Public Health Agency of Canada
Agence de la santé publique du Canada

Building a Global Framework to Address the Needs and Contributions of Older People in Emergencies

Hurricane, Source: NOAA

Canada

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A Report Based on the 2007 Winnipeg International Workshop on Seniors and Emergency Preparedness
Winnipeg, Manitoba, February 6–9, 2007

For presentation to the United Nations Commission for Social Development.

Our mission is to promote and protect the health of Canadians through leadership, partnership, innovation and action in public health.
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This report reflects the collective views of participants at the 2007 Winnipeg International Workshop on Seniors and Emergency Preparedness. The opinions expressed do not necessarily reflect the position of the Public Health Agency of Canada or the Government of Canada.

This report is available on the following Web site, from which it can be downloaded: www.phac-aspc.gc.ca/seniors-aines. It can also be made available in alternative formats upon request.

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Introduction

1. The ageing of the world's population is becoming an increasingly important policy issue for governments, professionals, academics, researchers and civil society as they face the challenge of assessing and managing the impacts of this trend. At the same time, governments need to strengthen emergency preparedness capabilities to respond effectively to the growing frequency and severity of extreme weather events, pandemic outbreaks, conflicts and other disasters and humanitarian crises. The changing global demographic has real implications for the number of seniors worldwide who may be exposed to disasters.

2. While disasters have negative impacts on all affected populations, older people have consistently been disproportionately vulnerable to both the immediate and long-term consequences of disasters (Ngo, 2001; Bolin & Klenow, 1983; Tanida, 1996; Fernandez et al., 2002). In fact, people aged 60 and over have the highest death rates of any age group during disasters (Center for Disease Control–American Red Cross, 1997). According to HelpAge International, "at present, very little is done to meet the particular needs of older adults or to recognize their unique capacities and contributions." Moreover, "humanitarian interventions often ignore older people's special needs, using systems that discriminate against them and, on occasion, undermine their capacity to support themselves" (HelpAge International [HAI] & Office of the United Nations High Commissioner for Refugees [UNHCR], 2003).

3. Older people have unique sets of needs and circumstances that are different from those in the stages of early and adult life and that require special considerations. At the same time, seniors have many assets that not only contribute to their own independence but also play a major role in supporting families and maintaining nurturing and healthy communities. In disasters and emergencies, vulnerable and frail seniors are exposed to particularly heightened risks: impairments that might be minor under normal conditions can develop into major handicaps in times of crisis.

4. Globally, there is a growing understanding that older people need to be visible in times of emergency: they need to be seen, heard, and understood (Wells, 2005).
It is crucial that the factors which place older people at risk be understood, and that the important contributions they can make in mitigation as well as response and recovery efforts be considered and integrated into emergency management. It is also important to know which regions and countries have made progress integrating seniors and other

vulnerable populations into emergency management, what challenges are faced in effectively doing this, and what approaches have been used to address these challenges.

5. At the Second World Assembly on Ageing (April 2002) the Madrid International Plan of Action on Ageing (MIPAA) was unanimously supported by all countries as a critical vehicle for ensuring that people everywhere are able to age with security and dignity, and continue to participate in their societies as citizens with full rights. More on the emerging global policy context for healthy/active ageing and follow-up to the MIPAA can be found in Appendix 1.

6. In recognition of the particular vulnerability of older people in the face of emergencies and their need for humanitarian assistance and protection, the MIPAA includes two objectives that specifically address older people's needs and contributions in emergencies. The Plan calls on governments and humanitarian aid agencies to ensure that older persons are identified and afforded equal access to food, shelter, medical care, and other services during and after natural disasters and other humanitarian emergencies. In addition, the Plan calls on governments and agencies to recognize the contribution that older people can make in the re-establishment and reconstruction of communities and the rebuilding of the social fabric following emergencies.

7. Recognizing these factors and the need for a platform to increase international awareness and action on this issue, the Winnipeg International Workshop on Seniors and Emergency Preparedness (Winnipeg Workshop) was held in February 2007 in Winnipeg, Manitoba.

▪ This report reflects the collective views of participants at the Workshop. It presents the outcomes of their deliberations, inclusive of main directions and priorities for action, as well as lessons learned from past experience with emergencies and disasters. It also discusses the emerging policy context for healthy/active ageing and emergency management. The Report is a tribute to the Madrid International Plan of Action on Ageing and its call for action on older persons' rights to protection and assistance in emergencies. It is a tribute to essential humanitarian messages that need to reverberate from sound advice and experience. It is offered as an incubator of key strategic measures that will benefit older people in emergencies and a society for all ages. *(See Appendix 3 for a List of Participants at the 2007 Winnipeg International Workshop on Seniors and Emergency Preparedness.)* ▪

Background to the Winnipeg Workshop

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8. The Public Health Agency of Canada's (PHAC) involvement in issues related to seniors and emergency preparedness began after participating in the Presidential Symposium on the 2004 Tsunami and Older People, convened at the June 2005 International Association of Gerontology World Congress (IAG). The Symposium confirmed that older people are often given low priority when it comes to relief distribution and that few international humanitarian agencies develop programmes specifically tailored to older people.

