An Age-Friendly Approach to Disaster Recovery

age friendly
northeast victoria

Central Hume
Primary Care Partnership

Age-Friendly Northeast Victoria is a collaborative partnership of regional, state and local governments, community-based non-government organisations, researchers, and older people. It is a common platform for action to improve the health and wellbeing of older people for themselves and their communities through the creation of an age-friendly northeast Victoria.

Central Hume
Primary Care Partnership

- 56 Samaria Road Benalla Victoria 3672, Australia
- 03 5761 4217
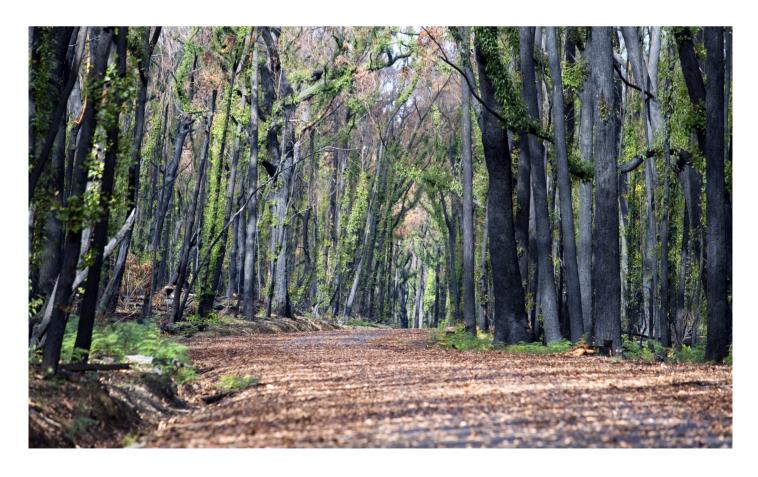- admin@centralhumepcp.org

Contents

Introduction

We are all aware of the record-breaking high temperatures and months of severe drought which produced extensive bushfires across Australia from October 2019 until February 2020.

The statistics are sobering: at least 34 people killed; approximately 3,000 homes destroyed; over 46 million acres of bush, forest and parks burned; and more than a billion animals killed with significant loss of habitat.

Restoring community strength following devastation of this magnitude requires focussed and enduring commitment. The most pressing recovery priorities are universal: meeting urgent health needs, securing safe shelter, accessing food and water, re-establishing communication and transport connections, and resuming social and economic networks.

Older people bring particular strengths and vulnerabilities to their communities in disaster recovery. This report draws on national and international research and policy[1] to describe those strengths and vulnerabilities, and proposes corresponding practical, community-level actions that can be incorporated into recovery plans and actions.

These actions have potential to mitigate the negative individual health and wellbeing impacts wrought by disasters thus expediting the recovery process and deepening community resilience.

How old is 'older'?

Australian government programs define 'older people' as those First Nations people over the age of 55 years or non-Indigenous people who are 65 years or older. Yet the term 'older people' encompasses a broad spectrum of physical and mental capability: there is no 'typical' older person. Someone at 80 years of age can be physically and mentally fit and strong, while a much younger person might live with significant physical or mental impairment. For the purposes of this discussion, the term 'older people' refers to the specific age-related definition of the Australian government.

How many older people are there?

Older Australians form a substantial and growing percentage of the country's population. In 2016, people aged 65 years and over comprised 15% of the national population. Proportionately, this sector is more than 50% larger in regional areas compared with metropolitan centres. For instance, in Victoria, people aged over 65 years account for a quarter of the population in regional areas, compared to 16% in metropolitan Melbourne.

The correlation between age and regionality is even more marked in small rural communities. In the Victorian local government areas most impacted by the recent bushfires, older people comprise around one third of the constituents. Moreover, services are often less accessible to regional dwellers overall, compared with their metropolitan counterparts.

Historically, Australian Government 'ageing-in-place' policies support the desire of older people to remain in their own homes. As a result, increasing numbers of older people are living independently in rural communities, with frailer older people supported by family, neighbours and in-home health and social services. It is noteworthy that older women are more likely to live alone than any other population group.

In 2016, people aged 65 years and over comprised 15% of the national population.

In Victoria, people aged over 65 years account for a quarter of the population in regional areas, compared to 16% in metropolitan Melbourne

What are the strengths of older people in disaster recovery?

During disaster and recovery periods local older residents have proven a highly valuable resource.

