DOI:10.32481/djph.2026.07.14

Lessons Learned from the February 2026 Blizzard:

An Interview with Two Village Networks

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A blizzard sent heavy snow and high winds across Delaware on February 22-23, 2026, resulting in a state of emergency. Kent and Sussex Counties experienced the worst of the impacts, with thousands of downed trees, a foot and a half of snow in places like Lewes and Long Neck, and the loss of power to 85,000 utility customers. Residents and businesses were without power for up to four days during bitterly cold temperatures.

Delaware is often spared large-scale disasters, but the February blizzard received a major disaster declaration from the Trump Administration - a potent reminder that even our small state can experience big impacts. Notably, some of the communities hit hardest by the blizzard are rapidly aging as they undergo development pressures and an influx of retirees from neighboring states. In coastal towns like Bethany Beach and Lewes, adults over the age of 65 comprise more than half of their full-time population (Figure 1).[1] As these communities transition from rural to higher density development and from youthful to older populations, the need for more comprehensive planning and services arises. This includes transportation infrastructure, affordable housing, health and social services, and emergency planning. “We’re losing ground, and we’re not keeping pace with the growth in aging,” according to the state Division of Services for the Aging and Adults with Physical Disabilities.[2] Moreover, the eastern side of the county has extremely low elevations and high vulnerability to flooding and coastal storms due to its proximity to the Atlantic Ocean and the Inland Bays. Climate change is increasing flood risks and also causing more extreme weather. Sussex County’s hazard mitigation plan notes that the county lies within a “hotspot for potential damage and vulnerability to sea level rise.”[3] Sea level rise increases the height of daily tides, causing more frequent and impactful flooding during high tides and storms. This is the same region that is seeing major growth in the population of older adults. *Given these risks, what are the public health and emergency management implications of severe weather and disasters if existing infrastructure and services are inadequate for the needs of older adults?*

Figure 1. Estimated Percent of Adults Age 65 and Older, Based on American Community Survey Data from 2020-2024.

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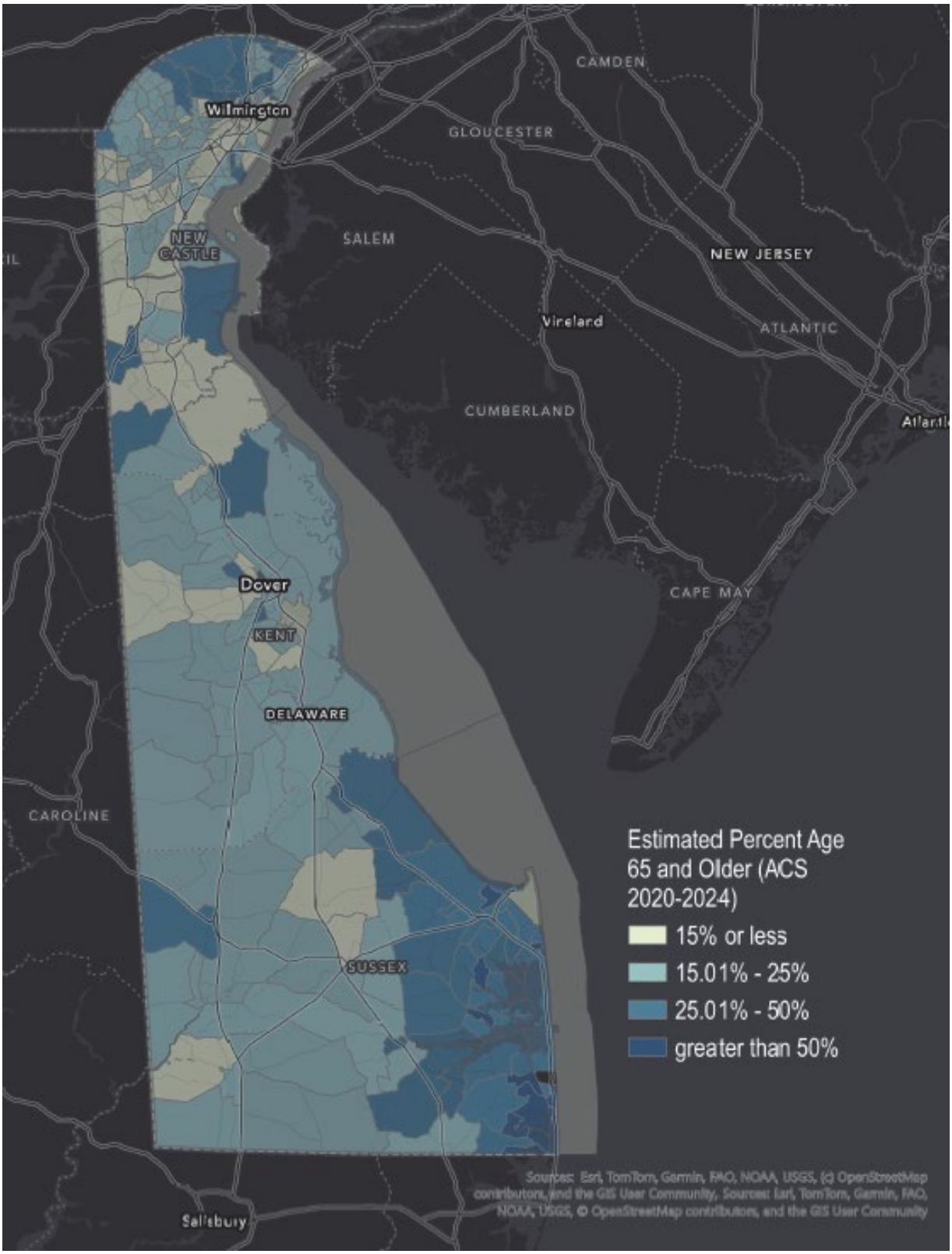