9. Subsequent to the IAG Congress, PHAC hosted a meeting of international participants attending the White House Conference on Ageing in December 2005 to explore the creation of a framework and principles for international co-operation on the issue of older people in disaster situations. This meeting resulted in a commitment to continue working collaboratively at the international level. To that end, an expert working meeting was held in February 2006 in Toronto, Canada. This meeting facilitated the exchange of knowledge among international, provincial and territorial governments, and non-government experts. At the meeting, participants expressed the need to hold an International Workshop that would provide a platform to increase international awareness of the need and opportunities to plan effectively for older people and other vulnerable groups in the context of emergency preparedness.

10. The Winnipeg Workshop was sponsored by the Government of Canada and the Province of Manitoba, in collaboration with the World Health Organization (WHO) and was held in Winnipeg, Manitoba, February 6–9, 2007. The workshop brought together over one hundred experts and stakeholders from both the emergency management and seniors' perspectives and was designed to mobilize networks and identify priorities for influencing changes to emergency preparedness policies and practices to better integrate seniors' contributions and needs in crisis situations.

11. The goals of the workshop were to:

a) Achieve a common understanding of current evidence and status of seniors and emergency planning activities in Canada, other countries, and globally.

b) Identify key policy options to address gaps and encourage the use of better practices.

c) Identify opportunities for further collaborative action within countries and at the global level and prioritize next steps at all levels.

Priorities for Action

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12. Over the course of the Winnipeg Workshop participants identified best practices, gaps, and priorities for action through small group discussion. The outcomes of these deliberations are presented in the remaining sections of this report, combined into seven broad themes that are pertinent to emergency preparedness and seniors. The priorities for action address the need for governments and other stakeholders to change perceptions of older persons, to better identify and respond to the specific needs of older people, and to better identify and utilize the contributions of older people in emergency and disaster situations.

▪ THEME 1 ▪
Public Education, Awareness and Communications

13. Past emergency situations have shown that before and during times of crisis there are often breakdowns in communications systems. At such times, little or inaccurate emergency information is transmitted to the public. Prior to an emergency, information about risks and how to prepare for an emergency may not be reaching particular segments of the population—for example, those who are isolated or those with low-literacy skills. Others may be disregarded by communications altogether. Older people, who are sometimes isolated and experience cognitive difficulties, may be at particular risk.

Considerations

14. There is a critical need to increase awareness and to strengthen public education about seniors and emergency preparedness, from prevention through preparedness and response, to recovery. This requires promoting wider understanding of the physical, social, environmental, and economic factors that contribute to the vulnerability of older people along with the promulgation of policies that support a vision of active/healthy ageing and resiliency of older people.

15. Communications are strengthened or compromised by a broad range of factors that have a significant impact on responsiveness to messaging. These factors include culture and personal beliefs, language and literacy skills, and past experience as well as geography, the policy environment, and resource levels. There is a need to address these factors and to strengthen capacities to update and disseminate clear and consistent

communications with seniors and the public generally before, during, and following emergency situations.

16. Accurate and timely pre-disaster information is especially important and includes the development and tailoring of messages to influence older people, the public, donor organizations, and non-government organizations (NGOs), including humanitarian and aid agencies.

17. How messages are delivered is also significant. During an emergency, conventional public communications systems may be disrupted and there must be alternative emergency response systems in place; plain language must be used and messages must be clear, consistent and understandable.

18. Collaboration and partnerships also play a vital role in ensuring timely and accurate dissemination of emergency information. These partnerships should be interdisciplinary and multisectoral, linking all sectors and stakeholders, including civil society. It is particularly important that older people themselves are involved, advising on how best to reach them in emergency situations and how they want to receive messages.

19. Organizations can collaborate in delivering messages in creative and cost-effective ways. Community leaders, including those in the faith community, can play a particularly important role in conveying information to vulnerable populations.

20. The quality of information available for both planning and response purposes needs to be improved. To this end, emergency preparedness data needs to be disaggregated by age and gender to provide a more accurate picture of those who are the most vulnerable, service and programme needs, and the effectiveness of interventions. Further, there must be improved recording, tracking, sharing, and use of data among all stakeholders to contribute to the analysis of past emergency preparedness efforts and to enhance future capacities for response.

21. Priorities for Action

a) Develop communications strategies and plans to heighten awareness and educate the public about seniors and emergency preparedness through developing universal key messages for the media, politicians, and other significant stakeholders.

b) Develop interactive public education and awareness strategies for seniors that heighten their disaster awareness, strengthen their capacity to prepare for disasters and

contribute to their own assistance and protection, and improve their ability to contribute directly to disaster recovery and response through self-help and mutual care.

c) Ensure that emergency preparedness expertise and resources within communities are readily available and accessible to seniors and those engaged with older people. Resources should include best practice guidelines that are accessible through electronic means such as integrated web portals where this is practical but must also include alternative means to deliver resources and expertise that will remain operative during emergencies.

d) Establish disaster education coalitions at the national and local levels that have the flexibility to include specific information geared to local needs and conditions. These coalitions should involve ageing networks, be inter-connected and be able to provide consistent and standard messages.

e) Strengthen awareness and understanding among all people that older people who are poor are particularly vulnerable, especially in times of emergencies and disasters.

f) Place special attention on educating young children about emergency preparedness to heighten their awareness and to develop knowledge, skills and resources to enable them to cope appropriately with and contribute to emergencies and disasters throughout all of the life stages.

