community members came together when disaster occurred. Those faith leaders stated that they understood the importance of the church to its members and members of the community and were willing to put a disaster plan together as a resource for future disasters. The Muller et al. (2014) study supports the importance of social networks in a disaster.

Providing safety shelter

After getting in touch with older adults and the community members, the faith-based leaders during Hurricane Sandy concentrated on providing safe shelters for them. Synagogues, churches, mosques, and community members' houses were utilized for providing a safe environment. In the initial phase and immediately after the disaster, the faith leaders strengthened existing inter- and intracommunity connections, using interfaith councils to coordinate care and prevent duplication of care.

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 mosque also provided spiritual and psychological support and served as a social integrating force. Due to family customs of mutual help, vulnerable people were not left out: the poor, needy, destitute and vulnerable populations like children and elderly men and women were included in the response and relief phase of the disaster. The spiritual leaders in the Cheema et al. study arranged and coordinated efforts with village communities and participated in 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. They also tried to meet their spiritual needs by prayer services and emotional needs by providing counseling.

Creating intercommunity and intracommunity connections

One concept identified in the category of providing presence to the community is the importance of intercommunity and intracommunity connections in a natural disaster. A single faith community or government agency cannot function effectively during a disaster as community health is a major task, especially for the older adults and vulnerable populations. From the data obtained in this research study, faith-based leaders worked hand in hand with fire departments, sanitation departments, the Red Cross, FEMA, and volunteer agencies to evacuate disaster victims, move them to safe locations, and provide basic necessities in all phases of the disaster.

Gajewski et al. (2010), in their study, identified that compassionate efforts of local agencies, churches, and individuals represent the best of a civil society. However they cannot function independently, but can work as adjuncts to the state. During Hurricane Sandy, faith-based leaders worked with interfaith councils, local governments, and nongovernmental agencies (NGOs) to prevent duplication of care. Atkinson (2014) studied the role of faith-based and nonprofit groups in hazard events and responses and recovery during the flood in Minot, North Dakota. Atkinson found that government, businesses, nonprofits, and faith-based groups worked closely in their response and recovery efforts and shared a common vision, to work together to get things done. In Minot, the role of faith-based leaders was appreciated and acknowledged in the collective task of recovery. The differences between denominations disappeared, supporting the findings in this research on Hurricane Sandy.

Stajura et al. (2012) studied the perspectives of individuals involved with community and faith-based organizations about partnering with local health departments for disasters and found they believed they were underutilized. Stajura et al. address issues of community engagement, leadership, intergroup dynamics, and the need for communication and stated that from the perspective of community and faith-based organizations, the quality of relationships is more important than resources. Further, having a relationship before a disaster strikes is beneficial in the recovery process. In this Hurricane Sandy study, many faith-based leaders identified that the interfaith connections that were already in place were beneficial in the disaster recovery process.

Providing hope and encouragement

Non-abandonment, encouragement, empowerment, and providing hope were the guiding forces in facilitating the presence of the faith-based leaders to older adults and the community. MHum et al. (2014) studied spirituality and faith-based interventions in disaster resilience for

African American Hurricane Katrina survivors and found that spirituality and religious practices were a motivational force and necessary condition for resilience. Churches and faith-based groups provided materials and social resources, which were critical in the recovery process. They also stated that material and emotional support from a church pastor or church member reinforces one's faith and spirituality and provides deeper connections to the institutions. This finding affirms the importance of providing hope and encouragement to the community in a natural disaster, especially older adults. The connection of faith-based leaders to older adults and the vulnerable gives them the security that they are not abandoned. In the Hurricane Sandy study, the data indicated that faith-based leaders provided food, clothing, and shelter and welcomed the community, including older adults to their institutions. Many of the older adults needed counseling, including grief counseling, which was provided by faith-based leaders and many were referred to specialized agencies.

Need-Based Care

The category of need-based care included the concepts of seeking and reaching out to the community, especially older adults, and the vulnerable, meeting the physical needs of food, clothing, and shelter, meeting psychological and emotional needs, and providing social and legal help. All faith-based leaders who participated in this study described providing need-based care as an essential component in a natural disaster. Each faith-based leader provided an opportunity for all members to identify what their needs were and what they could offer. They used a faith-blind approach to provide fair treatment to all.

According to WHO (2008), older people have been overlooked in disaster situations and conflicts. Of the 14,800 who died in France during a 2003 heat wave, 70% were over 75 years old. Out of the estimated 1,330 people who died during Hurricane Katrina, most were older. In

Hurricane Sandy, faith-based leaders, together with local fire and sanitation departments and other local community organizations, went from house to house and tried to contact people. Some of the faith-based leaders stated that the disaster brought out the best in people. People brought food, clothing, and sanitation materials in abundance to their religious institutions. All congregations through their collaborative efforts, tried to provide basic needs including food, clothing, and shelter, to all the victims of Hurricane Sandy in the community. Similarly, Stajura et al. (2012) reported that community-based organizations and faith-based organizations found that relationships with local health departments were important. Faith-based leaders in this Hurricane Sandy study collaborated with local government agencies and volunteer groups from across the nation to care for the community and older adults.

Meeting the psychological needs of individuals during a disaster and after the recovery period was given prime importance by the faith-based leaders. Once individuals were safe, faith leaders tried to meet the basic physical needs of disaster victims. People with worsening health conditions were moved to hospitals, and people with worsening psychological conditions were referred for counseling. People were moved to a safe shelter or individuals' homes. Faith institutions were opened as holding areas. Hot food and clothing were provided to individuals in need.