Indeed, their contribution can be critical to the survival of rural communities. Seniors typically form the backbone of local community organisations, co-ordinating and providing essential volunteer services across the breadth of community needs: fire services, emergency responders, Red Cross, community transport, providing meals, and generally caring for others.

In the hours and days following the 2010 earthquake in Christchurch, New Zealand, groups of older people started helping others by supporting displaced family members; counselling friends and neighbours; clearing properties of silt and repairing earthquake damage; setting up community resources, such as temporary markets, libraries and earthquake information centres; and supporting relief workers with food and supplies (Davey & Neale, 2013).

Similarly, contributions from older volunteers domiciled outside the disaster area can also be crucial to recovery. Many retirees bring extensive skills and experience which facilitate the recovery process, volunteering as individuals and as part of community organisations such BlazeAid, conservation groups, wildlife and animal rescue organisations, faith-based groups, Rotary and Lions Clubs and Men's Sheds.

Older people are fundamental to restoring economic prosperity: as farmers, small business owners and tourism operators, and as tourists themselves. They can provide a financial safety net for younger less-established family members, offering pivotal security in stressful periods through fiscal support for childcare, living expenses, farming costs, and small business expenditure. They can also ease the economic pressures on neighbours.

In 2007, the Hunter Valley and Central Coast of NSW, Australia, were battered by strong winds and torrential rain, causing extensive flooding, the deaths of 10 people and the evacuation of approximately 4,000 residents. Older residents willingly shared resources with neighbours, providing accommodation to young families who were unable to return to their homes, and meals and hot showers to those without any source of power (Howard, Blakemore & Bevic, 2017).

Sometimes, however, the most fundamental value of older people lies simply in their moral strength and wisdom, garnered over years of living 'in the bush'. Indeed, in the immediate and short-term recovery period, it is often resilient older people who provide emotional support, nurturing and care to others within the affected community.

What are the vulnerabilities of older people in recovering from a disaster?

Conversely, older people can be more vulnerable to the negative physical, emotional, social and economic impact of disasters, particularly older people who live with impaired physical or cognitive ability or chronic illnesses; who are caring for another dependent person; who require home care themselves; have limited economic or social resources; and who are physically or socially isolated.

In 2011, Cyclone Yasi struck the far north Queensland coast in Australia, heavily impacting on small hamlets. Older people described the emotional toll of requiring assistance to clean up and repair their homes. As one 84 year old reported, 'I can't climb on the roof anymore, in fact I can't really manage anything that is very physical. It is hard to deal with. I am ashamed of myself (Astill & Miller, 2018).

It is fair to assume that as a group, older people are more likely than their younger counterparts to experience serious health concerns. Pre-existing health conditions, or even minor unaddressed healthcare issues, can quickly become critical for older people in a disaster situation, impacting significantly on their rate of recovery or even their survival during an environmental crisis. This is particularly so for older people who rely on home care services such as meals on wheels or nursing care or delivery of essential medications - services which are usually disrupted during the disaster and recovery.

Vision and hearing deficits, mobility impairment, and cognitive or neurological deterioration may make it more difficult for some older people to understand recovery processes and directions during peak stress period in crisis situations, while the physical loss of eyeglasses or mobility aides during disasters can increase dependency on others and place vulnerable older people at greater risk of injury and harm.

The overall general health of even healthy seniors can be severely compromised post disaster. Sustained fatigue, disrupted sleep, impaired mobility, poor diet, dehydration, hypothermia and hyperthermia, infections and physical injuries disproportionately impact older people. In unfamiliar environments, vulnerable older people can become disoriented or confused. Changes in medication regime, coupled with increased stress and anxiety, can rapidly result in increased dependency on others.

The loss of community venues and infrastructure delays the possibility of a quick return to normal life and increases the risk of social isolation. Buildings often become temporarily inaccessible in the aftermath of a disaster, affecting older people with limited mobility and other impairments. It is harder (and more dangerous) for older people to move around on broken roads and footpaths. Public transport services, if existing, are likely to have been disrupted compounding social isolation and anxiety.

And while older people may be more psychologically healthy in the short term, the psychological impacts for those already vulnerable - poor health, previous loss and trauma, or social exclusion - may lead to trauma-related syndromes, anxiety, depression and other illnesses that can remain unidentified.