LEARNING PREPAREDNESS FROM OLDER PEOPLE IN JAPAN: THE GREAT HANSHIN-AWAJI EARTHQUAKE

The Great Hanshin-Awaji Earthquake which struck Kobe and the Hyogo prefecture in Japan on January 17, 1995 left 6,533 dead, 43,792 injured, and 510,000 homes damaged or destroyed. The greatest proportion of people who died in that disaster was the elderly. But older people have also made a lasting contribution to building safer communities, and are now part of the Disaster Reduction Museum in Kobe, Japan, where volunteer older persons narrate and share their stories of survival and resilience.

"Eight years after the Great Hanshin-Awaji Earthquake, elderly people in the Nagata district, which was badly affected by the disaster, started conducting storytelling for groups of students on school trips. Elementary and junior high students have no experience of the Great Hanshin-Awaji Earthquake or, if they did experience it, it was when they were very young and they have no memory of the event. Children from outside the region were also included and told what actually happened in Nagata district in the Great Hanshin-Awaji Earthquake, how people coped, how they felt then and how they feel now. Through these storytelling activities, children who have not experienced major earthquakes learn how powerful they can be, and are motivated to think about the necessity of preparing for disaster and ways of coping if one occurs."

Source: Hutton, D. *Older People in Emergencies: A Framing Document for Policy and Program Development.* Draft Version 3 prepared for the World Health Organization. 2006.

▪ THEME 2 ▪
Strategies to Integrate Seniors' Contribution in Emergencies

22. It is important to recognize the capacities and contributions that seniors make both in their daily lives and in emergency situations. Yet older people are generally excluded from emergency planning and programmes. Genuinely engaging older people in emergencies can help ensure that their distinct needs are identified and integrated into assessment, programming and evaluation. In addition, it can provide critical assistance and support in mitigating the impact of crises for individuals and families as well as facilitating recovery and rehabilitation for entire communities.

Considerations

23. In disasters and crises, older people provide essential support to families such as the ongoing nurturing and care of children and income support. Within their communities they can provide valuable leadership in relief and rehabilitation projects where they often take lead roles in the mobilization of human and financial resources. The contribution of older women is often particularly important in the caring and support of children and orphans including securing and preparing nutritious food and maintaining shelter.

24. Older people need to be integrally involved in all stages of emergency preparedness. This engagement needs to include collective planning for the mitigation of disasters, locating and identifying those who are the most vulnerable in emergencies, determining levels of individual and community needs, and the development of community-based solutions for recovery and the restoration of livelihoods.

25. Income generation is an especially important function and high priority for older people following disasters. Experience suggests that seniors often play an especially important role in maintaining and/or restoring financial stability within their families and within their communities.

26. Priorities for Action

a) Develop plans and strategies to engage seniors in community-wide emergency planning processes and in all stages of emergency management.

b) Create inclusive community dialogue processes that build on the foundation of NGOs where people often congregate naturally in communities to reach older people who are vulnerable and to provide needed assistance and protection. These

organizations should include faith-based organizations, humanitarian aid organizations, and other civil society organizations.

c) Develop emergency management procedures that include the direct involvement of older persons in locating seniors in emergencies and disasters, identifying those who are the most vulnerable, assessing and addressing individual and community needs, and participating in post-emergency impact assessments and evaluations.

d) Develop a surge capacity for emergency preparedness initiatives in communities that includes the use of retired professionals and professionals-in-training, the natural leaders within communities of older people, and older volunteers.

e) Harness and strengthen political will to build supportive environments that promote and strengthen older people's involvement and contribution before, during, and after emergencies and disasters.

WORKING WITH AND LEARNING FROM OLDER PEOPLE: THE LEBANON CRISIS

In 2006, the Israel-Lebanon conflict broke out in Lebanon and northern Israel. Over a 33-day period in July and August, more than 1,000 Lebanese civilians were killed and close to 5,000 wounded. Nearly one million were displaced from their homes. In response to this crisis, the Makassed Philanthropic Association in Beirut opened ten schools in Beirut to meet the basic health and humanitarian needs of over 3,500 displaced persons. Older people played an important role in making this a success.

"At the 'Ali Bin Abi Taleb' school in Beirut, the life of the displaced remained quite cheerful, in spite of the adversities of war. This school had welcomed about 185 displaced [people] of all ages: infants, children, women, older people, and few young men. Every morning, the chores were distributed. Social workers from the Makassed Association would take the children to the courtyard and organize various activities for them: storytelling, 'face painting', drawing lessons, reading. The younger women were assigned the duty of cleaning the premises on a rotating basis. The older ladies were asked to cook for the groups. All these activities would end by noontime. After a much needed rest, the displaced would spend their afternoons together, walking around the surrounding streets, some buying needed items. The older men would sit in one of the corners discussing the political situation, with varying levels of optimism. The older ladies would rally around the children and tell them stories about life in the village in yesteryears.

This organization and delegation of tasks in that school was soon adopted in other centers. Older people have provided a significant level of support for the displaced children and the worried younger mothers. Older people provided supervision, care and guidance."

Source: Hutton, D. *Older People in Emergencies: A Framing Document for Policy and Program Development.* Draft Version 3 prepared for the World Health Organization. 2006.