Social and legal help was another area where disaster victims, especially older adults, needed care. Many faith-based leaders went door to door helping older adults complete forms for FEMA and insurance companies. Interfaith councils and FEMA representatives helped the community, using local churches and faith institutions as resource centers. Cain and Barthelemy (2008) assessed the social services provided by Baton Rouge-area churches following Hurricane Katrina. They found that the most common resources provided by the churches were food,

clothing, and financial assistance. The most unmet needs they noticed were evacuee shelters, housing, and computer and internet access. This study supports the activities done during Hurricane Sandy. However, during Hurricane Sandy faith-based leaders opened the doors of their faith institutions to provide shelter and all who participated in the study provided help with filing claims. Faith institutions continued as resource centers for FEMA, the Red Cross, and volunteer groups that came from across the country.

Rebuilding the Community and Rebuilding the Physical Structure

This category involved organizing work teams, registry with FEMA, and fund raising for rebuilding the community and building physical structures (homes). The storm surge and flooding in Hurricane Sandy damaged many houses. It was noted that many houses had 5 to 6 feet of water in the basement, with water at the first floor level causing structural damage to homes. Rebuilding was a massive effort. Most of the faith-based leaders organized work teams from their own communities and managed volunteers from across the country. Volunteer groups went from house to house, cleaning, gutting, and removing damaged furniture. All faith-based leaders who organized work teams and collaborated with others agreed that rebuilding the physical structure was done with a prayerful attitude and respect for the individual's privacy. This volunteer teamwork reduced the cost of renovation. One pastor stated that volunteer work reduced costs by at least \$20,000, allowing money homeowners received from FEMA and insurance companies to be used for other renovations. Faith-based leaders and volunteers helped homeowners, especially older adults, in filing claims with FEMA and insurance companies. Faith-based leaders and their congregations raised money from the community and received contributions from their parent organizations and charity organizations. They did not receive contributions from government agencies.

Universal Brotherhood and Sisterhood

Universal brotherhood and sisterhood was another category that emerged from the data. Sub concepts included co-existence and caring for each other, trusting relationships, connections far and wide and volunteerism, and interreligious prayer services. The faith-based leaders described the community as being broader than their congregations. Reaching out to all with a spirit of coexistence was seen throughout the data. One pastor stated that many people from all over the US and outside the country walked with congregants, prayed with them, and shared their experiences. She stated that connections went way beyond her experience. As a community, we have brothers and sisters all across the globe and human beings are connected to each other. Faith-based leaders who participated in this study expressed their gratitude toward people who came from far and beyond the area to help. One of their most important tasks was to organize volunteer groups so that appropriate care could be given to all. Donations that came from all over the country included cleaning materials, school supplies, food, clothing, and diapers, with the result that the faith-based leaders in this study had plenty of supplies to share with the community.

Another concept that emerged from the data was that people came out to help each other even when their own properties were damaged. A trusting relationship was evident throughout the disaster period and continued during the post-recovery period. Those people who still had electricity in their homes cooked food that they brought to synagogues. Others drove around their neighborhoods to offer help and even took older people home with them to care for them. Interreligious prayer services, healing services, and interfaith connections were part of the recovery process initiated by the faith-based leaders.

Lawson and Thomas (2007) studied the coping strategies of older black Hurricane Katrina survivors and found that women coped with the disaster by reliance on a Higher Power. They stated that respondents expressed their continued communication with God, which did not necessarily entail church membership. Assisting others less fortunate than themselves, even in the midst of disaster, was rooted in their belief. Respondents in the Lawson and Thomas study exchanged clothing, food, and services in the spirit of cooperation and assistance and reordered their priorities to help others, which helped them cope. In this Hurricane Sandy study, people helped each other and shared, even when their own properties were damaged. The faith leaders continued prayer services in their faith institutions, which provided consolation and support to the community during the disaster.

Harris et al. (2012) researched religious stress, coping and post-traumatic stress symptoms. They found that religious strain can affect post-traumatic stress symptoms. Some of the religious strain factors were negative religious coping, religious fear, and guilt. Therefore, it is important to facilitate religious coping strategies in a natural disaster. The victims of a natural disaster can ask, why me? and can have difficulty coping due to guilt. One of the pastors who participated in this Hurricane Sandy study expressed the need to provide positive religious coping practices and be present for others, especially older adults. Interreligious prayer series and community prayer and health services provided by the faith-based leaders during Hurricane Sandy were identified as helpful.

Aten et al. (2008) studied “God images” of Hurricane Katrina survivors 2 months after the storm. One theme that emerged was seeing God in others. Participants in their study reported seeing God in other people, friends, neighbors, and volunteers who came to help them. They found God in the kindness and compassion of others: total strangers helping total strangers.

During Hurricane Sandy, volunteers from all across the US came to help those affected by the disaster. The faith-based leaders reported that kindness and compassion were part of the volunteerism throughout the disaster recovery process. The concepts of loving kindness and compassion were embedded in the activities provided. This Hurricane Sandy study affirmed the concept of universal brotherhood and sisterhood in a natural disaster.