In 2013, a runaway goods train carrying almost 4 million litres of crude oil derailed in the small rural town of Lac-Mégantic in Quebec, Canada. The ensuing inferno killed 47 people, destroying homes and the majority of the historic town's businesses and community buildings. Despite showing symptoms of posttraumatic stress disorder three years after the event, fewer older people consulted mental health professionals than younger adults (Maltais et al., 2019).

Older people often possess strong ties to their homes and communities. Stoicism can be counterproductive if they become less willing to evacuate or uproot in the presence of high level danger.

In October 2012, the storm surge of Hurricane Sandy hit New York, USA, killing 53 people, flooding streets, tunnels and subway lines and cutting power in and around the city. A mandatory evacuation order was in place for residents in low-lying areas, yet many older people determined their own level of risk, resolving to shelter in place where they felt supported, could be with their pets, and limit their exposure to the trauma of evacuation (Goldman et al., 2014).

Power shifts in crisis. Older people can be more vulnerable to physical, sexual and psychological abuse and neglect when resources become scarce or tensions rise. This may be as a result of their perceived vulnerability, a loss of social supports, or the diminution of respect brought about by their increased dependency on others.

What is community resilience?

At its simplest, community resilience is the ability of a community to withstand and recover from a disaster. The United States RAND Corporation has identified five core components of community resilience:

1. **The physical and psychological health of the population;**

2. **The social and economic wellbeing of the community;**

3. **Effective risk communication and information for all populations;**

4. **Social connectedness for resource exchange, cohesion, response and recovery; and**

5. **The integration of all organisations involved in planning, response and recovery.**

These components align public health actions addressing community wellbeing with emergency management responses prioritising disaster relief.

How do we strengthen community resilience with older people?

The strategic and practical actions that build community resilience are interrelated. Given the importance of older people to community wellbeing, it is essential to consider actions to meet the particular contributions and concerns of older people. These potential actions are described below organised through the five core components of community resilience.

1. Maintain the physical and psychological health of older people

Recovery outcomes for older people are predicated on the level of their health and wellbeing prior to the disaster. However, the manner in which their individual health needs are addressed in recovery can be pivotal to maintaining core capabilities and fostering crucial independence post disaster.

Many older people lead purposeful lives with perceived disadvantages such as chronic illnesses, mobility restrictions or cognitive impairments. But these challenges may temporarily escalate their vulnerability in the aftermath of a disaster. For those living at home with significant mobility or cognitive impairment, the challenges are significant.

The re-establishment of normal daily activities following disaster, such as shopping, attending exercise classes, walking or attending other social groups, library, and church services etc., is, therefore, fundamental for individual physical and mental wellbeing, and for community strengthening. Returning to regular social routines fosters resilience.

Health actions that focus on general wellness and coping skills, embedded in social activities, are an excellent tool for supporting older people meet regular health and exercise needs. At social gatherings, providing opportunity for gentle exercises in safe areas, coupled with nutritious meals that include protein, can produce multiple benefits.

Older people demonstrate strong motivation for social connection in the recovery period. The daily community-based health and social activities can be organised and led by resilient older people for the benefit of the whole community.

Health and community services organisations will be essential points of contact for older people. Such services should endeavour to have the appropriate resources to support the diverse needs of older people, including those who are isolated by the impact of the disaster.

Following the Kobe earthquake in Japan, where more than half of all fatalities were over 60 years old, the Hyogo Prefecture established an outreach services for older people and people with disabilities to ensure continuity of health care and social welfare support, as well as community activities to reduce isolation. Resident social meetings, health consultations and other events helped older people re-establish support networks and enhanced their quality of life and sense of community (Wantanbe, 2006).

Proposed actions

- **Establish a community hub at an appropriate, accessible venue to provide integrated physical and mental health, including guided physical activity and nutrition. This hub should also provide coordinated information and advice on financial, housing, transport, and recovery services.**

- **Establish and coordinate a network of resilient older people who can offer practical and emotional peer support to others**

- **Enable resilient older people to lead the re-establishment of community activities**

- **Provide remote-service community and health services to more isolated older people. Where appropriate, this can be done with resilient older people as volunteers.**

2. Ensure adequate social and economic resources for older people

Access to high-quality housing, transport and social services is strongly linked to improved recovery outcomes. For poorer individuals, the recovery from disasters can take longer than those communities with greater economic resources. This is particularly important for rural communities where public services are already stretched, and appropriate housing and public transport services are limited.