▪ THEME 3 ▪
Ensuring Access to Essential Services and Protection

27. In disasters, those who are the most vulnerable need access to a broad spectrum of life-saving and life-sustaining essential services. These include emergency shelter, fuel, food and nutrition, transportation, and health services. Yet older people are often overlooked in emergency management activities, partly because it is assumed that their care and well-being will be maintained by their families and communities. For example, older people are rarely included in nutritional assessments, decisions about food requirements, or in food programme design, yet they have specific nutritional needs. Moreover, seniors have often been excluded from capacity-building and livelihood projects, placing them at increased risk of destitution and marginalization. Finally, the isolation and subjugation of older people, and especially women, places them at particular risk of neglect, abuse and violence.

Considerations

28. Humanitarian organizations and other NGOs involved in emergency preparedness often address older people's needs within the framework of vulnerable people generally and do not have specific expertise to address the unique needs and circumstances of seniors. At the same time, donor organizations tend to spend comparatively little money on programmes designed specifically to address older people in emergencies (Wells, 2005).

29. Few legal instruments address older people as a distinct vulnerable group while humanitarian policies and practices relate to older people in different ways and to different degrees: some practice codes and guidelines do specifically address the needs of older people in emergencies (for example, the *Guidelines for best practice* [HAI & UNHCR, 2003]). Nevertheless, legal instruments and policy frameworks remain very important vehicles for raising awareness of the importance of assisting older people in emergencies, promoting the development and use of accepted standards to assess progress and performance, and ensuring protection for the vulnerable.

30. In the context of legal instruments and frameworks, it is also important to develop broad action plans to ensure that essential services and protections are in place. These plans need to involve older people in all stages of emergency management, to build emergency issues directly into institutional policies and be mainstreamed into existing programmes, and incorporate an intergenerational approach which takes into account the needs and contributions of different age groups and builds on mutual support strategies.

31. Special effort is needed to locate and identify those older people who are the most vulnerable in an emergency as they often experience structural barriers and even discrimination in accessing basic services and assistance. It is also important to engage older people directly in assessing their needs, setting priorities, and determining appropriate responses as some research suggests that there may be discrepancies between older people's perception of their needs and the perceptions of aid and relief organizations (for example, the 1999 study of humanitarian agency practices [Wells, 2005]).

32. When communities and resources are stressed under emergency conditions, older people are especially vulnerable to violence and abuse and are in particular need of protection. This is especially the case of women whose vulnerability is often heightened in disasters and conflicts. Elder abuse takes many forms including discrimination, physical and psychological abuse, financial abuse, and violation of land and property rights.

33. Ageing networks can be very effectively integrated into the delivery of essential services and protection.

34. Priorities for Action

a) Engage and empower older people through the strict observance of international law and through supporting and implementing policies and practices to provide essential services, assistance, and protection to seniors in emergencies and disasters.

ADDRESSING OLDER PEOPLE'S NEEDS IN WEST DARFUR

Since violence erupted in Darfur in 2003, over 2 million people have been displaced and almost 300,000 have died from disease and starvation. It has been estimated that about 8% of those now living in camps are older people, half of whom live alone. A 2004 assessment carried out by the HelpAge International found that 45% of these displacees lacked adequate shelter and 61% were suffering from untreated chronic diseases.

In response to the crisis, HelpAge International has been carrying out programming in seven camps in Sudan. The implemented activities have been key in not only reducing the suffering of older people, but raising their social standing in their communities.

- Older people's committees were established to represent the needs and rights of older people, to act as a point of reference for other humanitarian organizations, and to coordinate outreach services to more vulnerable people.
- A network of community health workers was established in each of the camps to provide outreach and basic care to older people.
- A system of donkey-cart ambulances was set up to transport older people to medical appointments.
- In partnership with the World Food Programme, supplementary food baskets were distributed to older people at risk of malnutrition or caring for several dependents.
- In one camp, a social nutrition centre was implemented to provide freshly cooked meals to vulnerable older people three times weekly.
- Social activity centres were established to allow older people to gather together, share news and stories, and make traditional handicrafts as one way to rebuild their sense of community.
- To increase older people's self-sufficiency, HelpAge International supported a shoe-making cooperative, a bakery, livestock regeneration, and distributed seeds and tool kits for household gardens.

Source: Hutton, D. *Older People in Emergencies: A Framing Document for Policy and Program Development.* Draft Version 3 prepared for the World Health Organization. 2006.

▪ THEME 4 ▪
Continuity of Health Services

35. Emergency situations can make it very difficult for older people to manage pre-existing illnesses and chronic conditions. Home support and care arrangements may be interrupted, essential medical equipment like oxygen generators or ventilators can become inoperable, and health facilities may be damaged or overwhelmed with disaster-related acute injuries and with those who are unable to cope with pre-existing health conditions or whose health conditions have been amplified as a result of the disaster. These problems may be particularly pronounced in rural/remote settings where access to all forms of health care is often more limited than in urban settings.

Considerations

36. Health is one of the primary concerns of older people in emergencies, alongside material security. Good health is a pillar of active and healthy ageing, contributing to seniors' capacity to maintain a livelihood, remain independent, and exercise control over their lives. In times of emergency maintaining health and well-being can be compromised as the challenges associated with normal ageing such as reduced mobility, sensory and cognitive capacities are compounded by such additional challenges as the risk of malnutrition, chronic disease management and disabilities, and coping with trauma and threats to mental health.