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 and found that the religious responses to the flood were more pragmatic and civic, rather than theological and religious. 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 a triumph 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. This literature identifies with the findings about care given by faith-based leaders to the community dwelling older adults in Hurricane Sandy. The faith-based leaders provided need-based care, including food, clothing, and shelter, and provided emotional and spiritual support and helped in the rebuilding of 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.

Contextual Factors and Intervening Conditions

Contextual and intervening conditions are the situational factors that influence the strategies taken for a particular action in a phenomenon. These intervening conditions are the narrow and broad conditions that influence the strategies taken by the participants in a study (Creswell, 2013). The intervening conditions identified in this study were: altruism of the faith-based leaders, the attitude of caring, providing community health, and faith leadership.

Altruism

One of the intervening conditions that emerged from the data was the altruism of the faith-based leaders. Universal brotherhood and sisterhood was the guiding principle of their actions and the loving kindness and compassion that followed. Burks and Kobus (2012) discuss altruism as a motivation for helping behavior. Altruism refers to living for the welfare of others as opposed to living for the gratification of self.

All the faith-based leaders who participated in the study stated that they wanted to do what they preach. They opened the doors of their institutions from the night of the disaster and throughout the disaster recovery phase to all, irrespective of religious affiliation or faith orientation. Their ultimate motive was to help the community and all the people affected by Hurricane Sandy, young and old, to make them safe, provide a safe shelter, meet basic needs, give emotional support, encouragement, and hope, and be present for them. Many faith-based leaders remained in their institutions despite danger and went door to door looking for people who might be trapped. One of the pastors in this study told how he went to a house and found an

elderly woman with mobility limitation in a wet bed, unable to move. The pastor and his team were able to send her to the hospital. This altruistic behavior was seen in all the faith-based leaders who participated in the study

Attitude of caring for the community

A caring consciousness was one of the most important behavioral patterns seen in all faith-based leaders who participated in the study. Selfless, compassionate care was the basis for all their actions, which led to faith-blind care, the core category in this research. Caring consciences can also be seen in Watson's Theory of Human Caring for nursing (Watson, 2008), which is grounded in a relational ontology. Basic assumptions in the caring model by Watson include interpersonal caring, promotion of individual and family growth, acceptance of individuals as they are, respecting their decisions, and satisfaction of human needs. The basic assumptions also include promotion of health. The data in this study revealed that connectedness to all, providing emotional and social support, meeting health needs, respecting individuals' decisions, and seeking and reaching out were part of that caring process as described by Watson.

Community health

During any disaster the equilibrium of the individual, as well as the community is disturbed; there may be flooding, damage to property, broken power lines, and loss of possessions. These conditions lead to physical and psychological trauma for individuals and families. Flooded houses become the source of environmental hazards due to sewage back-up and mold, leading to major health problems that must be taken care of as a priority. Sitzman (2007) explained the need to transform Watson's "carative" factors into a health-promoting process to include the preparation of self, paying attention to society's needs and conditions, developing and maintaining trusting relationships by addressing community needs, incorporating

a systematic approach to caring based on the needs of the community, capacity building and helping to develop community self-reliance, and attending to spiritual and existential dimensions.

During the Hurricane Sandy disaster, the faith leaders followed Watson's carative factors in all their actions. Immediately after the hurricane, many contacted the community to ensure their safety, moved people from danger zones to safe shelters, brought those with health-related needs to nearby hospitals and counseling centers, and organized volunteer teams for cleaning houses to prevent mold. The prevention of disabilities such as asthma and respiratory problems due to mold and other allergens was of paramount importance. They also organized work teams to gut houses and help rebuild homes and thus the community. The theory of faith-blind care was not only an action but a process with multiple intervening conditions

Faith leadership

All of the faith-based leaders interviewed in this study were ordained leaders, such as priests, rabbis, and imams. They were all scholars in their own faith and they all had a moral and ethical responsibility toward their community. One of the pastors stated that his action was congruent with what he preached. Another said that caring for the community is what they do. Faith leadership was one of the intervening factors in providing faith-blind care. All of the faith-based leaders in this study indicated that caring for each other is what they preach and they wanted to follow what they preached. They indicated that caring for the community is one of the guiding principles that they followed throughout the disaster recovery process. They provided faith-blind care irrespective of the disaster victim's faith orientation. Faith-based leadership was one of the intervening factors in providing faith blind care.

Implications For Nursing And Nursing Education

In this study, the major psychosocial problem identified among older adults was disempowerment. Factors that contributed to disempowerment were lack of physical strength, mobility limitations, lack of financial resources, uncertainty and fear, health-related factors (like increasing physical disabilities), and psychological issues (e.g., depression, shut-in behaviors). The inability to locate documents after the disaster led to uncertainties about reimbursement from insurance companies. These factors have major nursing implications, including a role for faith community nursing.

During natural disasters there is a need to identify the older adults and vulnerable people with disabilities, those who use oxygen and lifesaving equipment, those who have mobility limitations, and those who require life-saving medications. First responders need to contact individuals with special needs and evacuate them or facilitate their care prior to, during, and following the disaster. In congregations with faith community nursing, a registry of vulnerable people with their contact numbers and the contact numbers of family members can be utilized in a natural disaster. Of all the participants in this study, only one faith-based leader acknowledged having faith community nursing in the congregation. Each congregation with a faith community nurse can help people understand about healthcare services available, especially to the vulnerable population. In a disaster situation faith community nurses can work in coordination with interfaith councils. Faith community nurses need to have representation in interfaith councils to coordinate healthcare issues for vulnerable populations, especially the older adults, in the event of any type of natural disaster. Disaster preparedness and intervention is a part of public health nursing and a subspecialty. Incorporating natural disaster preparedness as part of the entry-level nursing curriculum will expose nursing students and new nurses to disaster recovery programs

and the care of community-dwelling older adults in a natural disaster. Disaster preparedness and intervention must be part of public health nursing (American Association of Colleges of Nursing, 2010; Tri-Council for Nursing, 2010).

