



THE UNIVERSITY
OF THE
WEST INDIES

POLICY BRIEF

Older Adults, Chronic Disease and Hurricane Melissa

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Denise Eldemire-Shearer



EXECUTIVE SUMMARY

Older persons are vulnerable to the impacts of hurricanes in several ways. They lose roofs, homes and surroundings, but the effects are worsened by having chronic diseases which require medications and health care which is disrupted – so are family supports, leaving them alone. Disaster planning at all stages needs to include the specific requirements of older persons, as they are likely to have age-specific needs in addition to the general needs.

INTRODUCTION

- Hurricane Melissa made landfall in Jamaica as a catastrophic Category 5 storm on October 28, 2025, causing unprecedented destruction, disrupting medical services, food supplies, and housing, and further impacting family relationships.
- Older persons (60+) have been identified as a vulnerable group in such situations (PAHO 2012). Seventy-two percent (72%) of Jamaican seniors have at least one chronic disease, commonly diabetes, hypertension, arthritis and heart disease, and rely mainly on the public system for prescriptions and managed care (MAWC, 2017).
- Older persons have specific needs in disasters due to having chronic diseases, which need continuous management. In hurricanes such as Melissa, many health services are disrupted, roads are blocked, and care is not readily available. Older persons often depend on family support, physical, emotional and financial, which is also disrupted, leaving them without their usual sources of support.
- Older persons can experience declines in mental and physical activity, decreased strength, and increased functional limitations, making them more vulnerable in disasters and thereby requiring specific interventions to aid in their recovery.

MAKING THE CASE

- Hurricane Melissa has impacted seniors as medication and other medical supplies (e.g., glasses and canes) have been destroyed or lost. Dietary requirements are affected by disruptions to food and water supplies, impacting the diets of those with chronic disease. Mobility has been further affected by the blocked roads, and wet conditions increasing the pain and suffering of arthritis, further aggravating their poor conditions.

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MAKING THE CASE

- Mental Health is affected due to the impact and losses, and uncertainty of what's next including anxiety, depression and adjustment disorders. Disruptions have occurred in familiar family supports as they, too, have had their lives disrupted and are not available to help older family members or those with a disability so the older persons worry about them too.
- All this is aggravated by the difficulty of community workers in accessing some communities to get to the older persons so they feel left out. As in Gilbert and Ivan, older persons have been reluctant to leave their location to access relief for fear of predators taking whatever they have left. Older persons, especially the older ones 80+, because of limitations in mobility, have difficulty standing in lines waiting for relief supplies.

RECOMMENDATIONS

- **Pre-Disaster:** Community groups (public and private, including Non-Governmental Organisations and Churches) should have lists of where vulnerable older persons, especially those living alone, are located, so as to offer targeted assistance before and after.
- **Short-Term (0-6) Months** Relevant agencies such as the Office of Disaster Preparedness & Emergency Management (ODPEM), the National Council for Senior Citizens, Local Government and the Ministry of Health and Wellness need to do a quick situational analysis identifying where older persons are.
- MOHW, through the medical teams, especially Community Health Aides, need to get medication to them, and, where possible, accompanied by medical checks, including of cuts and stitches to prevent infection and tetanus.
- Residential facilities and shelters need to be monitored for the health care needs of older persons, including items not usually included in relief, such as adult diapers, incontinent pads and basic medications.
- Activities by MOHW should be coordinated with other relief activities, including the Ministries of Labour and Social Security and Local Government (MLSC), to ensure that older persons have adequate supplies, including mobility aids.
- MOHW needs to ensure that older persons are included in disease surveillance activities. Health education is key to ensuring they are aware of potential illnesses, especially infectious diseases and how to prevent them. Mental Health support to reduce the emotional impact of going through Melissa is critical. It is also important to see older persons as a resource for others, as they have survived previous disasters and are resilient.
- **Medium (6-18) Months:** Re-establishment of full health services to ensure continuity of chronic disease care, accompanied by a communication plan to inform seniors of changes is necessary. Seniors should be referred to Relevant Social Services for rehabilitation grants to reduce stress and re-establish a sense of normality. Mental health services, to reduce stress and promote wellness should be continued. In previous hurricanes, there has been abandonment of older persons in shelters, so ensuring relocation where necessary is important.
- **Long-Term:** Ensure that older persons are included in disaster planning. Maintain lists of where vulnerable older persons, those who live alone, recently hospitalised, bedridden or frail, live and plan for interventions before and after.
- Important to make plans to address the causes of the impact of disasters, including addressing climate change and ensuring the recovery and build back efforts are climate resilient.

CONCLUSIONS

In conclusion, disaster management in taking vulnerable groups into consideration needs to be aware of the specific needs of older persons, in addition to them having the same food, water, safety, housing and transport needs as everyone else. Furthermore, the root causes, such as climate change and resilience, need to be addressed.