Vulnerable older people might have an increased need for external help to undertake daily activities and to deal with the financial and legal consequences of the event. Vision or hearing impairments, mobility problems, and a lack of social support can prevent older people from understanding or accessing information about available services. Older people can also be anxious about what assistance they will receive following disaster and whether government services will help them to recover.

Older people can face particularly high levels of economic hardship after a disaster, losing access to income sources derived from affected property, separated from their families and other support structures. It is more difficult to re-establish financial security in later life. This burden is exacerbated when older people feel responsible for financially supporting extended family.

Is it harder for older people to accept help from those outside their community?

Older people tend to complain less often than younger people in disaster recovery, instead expressing gratitude for the assistance they do receive. Similarly, they often underutilise aid resources, traditionally requesting less support. This may be due to a strong sense of self-reliance, lack of awareness, or perceived stigma. Integrating disaster recovery services into local

community-based services may increase the take-up rate of these essential relief measures by older people.

In 2000, Cyclone Eline struck Mozambique. Over 45 000 people were rescued, 700 people died and 500 000 were displaced. After the flood, HelpAge International worked with a local community organisation to help mobilise groups of retired older people in each village to identify vulnerable older people and coordinate reconstruction of their homes. They carried out home visits to identify problems faced by older people, ensuring they received essentials such as food, blankets and clothing. The groups were included in planning and implementation of all community recovery activities, including animal distribution, access to agricultural seeds and tools, and credit for income-generating activities (Oxfam International, 2005).
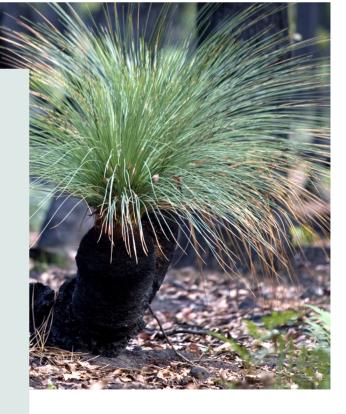
Informal trusted connections—older neighbours, members of community organisations, health providers—often provide a bridge between older people and support services. Peer advocates are particularly adept at encouraging older people needing support to connect with public services, thus enhancing the individual's capacity to recover. Social events are often an effective mechanism to connect older people with support services.

Look Over the Farm Gate is a mental health and wellbeing initiative in Victoria Australia, that funds social events to bring families, friends and neighbours together to relax, spend time away from the farm, and support community resilience. Communities decide what they need – a BBQ, movie night, tree planting, fitness meet ups. Local mental health professionals, rural financial counsellors, and other local support staff mingle with the community in a low-key approach to share information and provide a connection (Victorian Farmers Federation, 2020).

Proposed actions

- **Integrate the needs of older people into mainstream services.**

- **Run social events that include representatives from disaster relief agencies.**

- **Prioritise community transport that reduces social isolation and meets the needs of older people.**

- **Prioritise the repairing and rebuilding of social infrastructure.**

- **Ensure financial services meet the needs of older people.**

3. Ensure effective risk communication and information channels with older people

Efficient communication is fundamental to building and sustaining community resilience post-disaster. Information regarding general health advice, any on-going health risks, the recovery process, and the availability of services and support – are all key to creating stability.

Information plays an essential role in allaying fears of being exposed to further disaster events; being separated from friends and neighbours; of falling victim to scammers, vandalism or theft; or suffering the risk of violence, abuse and neglect.

Commonly, older people will usually approach a trusted source for their information: radio or television broadcasts, people in their existing social network, local community representatives such as shopkeepers, hairdressers, post office staff, and health services. However, these familiar sources might not be accessible in the post-disaster period, particularly for people whose first language is not English.

The constant local and national media coverage of the impact of the disaster can also be emotionally overwhelming. While many older people rely on media for information, limiting reliance to 'essential information only' could prove prudent and ameliorate unnecessary distress.

Communication methods need to take account of older people's potential hearing and vision impairment, level of literacy, and frailty. The stress and anxiety engendered by the disaster and recovery efforts may affect an older person's ability to process information.

The tone and style of messages need to be sensitive to the strengths and vulnerabilities of older people during recovery, addressing their concerns in a positive way. Older people—like their younger cohorts—benefit from reassurance that they are safe, supported and connected with people who respect them with their frailties. Messages also need to respond to older people who may not, for cultural reasons, commonly speak directly with service providers.