Implications for the Community and Faith-Based Organizations

All faith-based leaders in the study agreed upon the need for a disaster preparedness plan but none had an emergency plan in place at the time of Hurricane Sandy. Atkinson (2014), who studied the role of faith-based and nonprofit organizations in the 2011 flood in North Dakota, indicated that these groups had an impressive impact on disaster response and recovery. He emphasized that faith-based and nonprofit organizations should be part of disaster preparation, not merely an afterthought after the disaster occurs. Many of the faith-based leaders in this study stated they now have some type of disaster preparedness plan in place. One of the faith leaders, with a congregation of more than 12,000 members, reported having information in a database that can be easily accessed in case of a disaster. Many of the participants in this research study agreed they have a registry for parish and congregation members but no separate registry of older adults or those with disabilities. They acknowledged the need for faith community nursing in every faith organization.

In a pre-disaster phase, faith community nurses and other skilled professionals can check on the health status of vulnerable individuals. This can be part of disaster planning as a primary intervention. This information can be given to first responders. Faith leaders and the faith community can provide disaster preparedness courses that will help for future preparedness. Volunteer training is another area that can be implemented in a faith community. In this study most of the participants agreed on the importance of volunteer training with special emphasis on prayerfulness, compassion, and kindness to disaster victims.

In one of the Catholic communities, Eucharistic ministers were able to locate older adults and the elderly and provide them with needed assistance. The data indicated that having an older adult registry and registry for vulnerable population is an important part of an effective disaster plan. A need-based registry for vulnerable populations with mobility limitations and persons who require life-sustaining equipment and medications is of prime importance. Cain and Barthelemy (2008) acknowledged that forward-thinking church leadership, preparedness, and triage strategies are important for disaster planning. If congregations have such a registry, it can be provided to first responders. For persons who are not affiliated with faith institutions, a registry with local fire departments could facilitate contact in the event of a natural disaster.

All the participants in this study agreed about the need for intra- and interfaith council cooperation and coordination as vital to a disaster recovery plan. Simo (2009) examined the role of faith-based and nonprofit organizations in cross-sector collaboration and the outcome of collaborative efforts in New Orleans after Hurricane Katrina. Organizations of different sizes and sectors are challenged during extreme events. Organizations alone cannot meet the challenges of recovery without partnering with each other. By collaboration, organizations can tap on the strengths of others and compensate for limitations. Simo recommends capacity building when organizations are not in crisis mode to help prepare for future needs. One of the faith leaders in this study recommended assigning households to specific sites such as churches, library, fire department, and schools. If a disaster happens, it will be important to know where to report in a natural disaster and to avoid duplication of care.

Cain and Barthelemy (2008) recommended leadership and preparedness, including the development of a registry of skilled personnel in the congregation, for rapid response in a natural disaster. They acknowledged the need for parish nursing in every organization. In a pre-disaster

phase, parish nurses (faith community nurses) and skilled professionals can check on the health status of vulnerable population and be part of the disaster planning for intra- and interfaith councils. In a disaster situation they can co-ordinate with community agencies and be the first responders. Natural disaster preparedness training is another area faith-based leaders and the faith community can enhance for future preparedness, with volunteer training and coordination an area that needs to be addressed. In this study, most of the study participants agreed upon the need for volunteer training that includes prayerfulness, compassion, and kindness to disaster victims. One of the concepts that emerged from the data was inter- and intracommunity connections. Some of the faith-based leaders had already established such connections, bringing together older and younger members of the community who can contact each other in the event of a natural disaster.

Another concern for participants in this study was the need for generators. With most natural disasters there are power outages that lead to communication issues and hypothermia, especially for older adults. Another concern is the need for nonperishable foods, including kosher foods for members of the Jewish community. Some faith-based leaders in this study had nonperishable foods as part of their parish outreach that was available until other supplies could be brought into the community. Having staple foods and materials that can last up to one week can help in a natural disaster. Cain and Barthelemy (2008), in their study, recommended that religious institutions plan ahead. One of their recommendations was to store immediate response items like flashlights, coats, mattresses, water, and food supplies that can last at least one day on site. Faith-based leaders in this study expressed similar ideas.

Policy Implications

Population aging is a major concern in the 21st century. The increasing number of older adults has far-reaching implications for society, presenting social, economic, and cultural challenges to individuals, families, and the global community. According to the U.S. Census Bureau the 2014 population over age 65 was more than 46 million, with more than 83 million between the ages of 45 and 64. Therefore, local and state governments need to address the vulnerabilities of older adults in a natural disaster. 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. They also emphasized the role of public health nursing in identifying older adults and being advocates for them. This includes having a registry of older adults in the community, either with local governments or through faith-based organizations. This can be the primary intervention (pre-disaster planning) in disaster management.

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).

There is a need for policy changes to funding for faith-based leaders and institutions for disaster preparedness. One of the most important areas emphasized by faith-based leader participants in this study concerned 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.