37. People need to understand better how to plan for and manage their health in emergency situations. This includes ensuring adequate supplies of medications and access to emergency health care and equipment. However, it is also important that health providers, especially primary care providers, and those responsible for emergency management measures are aware of the health needs of vulnerable seniors: that they know the impact of disasters on heightened health risks, that they are able to identify and treat vulnerable seniors in crisis, and that they have access to appropriate protocols and standards of intervention and care.

38. Evidence suggests that some older people may be more resilient than younger people in emergencies because they can draw on broad life experiences. Yet at the same time it is clear that the loss, displacement, and trauma associated with emergencies can act as cumulative and interactive stressors and that this can have very detrimental effects on the health and well-being of older people. Accordingly, there is a need to understand better and address the mental health needs of seniors—beginning with the development of improved ways to assess and identify those who are

particularly traumatized and following through with multi-disciplinary teams of caregivers to ensure a variety of response options. A key challenge for health interventions is that older people may conceal their vulnerabilities out of fear of being marginalized and isolated by family, responders, and their communities.

39. Business continuity plans (BCPs) need to be developed and standardized to some degree within and across all stages of the health delivery system, including primary care, clinics and hospitals, and home and long-term care facilities.[1] For example, necessary medical services and treatments (e.g. dialysis and medications) must continue to flow throughout a response to a disaster. These plans must address standards of care and best practices around such matters as strategies for triage, and access to medical information and records; continuity of care and access to interdisciplinary care teams; and periodic simulations, testing and evaluation.

40. The sharing of important information in the form of medical health records—and electronic health networks—may be disrupted in disasters by electrical failure. It is critical to develop information-sharing alternatives which ensure that health information follows the patient while continuing to respect privacy considerations.

41. As governments are invariably over-extended in times of emergency and humanitarian and other relief agencies under-resourced, communities and civil society organizations play an important role in maintaining links between seniors and important health services. This support may range from complementing the supportive and connecting roles normally played by families and friends through to advocacy and outreach roles with and on behalf of older people.

42. Priorities for Action

a) Develop business continuity plans for care providers and public and private suppliers that extend across the full spectrum of the health care system, from primary care to palliative care arrangements and that are periodically tested and upgraded to take account of changing health needs and capacities within communities. For example, BCPs need to be mindful of personalized emergency plans in place in catchment areas where older people reside; they need to include the creation of multidisciplinary teams that can provide seamless care and assistance in emergency

[1] Business continuity planning is a proactive planning process that ensures critical services or products are delivered during a disruption. A Business Continuity Plan (BCP) includes plans, measures and arrangements to ensure the continuous delivery of critical services or products which permit the organization to recover its facility, data, and assets along with the identification of the necessary resources to support business continuity, including personnel, information, equipment, financial allocations, legal counsel, infrastructure protection and accommodations (Public Safety Canada, 2005).

situations, and they need to include regular emergency alert simulations to ensure their effectiveness in times of actual emergency and disaster.

b) Establish and maintain ageing networks that include the participation of older people themselves and that connect the emergency management community directly with health planners, policy makers, researchers, and providers.

c) Conduct periodic and systematic environmental scans to prioritize issues and identify best practices in health emergency management for older people.

d) Develop guidelines and templates to articulate minimal health services and care requirements in emergency and disaster situations.

e) Develop plans for home support and home care services, involving the active participation of older people. These plans should assess needs and develop alternative support and care arrangements before crises occur along with detailed emergency evacuation plans.

f) Support qualitative and quantitative research on seniors' mental health needs in emergency situations that will lead to practical applications and guide interventions for health service and care providers and practitioners.

g) Invest in health promotion and population and public health policies and programmes that recognize active and healthy ageing as the primary strategy for building resiliency and contributing to improved quality of life for older people generally, and for strengthening seniors' capacity to prepare for, cope with, and respond to the effects of emergencies and disasters.

LESSON FROM FRANCE: THE 2003 HEAT WAVE

The 2003 heat wave in Europe killed more than 30,000 […]. In France, where temperatures reached 40 degrees Celsius and higher, thousands of older people succumbed in rest homes and care facilities. Although the country had one of the most sophisticated health systems in the world, it did not have an extreme heat plan and suffered from "a lack of preparation, shortage of cooling equipment in nursing homes and hospital facilities, and [a] lack of any clearly defined roles for agencies involved" […]. This was compounded by funding and personnel shortages in many rest homes, which prevented adequate monitoring and care of more vulnerable residents. Among the elderly who died in their own residences, many living alone in inexpensive top floors of buildings where it was the hottest, common causes included a failure by authorities to identify those elderly at risk, to communicate to them ways to cope with the heat, and to provide life saving interventions like bottled water, ice packs, and cooling equipment.

In the wake of the heat wave, France undertook major reforms to protect older people. This included funding to equip retirement homes with air conditioning as well as to ensure adequate staffing. District councils were also made responsible for establishing registries of people at risk, and response guidelines for hospitals and voluntary aid workers were developed and implemented […].

Source: Hutton, D. *Older People in Emergencies: A Framing Document for Policy and Program Development.* Draft Version 3 prepared for the World Health Organization. 2006.