Establishing both formal and informal networks of communication and integrating information from a variety of sources, builds trust and reinforces the social infrastructure necessary for community recovery.

What role does social media play with older people in risk communication?

Older people are active users of social media platforms. They use social media sites such as Facebook to organise volunteering, connect with friends, share information and share stories of recovery. Social media also provides opportunities to reassure worried friends and distant family.

Even those older people who are not regular users of social media benefit from this platform as information is conveyed to them by their family and friends, sometimes at considerable distance from the disaster area.

Are older people more susceptible to disinformation and scams?

While social media is a highly effective method of communication, it is also an easy vehicle for dissemination of disinformation sometimes making it difficult to discern the truth. This risk increases when the information feed from a trusted source is disrupted, or is not accessible. A dearth of trusted information can rapidly create an opportunity to disseminate misinformation.

Similarly, there is also often a proliferation of scammers who prey on older people who have been made more vulnerable through disaster, particularly through bogus charities and home or farm repair scams.

- **Provide regular information bulletins on the extent of the disaster and the process for recovery, with clear messages, timelines and challenges to set realistic expectations.**

- **Use multiple methods of communication for all messages related to recovery, health, finance, housing, transport services, and social events.**

- **Identify, train and use existing informal communication networks that meet the needs of older people.**

- **Raise awareness of the vulnerability of older people to scams, disinformation and the potential for physical and financial abuse and neglect.**

- **Develop a resource of reliable contractors and information on recognising scams.**

4. Ensure older people are connected with the whole community

Rural and regional communities often have higher levels of social cohesion, self-reliance and trust than metropolitan areas. In response to a disaster, rural communities have a track record of banding together and providing a high level of support to each other. Local organisations are often preferred over 'outside' professional services.

For older people rendered vulnerable by the disaster, or who were supported by family, neighbours and services for their daily needs prior to the disaster, channels of connectedness are essential for their resilience and recovery. This genuine connectedness provides an enduring buffer to the ongoing hardships they will face.

Maintaining the intergenerational nature of communities facilitates community resilience. For older people, staying together with families and friends is one of their highest needs in recovery. Enabling older people to care for others, across the age-range, is also important. Beyond caring for grandchildren and more vulnerable neighbours, providing meals and managing animals including family pets, wildlife and stock, older people assume key roles across a range of recovery activities and the re-building of community. Such assistance helps others in the community feel able to access support¸ builds intergenerational connections and creates community-level trust.

Although, proportionately, more older people died in the Kobe earthquake than any other population

group, older people are the volunteers who share their stories of survival and resilience. In the Nagata district, older people started conducting storytelling for groups of students. Through these storytelling activities, children who may or may not have experienced major earthquakes learn how powerful they can be, and are encouraged to consider both preparing for disaster and ways of coping if one occurs (Watanabe, 2006)

To have an effective disaster response, bridging the older/familiar with the new is crucial. Services entering into the recovery area can support this by reconnecting local community organisations and reuniting families and neighbours.

Proposed actions

- **Train older people in psychological first aid for younger people.**

- **Ensure social events cater for the needs of older people.**

- **Develop local neighbourhood events to support reunification.**

- **Implement programs that recognise the role neighbours and family have in supporting vulnerable older people during the recovery period.**

5. Include older people in integrated planning and decision-making throughout the recovery process

Robust partnerships and collaboration across the three levels of government and all business, non-government and community organisations are essential for effective community resilience. Successful recovery outcomes exist when there is collaborative, coordinated efforts by multiple partners. Integrated planning embedded in a community development approach leads to increased trust, effective use of resources and more resilient communities.

Including older people or their representatives in planning is essential for the whole community's recovery. Older people offer unique value: a combination of wisdom, time and practical experience to the tasks at hand. They are able to identify existing informal groups as well as formal structures in their communities that can contribute to or lead recovery planning and actions. Seniors who have experienced a lifetime in their community are often astute, practical observers of the environmental and social needs of their region. They are acutely aware of the challenges facing their community and recognise their community's strengths.

WHO Age-Friendly Community (AFC) structures complement integrated community development approaches. They provide a sound structure for participation and collaboration between older people, public health departments, businesses, community services, and emergency management agencies.

In 2018, wildfires incinerated the town of Paradise nestled in the foothills of the Sierra Nevada, USA. Most of the 86 people who died in the fire were 65 or older. Emergency phone calls and texts asking residents to evacuate did not reach residents who hadn't signed up for the service or didn't have mobile phones. Disaster planning is now being informed by a diverse group of stakeholders, including vulnerable older people, to understand the way older people process and react to wildfire (Taylor, 2019).