Disaster preparedness education, in nursing education and in all fields of study, is very important. Government funds and grants can help in disaster preparedness education and can be utilized by local and community agencies. The 2010 Affordable Care Act (ACA) focused on achieving higher quality care, healthier populations, and preparedness in all aspects of the healthcare system (Reeve, Preparedness Brief, 2014). The ACA provides opportunity for insurance coverage expansion on preparedness activities. Since the ACA provides an opportunity for insurance coverage for all, faith-based leaders can refer victims of natural disasters who have health issues to local hospital health management and counseling services. Local community hospitals might work in partnership with local faith-based leaders on disaster preparedness plans. The ACA suggests nonprofit hospitals have a Community Health Needs Assessment. Therefore, faith-based leaders may be able to work in coalition with local nonprofit hospitals and improve the population health of the community. The ACA provision for information technology may be extended to faith communities so that older adults' health profiles can be tracked for better disaster preparedness plan.

Primary intervention (pre-disaster management)

1. Community-dwelling older adult registry and vulnerable population registry either with faith-based institutions or government institutions

2. Developing and managing demographic database of older adults, the elderly and vulnerable populations so that first responders can access them in a natural disaster.

3. Faith-based institutions and government agencies partnering with local nonprofit hospitals and developing a need-based assessment plan for the local community for early access in a natural disaster.

4. Federal government funding to faith-based institutions to buy generators so that they can function effectively in a power outage. Government funding to build standing showers in faith-based institutions will also help in a natural disaster. Faith-based institutions can become safe, independent shelters if there is electricity and availability of food, clothing, and facilities to meet physical needs.

5. Government funding to faith-based institutions for buying lifesaving equipment such as defibrillators because, in a natural disaster, there is an influx of people with multiple cardiac problems and co-morbidities into faith-based institutions

6. Government funding for strengthening interfaith councils and faith-based and governmental agencies as part of disaster planning and community collaboration will help them function effectively in a disaster situation.

7. Federal funding and grants for incorporating faith community nursing in faith-based congregations, so that faith community nurses can be a part of the primary, secondary, and tertiary level intervention in disaster management.

8. Faith community nurses can help to organize and arrange for an emergency kit for older adults and for the community as part of the disaster preparedness plan. The kit can include non-perishable food, water, batteries, flash lights, emergency medications, and a document file.

Secondary intervention (intra-disaster management)

1. Community collaboration with government agencies and faith-based leaders and institutions and a provision for government funding to faith-based institutions during a disaster. Data from the Hurricane Sandy study showed that there was a high level of collaborative efforts between fire departments, sanitation departments, and community organizations and faith-based institutions. A government emergency disaster fund available to faith-based institutions during the disaster phase will help faith-based institutions and faith-based leaders to help disaster victims for early evacuation and settlement in a safe shelter or in a home. This will reduce strain on the finances of faith institutions and it will help for faster collaborative efforts. Early evacuation in a natural disaster can reduce casualties and improve health outcomes.

2. Availability of federal government troops to assist local police departments in a natural disaster. Many of the faith-based leaders who participated in the study indicated that many older adults did not evacuate their houses because of the fear of looting. If older adults, elderly, and the community know that there will be police force and federal troops in a disaster-affected area, they will feel safe to evacuate prior to disaster.

3. Provision for government funding for incorporating faith community nurses in the disaster phase will help to better co-ordinate the secondary intervention for older adults and community in a natural disaster. Together with faith-based leaders, faith community nurses can provide: physical care, psychological care, grief counseling, early diagnosis of PTSD, and other health-related diagnoses and referrals.

4. Faith-based institutions can be a resource center for basic necessities like food and clothing. From the data obtained from the Hurricane Sandy study it was noted that some of the

faith institutions had food pantries and emergency food supplies that helped the disaster-affected community, especially older adults in the initial phase of the disaster. Funding available to faith institutions and local government agencies to store nonperishable foods with long shelf life that is sufficient to feed the community for at least 3 to 5 days will help in a natural disaster. There needs to be collaboration among all faith institutions and government agencies in an area in order to coordinate efforts and prevent duplication.

5. A constant monitoring system for coordination and evaluation of the older adults, elderly, and vulnerable populations about their health status is important for early intervention. This can be done by a committee with representatives from the local community, faith-based leaders, local government representatives, and local hospitals. If there is a registry available about the vulnerable population each one can be contacted and monitored effectively.

Tertiary intervention (post disaster management)

1. Rebuilding the community, PTSD care, and grief counseling

In the area of post disaster management, government agencies and faith-based institutions can work together to rebuild physical structures and reduce psychological trauma and grief. If government funding can be made available to faith-based institutions and local hospitals for psychological counseling services and for grief counseling, it will benefit the older adults and elderly and vulnerable populations. Government agencies and faith-based institutions and community hospital partnerships will help post-disaster management as hospitals can be used for referral services.

2. Provision for easier filing of applications for FEMA and other insurance agencies is needed. Local government agencies can set up trailers at community centers, faith-based

institutions, and local libraries to help older adults and the elderly to file applications to get reimbursement for their losses.

3. Community collaboration is essential for rebuilding homes, especially for the older adults and elderly. It is important that licensed and dependable agency information be provided to this vulnerable population by local government agencies and faith-based institutions. A task force can be set up to assist older adults and elderly and vulnerable populations in the community in the various phases of the rebuilding process. This can be done through local government departments, fire departments, and through faith-based institutions. Coordination is essential in order to prevent duplication.