▪ THEME 5 ▪
Evacuation

43. Hurricane Katrina demonstrated that evacuation of large urban centres can be problematic and that older people may be at particular risk. They may be isolated and housebound; fail to heed warnings; and/or be reluctant to leave their homes. Other seniors may be frail and have illnesses which could compromise their health during evacuations, should they not receive continuing care. In addition, many older people live in regions and communities without an emergency plan in place and with little or no capacity for emergency response. The challenges of evacuation go beyond the actual movement of older people: for example, in many jurisdictions there is no system or capacity to locate older people who are unable to evacuate on their own.

Considerations

44. It is important that communities, including older people themselves, are provided with adequate information about what to do during an evacuation and what resources are available. At the same time, this information needs to be backed up by workable evacuation plans and systems.

45. There are significant differences between developing evacuation scenarios for emergencies and developing scenarios for disasters: in emergencies, there is usually a reliance on responders to evacuate people whereas in disasters, people are often required to mobilize and evacuate themselves.

46. Many factors contribute to a good evacuation plan. These include identifying those who are vulnerable (including those who cannot or will not self-identify); addressing the particular needs of the frail elderly and those with special needs; ensuring access to reliable information to facilitate triage, to ensure continuity of health services, and to assist family tracing and unification; and establishing strong linkages among care providers, service providers and governments to ensure seamless access to essential services.

47. Home and special care facilities present special challenges for the evacuation of older people in emergencies and disasters. For these facilities it is especially important to have good emergency response plans in place that adhere to consistent national standards and guidelines that are tested and evaluated.

48. Priorities for Action

a) Develop a systematic approach to evacuations at the national and community levels that is built on the matching of older people's needs with flexible and appropriate evacuation arrangements and facilities. This approach must be formalized within comprehensive, integrated plans linking emergency management and health care services and assistance.

b) Engage seniors directly in education and training initiatives associated with evacuation plans to strengthen their capacity to ensure appropriate levels of self-care and mutual support during evacuations.

c) Predicate evacuation procedures on community-based systems that identify vulnerable seniors and where they are located.

d) Develop special plans involving the use of multiple types of vehicles including ambulances with stretchers, buses, trucks, and other private vehicles to attend to the special evacuation needs of the frail elderly.

e) Encourage the practice of triaged or staggered approaches to managing evacuations wherever appropriate and practical.

EVACUATION OF THE SUTHERLAND HILLS REST HOME IN KELOWNA DURING THE OKANAGAN MOUNTAIN FIRE

The staff of Sutherland Hills, working in concert with IHA (Interior Health Authority) personnel, had the daunting task of moving the rest home residents. […] It is important to remember that only about one quarter of the residents of Sutherland Hills were cognitively intact whereas the majority had mild to severe dementias.

With a limited number of ambulances (three), an important consideration was evaluating which residents were too sick or frail to manage a bus trip and should be transported by ambulance. By departure time, large ash was falling around Sutherland Hills and the smell of smoke was in the air. Ambulances, wheelchair access buses and trucks were used to move residents, their beds, mobility aids, and minimal possessions and supplies from Kelowna to Vernon. Interviewees reported that a trip that ordinarily takes a little over 30 minutes, on this occasion took several hours as traffic carrying other evacuees moved out of town at a snail's pace. Arriving in Vernon, a community 47 km north-east of Kelowna, residents, staff and beds were taken to the two identified care facilities (Gateby House and Noric House) and moved into makeshift wards set up in dining rooms and other open areas. The evacuees remained there for nearly a week. […]

After the event, staff identified a significant problem in evacuating elderly clients. When the evacuation notice was given, many family members were naturally very concerned about their family members at Sutherland Hills. Some families took their frail family members home without realizing what was involved in caring for them. One resident fell during her sojourn with her family and broke her hip; for this person, the fracture has become a more vivid memory than the forest fire. With hindsight, staff reported that they would caution against families taking on such responsibilities without the training, physical environment, and mobility aids that support residents in the facility.

Source: Cox, Robin. *Older persons in emergency and disaster situations: A case study of British Columbia's Firestorm 2003.* [Vancouver, BC?], 2006. (Unpublished).

▪ THEME 6 ▪
Special Needs Shelters and Long-Term Accommodation

49. Emergency shelters are often required to care for frail or ill individuals. This can lead to complex demands on service providers, especially when older evacuees have specialized needs such as bedding, nutrition, and medications. Further, these needs are sometimes overlooked: for example, there is frequently the assumption that the needs of older people will be met by family members and older people are often "hidden" within the total shelter population. In addition, there can be particular challenges associated with obtaining medical histories from evacuees who are cognitively impaired, placing them at even greater risk of having their special care needs overlooked.

Considerations

50. There are a number of definitional issues that need to be addressed, particularly around the question of what constitutes a "special needs" as opposed to a public shelter. For example, at what point is it necessary to single out particular age-related or clinical health needs and under what circumstances?

51. Shelters reflect the social, cultural, and economic circumstances of a region including the infrastructure of roads, water, and sewerage, and the size, profile and distribution of the population. Thus, individual communities must remain flexible and willing to adopt different approaches to the provision of shelters.

