

COMMENTARY

Navigating Vulnerability: A Comprehensive Approach to Addressing the Unique Needs of Older Adults in Disasters

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ABSTRACT

The vulnerability of older adults during disasters stems from health-related dependencies, socio-economic inequities, and neglect. Addressing their distinct needs in disaster conditions is imperative. Their health requirements include physical, psychological, functional, and nutritional aspects. Along with that, their socio-cultural needs involve considerations for cultural attachments, communication preferences, and potential neglect in post-disaster financial support. Strategies to address this issue encompass community needs assessment, family-based response plans, and effective communication methods. In the impact phase, shelters must cater to nutritional needs and provide gender-segregated facilities. The recovery phase emphasizes restoring normalcy and social security for older adults, raising awareness of post-disaster risks. Engaging older adults in community response leverages their valuable contributions. A forward-looking approach involves community awareness, inclusive planning, cultural sensitivity, and government support for a comprehensive response to older adults' unique needs in disasters.

COMMENTARY PROPER

Disasters, natural or man-made disrupt the normal community functioning resulting in a level of suffering that warrens external support. Thus no one in the community is untouched from its adverse effects but even so, some populations are more vulnerable than others. Disaster risk of a community is determined by the complex interplay of Hazards, level of exposure, and vulnerability. In that parameter, older adults are often categorized as an at-risk population because the myriad of factors, physical and social reduce their ability to prepare for or cope with disaster.^{1,2}

Risk & Vulnerability of Older Adults

Health-Related Dependency: Elderly individuals with existing health issues, including conditions like diabetes, hypertension, sensory impairments, locomotor challenges, and cognitive disorders, often rely on others for essential medication, nursing assistance, and basic aids such as glasses and crutches. These

dependencies are susceptible to disruption during disasters and their aftermath.^{1,3}

Socio-economic Inequity & Neglect: Older adults frequently face restricted access to social and economic resources, making them susceptible to social and physical isolation. Additionally, their strong emotional connections to their roots and home environment can pose challenges, especially during emergency evacuations. Limited resources and changing power dynamics in disasters can lead to neglect of older individuals, making them vulnerable to physical, sexual, and psychological abuse.⁴⁻⁶ Thus, physical constraints coupled with disproportionate societal attention and care put the older adults in the community in a situation, more vulnerable to disaster and its ill effects.

Need of Older Adults in Disaster Conditions

In the background of these vulnerabilities, older adults have specific health, Socio-economic, communication-related, and cultural requirements that need to be taken care of.

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A. Health Needs: The overarching domain of health requirements can be subdivided into the following parts ^{1,7}

Physical Care: Apart from chronic pre-existing medical conditions, there might be episodes of acute exacerbation such as cardiovascular diseases, precipitated by stressful situations during a disaster. Above this additional burden of injuries and diseases directly caused by disaster also needs to be considered.

Psychological Care: After a disaster, older individuals often experience a notable rise in psychological distress, including conditions like PTSD. Despite surviving, they tend to cope more effectively with mental health issues compared to their younger counterparts,

Functional Needs: Older adults with impaired or limited locomotor function need assistance with their Instrumental Activities of Daily Life (IADL) important for sustaining a relatively independent life post-disaster.

Nutritional Needs: During emergencies with food rationing or disrupted supply chains, older adults may reveal silent malnutrition. Addressing this issue is crucial, as inadequate nutrition not only hinders recovery but also exacerbates cognitive and physical deterioration in this demographic.

B. Socio-Cultural Needs:

Cultural Needs: Evacuating older individuals, emotionally attached to belongings and pets, is challenging and can impact their well-being if done forcefully. Specific attention is crucial for those with functional impairments, requiring assistance like wheelchairs. Disaster response often neglects the cultural needs of older adults, compromising dignity, especially for women in conservative societies. Inadequate post-disaster financial support exposes them to abuse, underscoring the necessity for strategies to prevent and mitigate these issues in disaster response. ¹

Communication Needs: Older adults tend to favor traditional communication methods like television, radio, and neighbors, making it challenging to reach them during emergencies. Their reliance on these means, coupled with unfamiliarity with newer technologies, hinders the quick dissemination of information, especially to those living alone. Additionally, there's a risk of misinformation, as older individuals may struggle to differentiate between authentic and false information. ^{1,8}

STRATEGIES TO ADDRESS NEEDS OF OLDER ADULTS IN DISASTER CONDITIONS

International frameworks such as the Sendai Framework for Disaster Risk Reduction and national guidelines like NMDA provide a basis for addressing specific requirements in disaster planning and response.

A. Disaster Preparedness Phase: Following the disaster cycle in the initial phase, it is important to make the older individuals in the community resilient to disaster and its adverse impacts.