4. A public transportation system is essential especially after natural disasters like hurricanes. During a natural disaster many people lose their cars and transportation can be disturbed. Therefore it is essential to provide a public transportation system following the disaster to help the community.

Summary

This study identified disempowerment as the basic psychosocial problem in older adults in a natural disaster. Factors that lead to disempowerment are lack of physical strength, mobility limitations, and reduced financial resources, loss of lifelong savings, uncertainty and fear, and lack of technology skills. Lack of documents to file claims from FEMA and other insurance agencies, fear of robbing and looting while evacuating, health-related issues, and psychological problems also contribute to disempowerment. Power outages and lack of generators cause physical distress, and change of environment, such as moving to shelters, cause psychological distress. A primary intervention to manage these contributing factors for disempowerment in the

older adults in a natural disaster can lead to effective disaster planning. Controlling and managing of these factors can reduce negative healthcare outcomes and reduce healthcare costs.

During Hurricane Sandy, community-dwelling older adults trusted faith-based leaders and faith-based institutions for shelter and basic needs. In the later phase of the disaster, older adults relied on their faith leaders for future guidance. Faith-based leaders tried to solve the basic psychosocial problems of disempowerment by providing faith-blind care. They provided “presence” and contacted community-dwelling older adults through an open door policy. Faith-based leaders provided need-based care and worked to rebuild the community by helping one person at a time. The concept of universal brotherhood and sisterhood was the guiding principle. The faith-blind care provided by faith-based leaders’ ensured safety, security, and psychological well-being and physical healing to community-dwelling older adults. The faith-based institutions became a resource center, a safety shelter, and home away from home for Hurricane Sandy victims. The faith institutions provided them with food, clothing, and met their basic needs. Faith-based leaders empowered them by non-abandonment, encouragement, and providing hope. Faith leaders working together with federal, state and local government officials strengthened inter- and intracommunity connections and unity. Their approach of conducting prayer and healing services, opening the door of faith institutions in the midst of the disaster, and spreading the principle of universal brotherhood and sisterhood helped the community and community-dwelling older adults in the disaster recovery.

There were multiple dimensions and contextual factors in the process of how faith leaders cared for community-dwelling older adults. Qualities found in the faith-based leaders included: altruism, attitudes of caring, faith leadership, and the need to provide community health for the congregation. The dynamic interaction of the psychosocial problems of the older adults and the

intervening (contextual factors) conditions affected the faith leaders as well as the community and led to the dynamic process of faith-blind care provided by the faith leaders. The process of faith-based leaders caring for communities in a natural disaster was previously studied at some level, but there was a gap in the literature about how faith-based leaders cared for community-dwelling older adults in a natural disaster such as Hurricane Sandy. This study identified that the basic psychosocial problem of the older adults in a natural disaster such as Hurricane Sandy was disempowerment. The faith-based leaders tried to solve this problem and cared for the community-dwelling older adults and community by providing faith-blind care.

This study adds to the knowledge base for future disaster preparedness. With global warming and natural disasters happening across the world, there is a need for disaster management plans in communities that involve faith-based leaders. Faith-based leaders, working as partners with government and nongovernmental agencies in disaster preparedness, can be a future goal in disaster management. Since older adults in a community are a vulnerable population and have specific needs, it is important to prioritize their needs in disaster preparedness planning.

Lessons Learned

Primary intervention (pre-disaster planning) is one of the key factors for disaster management and recovery. Pre-disaster planning with identification of vulnerable populations, older adults can be done through faith-based institutions and government and nongovernmental organizations. These data can be stored in a central database with local fire departments or governments and can be made accessible to faith-based leaders in a natural disaster for pre-disaster evacuation and care for vulnerable population. Every town can be divided into multiple

zones and people can chose to register themselves with faith institutions or local fire departments.

Faith community nursing can play a vital role in disaster preparedness. If faith institutions can tap into their own community and recruit (volunteer) registered nurses to work as faith community nurses, then this resource can be used for a disaster preparedness plan. Community-dwelling older adults and people with special needs can be registered with the congregations, and faith community nurses can coordinate care for vulnerable populations and collaborate with other agencies in any natural disaster.

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.

The secondary intervention in a disaster management plan can include organizing volunteers in 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 need to be the leading principle. Reverend Mark, who participated in this research, indicated that his congregation had a basic disaster preparedness course prior to his church and community 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. This research identified

community collaboration and interfaith and governmental collaboration as part of the secondary intervention during the disaster phase of disaster management. Strengthening these collaborations will help for early evacuation of older adults and vulnerable populations in a natural disaster. Partnership with local hospitals will help in the provision of medical management, psychological care, and grief counseling while the disaster is happening and later on.

The tertiary intervention of rebuilding the community 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 may be needed to help community-dwelling older adults during the assessment phase, during post-disaster management, and while rebuilding is taking place after a natural disaster.

Future Research

Continued research is needed about the strategies that can help community-dwelling older adults and the elderly in a natural disaster. Studying the experience of older adults in a natural disaster and using their narratives and suggestions will be beneficial for community disaster preparedness. Further study is needed regarding why people want to remain in their homes even in the midst of life-threatening disaster situations. The ways and means by which government agencies can provide safety and protection to people and their properties are areas that need to be studied. One of the research participants 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 provide 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 study for the future.