52. In addition, no single model of shelter can address all seniors' needs: the type of shelter available can have a significant impact on people's mental and physical health. For example, those housed in smaller shelters tend to demonstrate more positive post-disaster effects. Further, issues such as gender, maintaining family units, addressing special care needs, and the admissibility of pets are all issues that need to be considered. Promising community-based models of shelters are emerging that focus on small neighbourhood groupings as well as the use of other institutions as temporary shelter facilities in certain circumstances.

53. Policy guidelines around the operations of shelters are not common yet are important, especially where multiple jurisdictions are involved. Such guidelines or frameworks need to address issues of governance and roles and responsibilities, kinds and levels of care to be provided, standards and guidelines, and accountabilities.

54. Communities should strengthen efforts to incorporate the building of "smart" emergency preparedness technology into public buildings and facilities. For example,

seniors' housing units should be equipped with emergency generators (as should certain food and gas/petrol suppliers within communities).

55. Priorities for Action

a) Articulate the key features and characteristics of special needs shelters and identify and/or develop, and encourage the use of standardized instruments such as screening tools to assess and monitor levels of care required/provided.

b) Ensure that special needs shelters are able to address the diversity of living circumstances and needs of older people including the capacity to accommodate diverse relationships, special caregiving responsibilities, and other circumstances and arrangements that might otherwise act as barriers to their mobility and relocation.

c) Develop guidelines that allow other care facilities in the vicinity to accommodate special needs "visitors" who require shelter in circumstances where special needs shelters are not available.

d) Develop special measures that identify and draw on all of the resources within communities to provide a surge capacity within shelters in emergency situations, including the use of specially trained volunteers.

THE GREAT HANSHIN-AWAJI EARTHQUAKE: AFTER THE SHOCK

Of 6,533 victims killed in the collapse of buildings and other damages caused by the Great Hanshin-Awaji Earthquake, 53% were over 60 years of age. Of the 930 who died of secondary effects between January and June, 90% were elderly people over 60 years of age. The average age of those who [died] during this period was 69.2 years.

In the aftermath of the earthquake, many older people weakened from the harsh living conditions and loss of caregivers. For the elderly with medical conditions and disabilities, life in emergency shelters was extremely harsh. Inadequate heating and poor nutrition contributed to high rates of dehydration, diarrhoea, muscle and joint-related symptoms, hypertension, pneumonia, and other ailments. Many who had been receiving health support within their homes found themselves without their caregivers and means to keeping up with their treatment and self-care. Those taken to hospitals were frequently returned to shelters because of shortages of in-patient beds.

An important programme that came from the Great Hanshin-Awaji Earthquake was the formation of the Health Advisors System. This was part of the broader nursing care provision system in the Hyogo prefecture but targeted persons and other people with special needs. The Health Advisors System included not only outreach services to the elderly and at-risk individuals to ensure continuity of health care and social welfare support, but also the formation of community activities to reduce older people's isolation. Resident social meetings, health consultation meetings, tea parties and memorial day services were important in helping older people re-establish networks of mutual support and assistance while enhancing their overall quality of life and place in community.

Source: Hutton, D. *Older People in Emergencies: A Framing Document for Policy and Program Development.* Draft Version 3 prepared for the World Health Organization. 2006.

▪ THEME 7 ▪

Resiliency, Recovery and Restoring Livelihoods after a Disaster

56. Vulnerability and resiliency are not mutually exclusive: the special needs of older people often exist alongside extensive skills and unique experiences. The ability to maintain self-sufficiency and autonomy—through work, intergenerational supports, and/or social pension schemes—contributes substantially to the capacity of older people to cope with and recover from crisis. However, while older people—and particularly those in developing countries—remain economically active, aid assessments often overlook this reality.

Considerations

57. Emergency and disaster situations often involve significant trauma for older people. They may suffer a significant loss in family, friends, networks, often accompanied by a corresponding change or loss in their role and status in their community. They may also experience a loss of income, home and property. For many, these losses can be devastating and compromise their resiliency and health. For others, the experience of previous trauma and loss may equip them to play an important role in the response and recovery of their family and community. Their knowledge of the land, their experience, their coping strategies and skills and knowledge all become important assets to mitigate the crisis, restore livelihoods and maintain well-being.

58. Older people in the developing world remain economically active throughout most of their lives and the restoration of their livelihood after disasters is particularly important: it is their first priority in recovery. For families, the economic activities of older people are a critical component of intergenerational support contributing to shelter, food, and the costs of education. Economic self-sufficiency is facilitated through measures such as financial transfers, their enrollment in rehabilitation projects that generate income or in credit or saving schemes, and their participation in skills training, education programmes, and training in literacy, numeracy and new languages.

59. Self-sufficiency can mean different things: it can apply to the ability to cope within the first 72 hours of a disaster or it can mean the long-term rebuilding of family and community capacities. Every person—and community—has unique needs and assets that come to light in the recovery stages of a disaster and emergency responses must be sufficiently flexible to accommodate these differences. A variety of community-based frameworks exist to build and sustain local capacity for emergency preparedness including the development and use of volunteer community-based consulting networks.

60. For the longer term, effective response and recovery calls for communities and governments to address systematic inequities that have compromised health and well-being in the past and that present barriers to rehabilitation and reconstruction. This requires a commitment to actions to improve the health of older people generally, including the introduction of public policies that promote active/healthy ageing, strengthen resiliency, and reduce seniors' vulnerability.