History tells us that older adults are a uniquely vulnerable population that bears disproportionate

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impacts from disasters and extreme weather events.[4] Older adults account for the majority of fatalities from hurricanes, wildfires, heat waves, and other extreme events. Physiological limitations and pre-existing conditions such as cardiovascular disease or dementia can make it difficult for some adults to safely shelter in place or evacuate. Older individuals are more sensitive to heat stress and hypothermia and may experience greater mental stress over the course of a disaster, making it difficult to think, remember, and comprehend their situation. Post-disaster they may lack the financial means to rebuild or have trouble completing complicated aid and insurance claims, especially if those are online.

As eastern Sussex County struggles to adapt to its growth and aging population, two independent, non-profit organizations – the Village Volunteers and the South Coastal Village Volunteers, Inc. - have emerged to help address local needs.

Both organizations provide basic services and social connections for residents who are choosing to stay in their homes as they age. These small, membership-driven organizations practice the national model of neighbors-helping-neighbors and are run by volunteers and a small cadre of staff. They support aging-in-place by offering transportation to medical appointments and grocery stores, light technology support, and basic household tasks such as taking out the trash and changing light bulbs. They also provide companionship through phone calls and in-person visits to help combat social isolation.

Village Volunteers was founded in 2010. Today its 215 volunteers support approximately 280 members in the Lewes, Milton, Rehoboth Beach, and Dewey Beach communities. South Coastal Village Volunteers, Inc. is in its sixth year of service in Bethany Beach, Millville, Ocean View, and South Bethany zip codes. They have 170 active volunteers supporting 87 members. Both Villages report that the average age of their members is 85 years. Since Village membership is solely comprised of older adults needing assistance as they age who happen to reside in hard-hit areas of the County, we asked these organizations to describe their experiences during and immediately after the February 2026 blizzard. We spoke to Anna Mosier, Executive Director of Village Volunteers, and Diane Strobel, Operations Manager of South Coastal Village Volunteers.

During the February blizzard, what needs surfaced that are within the Village's control to manage, and how did you manage them?

Anna: We went into remote work status during the storm and forwarded incoming calls to our homes. We also placed outgoing calls to some of our most vulnerable members to make sure they had food and were staying warm. Transportation assistance to medical appointments and grocery stores is one of the core services that the Village performs. Volunteers sign up to drive the members to their various appointments. Due to power outages and poor road conditions, most doctors and dialysis offices closed for one or more days immediately following the storm. We usually need four days' notice to find a volunteer to cover a transportation need, but some of the doctors rescheduled their patients right away. We had to scramble if the original volunteer couldn't make it. I have members who missed dialysis or other treatment and needed to resume treatment at once. If folks couldn't get out to treatment, it could set them back health-wise. The vulnerability is definitely there. We even have a client that is getting both dialysis and cancer treatment. My staff and I re-arranged our schedules and got in our cars to cover medical appointments or urgent grocery trips that couldn't be covered by our volunteers. We did encourage people to use Meals on Wheels or food delivery drivers. But I would say transportation

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assistance was the hardest thing for us to execute.

Diane: We had sprung into action ahead of the storm so that we could function remotely. We forwarded our office phones to our personal cell phones. Some members had an urgent need to go to the grocery store. We gave Bethany Beach town government a list of our members who live in high-risk areas of the floodplain, just so they knew where they were in case there was flooding. We also called most of our members the day before the storm to give them information about the upcoming weather and how to be safe. Using our volunteers to communicate weather and safety information to members is very effective because they view them as a trusted source – the member is more likely to take the volunteer's information to heart.

Did any needs arise that felt beyond your control or mission?