The role of faith community nursing in a natural disaster is 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 needs additional research. Since many community-dwelling older adults are connected with faith institutions, community health and population health needs should be given prime importance in the day-to-day activities of faith-based institutions. The role of the federal government in assisting faith institutions in the work of disaster interventions can be studied. 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, to minimize damage and loss of life and eventually help to decrease healthcare costs for future generations.

This research led to the development of a substantive theory of FAITH-BLIND CARE that identified and explained the phenomenon of how faith-based leaders cared for the community-dwelling older adults in a natural disaster such as Hurricane Sandy. Faith-based leaders provided selfless care to the community irrespective of their religious or faith orientation. They reached out to all with an open door policy and a faith-blind approach, guided by the principle of universal brotherhood and sisterhood. Faith-based leaders who participated in this study provided need-based care to those who were affected by Hurricane Sandy by meeting their physical, emotional and spiritual needs. They helped to rebuild the community by community co-operation, organizing volunteers and work teams, and assisting in getting financial resources. The faith-based institutions became safety shelters, resource centers, and home away from home for many of those affected by Hurricane Sandy. They provided hope to the community-dwelling

older adults and the elderly and the community as a whole by non-abandonment, encouragement, and empowerment. Loving kindness and compassion and a trusting relationship were embedded in their approaches. The faith-based leaders provided FAITH-BLIND CARE to community-dwelling older adults and the community in the natural disaster that was Hurricane Sandy.

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Appendix A: Research Questions

The research question is “How did you, as a faith-based leader care for community-dwelling older adults affected by the natural disaster of Hurricane Sandy?”

Sub Questions

1. How did you care for older adults in your community after Hurricane Sandy? (The process may include any older adult registry with their specific health needs, any secondary contact numbers, and any secondary means of communication, transport facilities to reach shut-ins, any evacuation protocols, any health-related education or any disaster-related education protocol in place for disaster).
2. How did you help the older adults in their health-related, financial, spiritual, and physical distress after they were affected by Hurricane Sandy?
3. What are your perceptions about the role of faith-based community leaders in caring for older adults in natural disaster such as Hurricane Sandy?
4. What are your recommendations for the future, in caring for older adults in natural disasters?
5. Do you recommend any special interventions or actions specifically for older adults in the community?
6. Do you have Parish Nursing in your community? If so, how did they care for older adults during Hurricane Sandy?

Interview Probes and Guides

1. How the faith-based organization made decisions to help community-dwelling older adults?
2. What was your perception about your role as a faith-based leader?
3. Did you receive help from funding agencies?
4. How did you find materials to provide to these hurricane survivors?
5. Did you collaborate with FEMA, Red Cross, Catholic Charities or any other organizations?
6. What was the specific need of older adults?
7. What human qualities such as altruism or universal brotherhood influence you to care for older adults?
8. How did you influence other community members and leaders to care for older adults?
9. Did you make any coalition with other faith-based community leaders in the area and with national organizations and other community organizations?

Appendix B: Demographic Form

Age _____

Gender:

Male Female

Ethnicity: Please Tell Me How You Generally Self-Report Your

Ethnicity? _____

Potential ethnic groups:

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

Caucasian

Hispanic or Latino

Religious Affiliation:

Name of the Congregation:

Location of the Congregation and population served

How many years you served your community?

Do you know approximately how many members of your congregation are older adults (over 50)? _____

What is your leadership position in your congregation?

What Is The Leadership Structure In Your Congregation? _____

Appendix C: Informed Consent

Title of the Study: Faith-based leaders caring for older adults in a natural disaster: A study of Hurricane Sandy

Researcher: Mercy Joseph PhDc RN ANP-C (Doctoral Student at Molloy College)

Purpose of the Study: This study is a Doctoral Dissertation Project. The purpose of this study is to explore how faith-based leaders cared for community-dwelling older adults in a natural disaster. This research will focus on Hurricane Sandy that affected Long Island, NY in October of 2012.

Expected duration of the Study: Participants will be interviewed between December 2014 and December 2015.

Description of the Procedures/Methodology: You will choose a place and time for your convenience to participate in an interview. After signing this consent you will be provided with a copy to retain. You will complete a Demographic Form that may take approximately 5-10 minutes. The interview may last approximately 1-2 hours. You will be asked to describe how you cared for the older adults in your community during and after Hurricane Sandy of 2012. A semi-structured interview guide will be used. You will be asked to share only what you want to about your experiences. The interview will be audio taped and later transcribed by a professional transcription service. Your confidentiality will be maintained by only using pseudo-names and numbers. A second contact with you may be requested if clarification is needed during data analysis. This may be by a subsequent interview of approximately 30-60 minutes, or by telephone, or email for your convenience. The data collected from all the participants will be analyzed by methodology.

Possible Benefits to Participants or to Others: It is possible that in talking about how you were able to care for older community adults in the hurricane you may feel better. A wider potential benefit may be that this study will provide a basis for knowledge development and for disaster preparedness related to caring for community-dwelling older adults. These research findings may help future policy development and allocation of resources and disbursing funds to faith-based local communities in the event of a natural disaster. As older adults are a group of vulnerable population it is important to study their needs and ways to care for them

Reasonably Foreseeable Risks or Discomforts: There are no direct anticipated risks to participating in this study. It is possible that recalling traumatic experiences may be potentially upsetting. If it becomes uncomfortable for you to go through the experience, you will be able to choose to discontinue the interview and discontinue participating in the study. You may also choose to have any of your data deleted.