Age-Friendly Community groups can gather valuable information, act as a communication bridge between the community and recovery agencies, identify needs, address conflicting priorities, and begin the task of addressing problems. Using the Australian Checklist for Age-Friendly Rural Communities[2] can facilitate integrated planning by providing a structured approach to assessing the current and future needs of the affected community.

Proposed actions

- **Ensure working groups comprise older people or their representatives, including those with functional limitations and those who have been evacuated.**

- **Utilise the WHO Global Network for Age-Friendly Communities for integrated planning and actions to support current and future older residents.**

- **Allocate funding for organisations to include older people in all stages of their recovery work.**

What data should we be collecting to improve community resilience levels in future disasters?

It is essential to track the progress of actions seeking to build community resilience.

Research and quality assurance mechanisms assessing response and recovery should routinely collect, analyse and apply disaggregated data by sex, age and disability, including data for violence and discrimination. Wherever possible, data about older people should be collected directly from them.

The analysis of disaggregated data can help inform the contributions older people make, as well as the barriers they face in evacuation and recovery. This will assist in the development of, or advocacy for, the inclusion of older people in policies, programs and services.

In the 2003 heatwaves in France, thousands of older people died of heat-related causes. Of those who died in their own homes, many lived alone on top floors of buildings, where rents are cheapest and temperatures were hottest. Despite France having had one of the world's most sophisticated health systems, authorities were unable to identify vulnerable older people living in community. Since then, District councils have established registries of people at risk, and response guidelines for hospitals and aid workers (Bosch, 2004).

HelpAge International (2018) has developed a set of inclusion standards to guide humanitarian responses for older people and people with disabilities. These standards can be used during program development, implementation and monitoring, and as a resource for training and advocacy.

Proposed Actions

- **Establish community resilience baseline measures and regularly collect data.**

- **Consider incorporating HelpAge Inclusion Standards into baseline measures and monitoring.**

- **Ensure data is disaggregated data by age and gender, and identifies vulnerable groups.**

- **Utilise existing government data sources and academic partnerships.**

- **Use local health and wellbeing data to identify older people at risk.**

Summary

It can be seen, then, that older people play a vital community role during disaster recovery efforts. They bring a great capacity for effective community responses often possessing the time and resources, the pragmatic life skills and natural leadership qualities, and genuine commitment to contribute to long-term community revival. With a strong connection to their local area, they represent a source of insight into the recovery needs of the community

However, older people also face particular challenges, particularly those that are more vulnerable. Public, community and business services need to be cognizant of these challenges to ensure their actions, or inactions, do not place any additional burden on this vulnerable group.

By including older people in the recovery process, there is an opportunity to maintain and improve the post-disaster health and wellbeing of the whole community. In recovery, communities can re-image the age-friendliness of the community, ensuring the reconstruction meets the built, social and community needs for all residents, now and into the future.

Bibliography

American Red Cross & American Academy of Nursing, 2020, *Closing the Gaps: Advancing Disaster Preparedness, Response and Recovery for Older Adults: 25 Evidence-Informed Expert Recommendations to Improve Disaster Preparedness, Response and Recovery for Older Adults Across the United States.*

Andrews Jr. Esq. R, 2020, *Navigating the New Normal: Key Considerations for Older Adults, Family Caregivers and Human Services Providers Before a Natural Disaster Strikes*, AARP Disaster Management ERG, Presentation to American Red Cross - National Capital Region, 2nd Annual Disaster Preparedness Summit, Washington D.C.

Annear M, Keeling S, and Wilkinson T, 2014, Ageing and post disaster redevelopment. *Australasian Journal on Ageing*, 33: 43-49.

Astill S and Miller E, 2018, 'We expect seniors to be able to prepare and recover from a cyclone as well as younger members of this community': Emergency Management's Expectations of Older Adults Residing in Ageing, Remote Hamlets on Australia's Cyclone-Prone Coastline, *Disaster Medicine and Public Health Preparedness*, 12(1), pp. 14-18.

Baker L and Cormier L, 2015, *Disasters and Vulnerable Populations: Evidence-Based Practice for the Helping Professions*, Springer Publishing Company, New York.