Anna: Snow removal, 100%. Snow removal is not something we do. Plus, many of our volunteers are in their sixties to seventies and shoveling a foot of snow is beyond what they can handle. Snow was the biggest barrier to getting out or having deliveries sent to a home. Some of our members use a walker or have trouble with balance. They can't shovel. And it took a while for the snow to melt. Also, many of our members live in 55+ communities – everyone there is the same age, meaning there are no young people in the neighborhood to help shovel. It's on my mind to develop a contact list of vetted vendors who our members could call next winter if and when there is a snowstorm.

Also, I spoke to members of a Better Breathers group, a support group for people living with lung disease, and I asked them how they managed during the storm. It was eye-opening. The folks in their group had to limit their supplemental oxygen use during the storm. Think about that – they had to turn their oxygen tank off and manage without added oxygen, because they had no idea when they would get their electricity back on, or they didn't stock up on enough tanks ahead of time. Even when the state of emergency was lifted, drivers could not deliver new tanks because a foot of snow was in their way. If a person can't breathe, they can't shovel, so that limited access to services for some of the area's older adults. Those drivers don't want to walk across the snowy walkway up to a person's house. Some people nearly ran out of oxygen, so imagine the stress involved with questions like, am I going to die if I don't have this oxygen?

Diane: We had a member who was transported to a shelter during the storm without the Village's knowledge. We didn't learn about it until that member called us after the fact. That's when we realized we had a lapse in our system in terms of communications with emergency responders about which shelters had opened. We cannot expect the police to identify our members and report their whereabouts, but our staff could have found out where the Ocean View police were transporting individuals who needed shelter. That way if we lost track of a member, we could have contacted the right shelters to locate them. This member ended up being transported to a shelter in Millsboro which didn't seem particularly close to us.

What are some critical emergency preparedness gaps that need addressing before the next big storm or disaster?

Anna: Within the Village, we need to update our intake process to find out which members will need help during a disaster and then we need to share that information with responders. But to be honest, the Village is not the best group to be the central holder of that information. We only serve 280 individuals. I have initiated conversations with Beebe Healthcare about the Epic

electronic health record system and My Chart portal to explore if this type of information can be tracked. Maybe they can be the master keepers of this information. Ultimately, our communities need a well-documented and systematic way to identify which older adults have the most needs during a disaster and share that info with the emergency response community. We can't just rely on small non-profits.

In addition, we need to have broader conversations with our county and municipal leaders to put more protocols in place to support our aging neighbors, especially in eastern Sussex County. Our ratio is so far off in terms of access to services, public transportation, or having a youthful workforce to support the needs.

Diane: Most of our members cannot drive and evacuate on their own. Because of the seasonality of the area we live in, many homes are not occupied year-round, so there are fewer neighbors who can go door-to-door to check on folks who shelter in place. Some houses are empty at this time of year.

Also, there are so many different neighborhoods and jurisdictions and not enough coordinating. Many residents live in unincorporated areas of Sussex County. We need to leverage more preparedness and response capabilities within each neighborhood because homeowner associations know who is in need, at home, or homebound in their neighborhood. We need a standardized set of homeowner association contacts and more Community Emergency Response Teams to foster communication and preparedness. Churches can be coordinated with as well. Our members have ties and services to them, so engaging more with churches seems like a worthwhile task.

What are the public health implications if these gaps are not addressed?

Anna: Both the physical, behavioral, and mental health aspects of older adults can be affected during emergencies. People can die if they are without oxygen or get injured during the process of evacuating. Another huge issue is social isolation and the anxiety that arises due to unknowns, like when the power will return.

Diane: It can take a long time to get an ambulance from one part of town to another. Wait times will go up if there is a big emergency affecting many people, and that can lead to mortality or longer hospital stays. The capacity of our first responders is limited, especially in certain parts of our county.

Is emergency preparedness a key component of aging in place?

Anna: Yes, emergency preparedness is and should be a definite part of aging in place planning. People must know their job is to keep themselves safe as they age. When they were raising children, they were good at making sure their kids had a fire escape plan for the house but now they don't think about their own needs as they age. All of us fall somewhere on the bell curve of life - we need help when we are young and we need help when we are old. Our policies and plans need to reflect that.

Diane: Yes, as we get older, we are going to face personal health emergencies. Some of the same steps to prepare for those crises, like making go-bags, medication lists, or identifying next-of-kin contacts, are relevant to other emergencies. This location of Delaware is fragile. Our population's age and proximity to the ocean and bays, plus the distance from airports make preparedness

especially important.

Statistics show that the safety of older adults during disasters is a critical public health issue. Nationwide, 96% of older adults live independently, but planning has typically focused on nursing homes and assisted living facilities.[5] As one of the fastest aging states in the Nation, Delaware must confront the reality that more of its older adults are choosing to age at home and not inside facilities. With extreme weather on the rise, we can apply lessons from the February blizzard to foster more local capacity for health and social services, improve coordination, and integrate emergency preparedness into public health and aging in place policies.

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