Any conditions for participation: Participants will be men or women, faith-based community leaders (leaders of their community religious congregation) who were involved in caring for the community-dwelling older adults on Long Island, New York including the counties of Queens, Nassau, and Suffolk during Hurricane Sandy.

Faith-based leaders need to be community-dwelling leaders who were with the community at least 6 months prior to the hurricane.

Cost/compensation: There are no costs to participating in this research study.

Confidentiality: Your interview information will be kept confidential. Your name will not be used in the interview or audio-recording. You will be identified only by a number and pseudo-name. All data will be stored under key and lock by the researcher and only those people who are involved in the research (faculty dissertation committee and transcriber) will be able to review

the data. None of your personal identifying information will be given to any other interviewees.

No personal identifying data will be used in any final written document or publication.

Contacts for questions about the research:

You may contact Mercy Joseph at mjoseph1@lions.molloy.edu

or Dr. Susan Vitale PhD, RN PNP ANP-C

Associate Professor, Nursing, Molloy College

1000 Hempstead Ave, Rockville Centre, NY

svitale@molloy.edu

516-323-3000

Participation in this study is voluntary. Your refusal to participate or discontinuation of participation at any time is without penalty.

An explanation of the procedures to be employed in this study, in which I have voluntarily agreed to participate, has been offered to me. All my inquiries concerning the study have been answered to my satisfaction. I understand that the information collected will be held in confidence, and that my name will not in any way be identified. I understand that additional information about the study results will be provided, at its conclusion, upon my request. I know that I am free to withdraw from this study without penalty at any time.

The above information has been provided to me (check one)

In writing Orally

Signature of subject Date

Signature of researcher Date

Complete the following if you wish to receive a copy of the results of this study:

NAME: _____

(Typed or printed)

ADDRESS: _____

(Street)

(City) (State) (Zip)

e-mail (optional) _____

Appendix D: Letter to Potential Participants

Date _____

Dear _____,

Thank you for your interest in participating in the research study on faith-based leaders caring for older adults in a natural disaster such as Hurricane Sandy. I am interested in this study as a nurse practitioner who had interactions with the Hurricane Sandy victims in the Long Island area. I am conducting this research study as a PhD student at Molloy College. The purpose of this study is to investigate on how faith-based community leaders cared for community-dwelling older adults in Hurricane Sandy. I hope that findings from this research will help in the future disaster preparedness.

Volunteers will be interviewed and asked to explain the process of faith-based leadership in a natural disaster like Hurricane Sandy. You will only need to share what you want to. The interviews will last approximately 1-2 hours and will be audio-taped. Names and personal information will not be used. Pseudo-names or other chosen names are used during data collection and within written papers to preserve confidentiality. Direct interview and a follow up interview via email, telephone, or direct contact may be used. I appreciate your input and perspectives on this topic.

Interview questions will focus on the process of faith-based leadership in caring for community-dwelling older adults. Your perspective and role will be explored.

There is a consent form that must be read and signed prior to participation. Please let me know if you have any questions after reading the consent form. Thank you.

Sincerely,

Mercy Joseph PhDc RN MSN NP

Molloy College

1000 Hempstead Ave, Rockville Centre, NY 11571

Mjoseph1@lions.molloy.edu

Appendix E: Transcriptionists Confidentiality Form

This document is to verify that each transcriptionist hired for this study will agree to confidentiality prior to and throughout the transcription process.

I am aware that the information contained in each study interview transcript belongs to the primary investigator of this study, Mercy Joseph MSN ANP, PhDc and that privacy and confidentiality will be maintained by me during and after my work in transcribing these interviews.

Primary Researcher Signature _____

Transcriptionist Signature _____

Transcriptionist (Print Name) _____

Date _____

Appendix F: Letter of Approval From Molly College IRB



1000 Hempstead Avenue
Rockville Centre, NY 11571
www.molloy.edu

Tel. 516.323.3653
Tel. 516.323.3801

Date: December 9, 2014
To: Mercy Joseph
From: Kathleen Maurer Smith, PhD
Co-Chair, Molloy College Institutional Review Board
Veronica D. Feeg, PhD, RN, FAAN
Co-Chair, Molloy College Institutional Review Board

SUBJECT: MOLLOY IRB REVIEW AND DETERMINATION OF EXPEDITED STATUS
Study Title: Faith Based Leaders Caring for Older Adults in a Natural Disaster: A Grounded Theory Study of Hurricane Sandy
Approved: December 9, 2014

Dear Ms. Joseph:

The Institutional Review Board (IRB) of Molloy College has reviewed the above-mentioned research proposal and determined that this proposal is approved by the committee. It is considered an EXPEDITED review per the requirements of Department of Health and Human Services (DHHS) regulations for the protection of human subjects as defined in 45CFR46.101(b) and has met the conditions for conducting the research.

You may proceed with your research. Please submit a report to the committee at the conclusion of your project.

Changes to the Research: It is the responsibility of the Principal Investigator to inform the Molloy College IRB of any changes to this research. A change in the research may change the project from EXPEDITED status that would require communication with the IRB.

Sincerely,

Kathleen Maurer Smith, PhD

Veronica D. Feeg, PhD, RN, FAAN