Community Needs Assessment: The first step is to identify the older ones especially those who are living alone or have a disability, or cognitive disorders. This can be achieved by checking records or a more active outreach approach. There is a need to ensure the representation of older people in decision-making and advisory groups that will conduct periodic community meetings. Along with the help of the Participatory Rapid Appraisal (PRA) technique, it can be helpful for the community to assess the probable hazards and also to explore the assumed capacities and probable solutions. But for its success, it needs to be followed by a bi-directional feedback and communication mechanism. ^{8,9}

Emergency Response Plan: A comprehensive, culturally sensitive family-based response plan is essential, addressing evacuation routes, immediate post-disaster meeting points, and ensuring accessibility for those using wheelchairs. For older couples in disaster-prone areas, preparing an emergency kit with essentials, including a water purification kit i.e. halogen tablets, dry calorie-dense foods, medications, and important documents, is crucial. Evacuation plans for livestock should also be considered. Regular communication and familiarizing older adults with modern warning systems enhance their preparedness. Establishing an emergency response team, including resilient older individuals as volunteers, can coordinate and lead activities. Conduction and participation in mock drills twice a year ensures a more effective response. ^{9,10}

B. Disaster Impact Phase:

Following evacuation, placing older adults in designated shelters reduces contention for relief materials. Shelters should provide easily digestible and soft food to combat malnutrition. Opting for hay stacks instead of cold metal cots

helps alleviate arthritis. Gender-segregated sanitation facilities are essential, especially for vulnerable older women, especially in conservative societies.^{6,10} Priority queueing ensures decentralized and equal access to medical and psychological care, utilizing group check-ups to mitigate the 'revolving door phenomenon'¹¹ Addressing psycho-social needs is crucial; placing them with near ones or in 'foster' care with neighbors, while simultaneously tracing family, aims for an eventual reunion.

C. Disaster Recovery Phase:

Post-disaster, efforts must focus on restoring normal life, income, livelihoods, and community rebuilding, with ongoing mental support to address long-term psychological effects. Government agencies play a vital role in ensuring the social security of older adults. Increasing awareness of post-disaster financial fraud, theft, and abuse among older adults is pertinent, emphasizing how to identify and combat such incidents.^{4,11}

CONTRIBUTION OF OLDER ADULTS IN COMMUNITY RESPONSE TO DISASTER

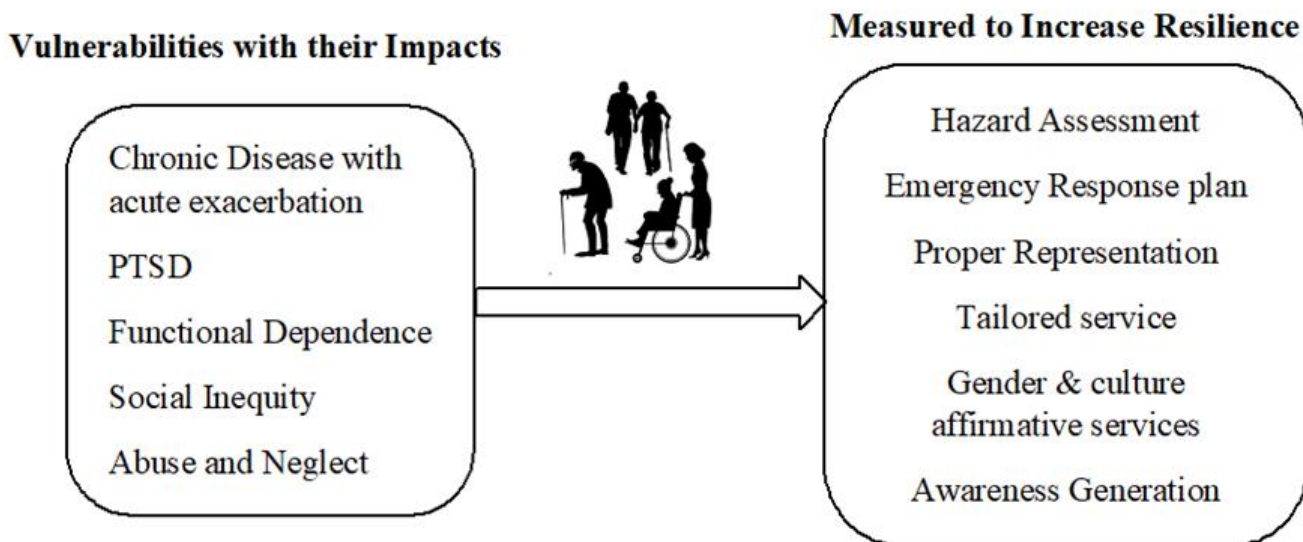
During disasters, if properly cared for, older adults can be valuable community resources, aiding in family and community reconciliation, caring for children and the sick, and preserving

indigenous knowledge and cultural heritage. Their involvement motivates the community during a crisis. Content and delivery of support should align with prevailing social, cultural, and religious norms to effectively alleviate the distress and suffering of older adults.^{4,10}

THE WAY FORWARD: WHAT FURTHER CAN BE DONE?

Looking ahead, as per Figure 1 there is a need for a comprehensive approach to meet the unique needs of older adults during disasters. First, everyone in the community should be aware of the importance of the inclusion of older adults in disaster planning as they have valuable experience to contribute. This involves checking what the community needs, creating plans for families, and practicing what to do in mock drills. During the tough times of a disaster, specific places with extra medical and emotional help should be set up for older adults to maintain their cultural & religious beliefs. After the disaster, the government needs to help everyone get back to normal life, especially older adults. There is also a need to teach older adults about possible economic adversities after a disaster so they can protect themselves. All of these efforts should respect and consider the different cultures in our community to make sure everyone is supported in the right way.

FIGURE 1: CONCEPTUAL FRAMEWORK FOR INCREASING RESILIENCE OF OLDER ADULTS IN DISASTERS



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