Bosch X, 2004, France makes heat wave plans to protect elderly people. *Lancet*, 363 (9422), 1708.

Chandra A, Acosta J, Stern S, Uscher-Pines L, Williams M, Yeung D, Garnett J and Meredith L, 2011, *Building community resilience to disasters: A way forward to enhance national health security Technical Report 915*, RAND Corporation, Arlington, VA.

Davey J and Neale J, 2013, *Earthquake Preparedness in an Ageing Society: Learning from the experience of the Canterbury Earthquakes. Report prepared for the Earthquake Commission with funding from the EQC 2012 Biennial Grants Programme*, Victoria University, Wellington.

Goldman L., Finkelstein R, Schafer P and Pugh T, 2014, *Resilient Communities: Empowering Older Adults in Disasters & Daily Life*, The New York Academy of Medicine, New York.

HelpAge International Age and Disability Consortium, 2018, *Humanitarian inclusion standards for older people and people with disabilities*, HelpAge International, London.

HelpAge International, 2000, *Older People in Disasters and Humanitarian Crisis: Guidelines for Best Practice*, HelpAge International, London.

Hickie I, 2020, *Well-meaning help might hinder fire victims ... the best shoulder to cry on is one you know*. Sydney Morning Herald, Fairfax Media. Retrieved from https://www.smh.com.au/national/well-meaning-help-might-hinder-fire-victims-the-best-shoulder-to-cry-on-is-one-you-know-20200115-p53rr6.html

Howard A, Blakemore T and Bevic M, 2017, Older people as assets in disaster preparedness, response and recovery: Lessons from regional Australia, *Ageing and Society*, 37(3), 517-536.

Hutton, D and World Health Organization Ageing and Life Course Unit, 2008, *Older people in emergencies: considerations for action and policy development*, World Health Organization, Geneva.

Johnson J, 2019, *Coping with the Anxieties, Fears and Stresses of a Hurricane*, Retrieved from https://states.aarp.org/florida/coping-with-the-anxieties-fears-and-stresses-of-a-hurricane

Labra O, Maltais D and Gingras-Lacroix G, 2018, Medium-Term Health of Seniors Following Exposure to a Natural Disaster, *Journal of Health Care Organization, Provision, and Financing*, Vol 55: 1–11.

Maltais D, 2019, Elderly People with Disabilities and Natural Disasters: Vulnerability of Seniors and Post Trauma, *Journal of Geriatric Medicine and Gerontology*, Vol 5: 041.

Maltais D, Tremblay A-J, Labra O, Fortin G, Généreux M, Roy M and Lansard A-L, 2019, Seniors Who Experienced the Lac-Mégantic Train Derailment Tragedy: What Are the Consequences on Physical and Mental Health? *Gerontology and Geriatric Medicine*, Vol 5: 1-8.

Maltais D, 2013, Post-trauma et personnes âgées: quand vulnérabilité et apport des aînés font bon ménage. *Grotius International*, Retrieved from http://www.grotius.fr/post-trauma-et-personnes-agees-quand-vulnerabilite-et-apport-des-aines-font-bon-menage/

Maltais D and Gauthier S, 2010, Long Term Impacts on personal and spiritual values for French Canadian Elderly Victims of a flood in Quebec: a question of resilience, in Kalayjian A and Eugene D, (eds) *Mass trauma and emotional healing around the world: rituals and practices for resilience and meaning-making*, Praeger, Santa Barbara, pp 193-210.

Oxfam International, 2005, *The tsunami's impact on women*, Retrieved from https://policy-practice.oxfam.org.uk/publications/the-tsunamis-impact-on-women-115038

Taylor V, quoted in Newberry L, 2019, *Poor, elderly and too frail to escape: Paradise fire killed the most vulnerable residents*, Los Angeles Times; Retrieved from https://www.latimes.com/local/lanow/la-me-ln-camp-fire-seniors-mobile-home-deaths-20190209-story.html

Victorian Farmers Federation, 2020, *Look over the farm gate*. Retrieved from https://lookoverthefarmgate.org.au/

Watanabe T, 2006, Older persons in emergency situations: a case study of the Great Hanshin-Awaji Earthquake, Research Institute of Nursing Care for People and Community, University of Hyogo. Unpublished paper prepared for the World Health Organization, cited in Hutton D and World Health Organization Ageing and Life Course Unit, 2008, *Older people in emergencies: considerations for action and policy development*, World Health Organization, Geneva.