61. Priorities for Action

a) Put structures and procedures in place to enable communities to prioritize their needs collectively and to support recovery activities and the restoration of livelihoods. As part of this process, communities should develop and draw on approaches that are responsive to their unique circumstances and that are self-sustaining.

b) Develop plans around known vulnerability issues and recovery barriers associated with older people and ensure their involvement both as individuals and as participants of broader organizations that have a mandate to mobilize seniors.

c) Provide older people with the opportunities to engage across the full spectrum of rehabilitation and restoration activities. This includes engaging in a broad range of activities associated with learning, work and employment, income support, volunteering, caregiving, and social participation and inclusion.

d) Ensure the availability of sufficient funding and other resources to support and empower older people to be meaningfully engaged throughout all aspects of recovery and restoration.

SUCCESS IN MOZAMBIQUE: BUILDING LOCAL CAPACITY AFTER THE 2000 FLOODS

In 2000, Cyclone Eline and heavy rains struck Mozambique. The flooding that began in early February and stretched through to March covered 140,000 hectares of arable land. Over 45,000 people were rescued from roof tops, trees and other isolated areas; 700 people lost their lives and 500,000 were displaced.

In the aftermath of the flood, HelpAge International of Mozambique (HAIM) worked with the local non-government organization VUKOXA to address the needs of the local poor and vulnerable older people. Comprised of retired people themselves, VUKOXA carried out home visits by local counsellors or vaingeseli to identify the problems faced by older people and ensure they received essential household items such as food, blankets and clothing. The VUKOXA programme also worked closely with communities to raise awareness of older people's rights to participate in the recovery and rebuilding of their communities.

- Councils representing older people were organized in each village and worked closely with community organizations to identify vulnerable older people and coordinate the reconstruction of their homes and property.
- Older people were included in the planning and implementation of all community recovery activities, including animal distribution, access to agricultural seeds and tools, and credit for the income-generating activities.
- A social fund was established to support more vulnerable older persons in the village, using profits from a newly constructed community mill.
- Awareness raising and training was given to family members in order that they could provide home-based health assistance to frail elderly members.
- Intergenerational relations were supported by having older persons partner with school children in the planting of fruit trees at schools.

Source: Hutton, D. *Older People in Emergencies: A Framing Document for Policy and Program Development.* Draft Version 3 prepared for the World Health Organization. 2006.

Building National Capacity to Address the Needs and Contributions of Older People in Emergencies

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62. In addition to the above priorities, participants of the Winnipeg Workshop also identified four cross-cutting priorities that are important for building national capacity to address the needs of seniors in emergency situations. Action on each of these four areas—individually and more important, collectively—is expected to facilitate the development and implementation of national and community level emergency management plans and contribute to the longer-term sustainability of efforts for seniors and emergency preparedness globally.

Training

63. Progress has been made in raising awareness of the needs of certain vulnerable populations in emergency situations such as women and children but the needs of older people often continue to receive inadequate attention. Therefore, emergency managers, responders, other service providers, and volunteers need to gain a firm understanding of the special needs and capacities of older people through the development of integrated training approaches. It is important that the training builds expertise within and across emergency management and health and gerontology sectors—and that the various disciplines share and learn from each other—but also that it builds and strengthens emergency preparedness competencies and skills within allied agencies and service sectors including social services institutions, home care and support, and long-term care facilities.

64. Training in emergency preparedness and response is required for a broad range of planners, deliverers, and decision-makers. It is needed in relation to such issues as conducting vulnerability assessments; determining health, psychosocial and mental health needs; and understanding age-related impairments. Seniors need to be included as they rarely receive substantive training in emergency preparedness. In addition, it is important to evaluate best practices in training to determine what works and what doesn't work (i.e. to learn from mistakes). This knowledge can guide the development of new tools and templates and/or be used to adapt existing tools, particularly where these are already being used effectively by other human service deliverers.

65. There is a need for a global environmental scan on training resources, programmes, and practices with a view to developing a generic training framework adaptable for use by all countries. Such a framework needs to suggest who to train,

how to train, and what should be taught. This includes articulation of roles and responsibilities among partners for training, consideration of a multi-tiered approach to training distinguishing among different emergency respondents' responsibilities and needs, and funding strategies. It should also address ways to engage community-based organizations and volunteers who should implement the training wherever possible to ensure local delivery in culturally and linguistically appropriate formats.

Tools, Resources and Best Practices

66. Better coordination and sharing of the emergency preparedness tools, resources, and best practices already in place can substantially strengthen emergency management efforts.

67. As well, there is a need to develop, adapt, distribute, and use a wide variety of additional resources for emergency preparedness purposes. These include: a) checklists and assessment tools to assess the vulnerability of older people and to enable individuals and communities themselves to identify and prioritize needs; b) guidelines to promote minimal health care requirements and standards; c) health registries to provide access to critical patient information while respecting privacy considerations; d) frameworks to facilitate the development of Business Continuity Plans for care providers and suppliers (public and private); and e) tools to identify features and characteristics of appropriate special needs shelters and to assess and monitor care (for example, screening tools) in special needs shelters and home care.

Strengthening Networks

68. Collaboration and cooperation are critical at all levels to ensure the development and implementation of timely and effective emergency preparedness efforts. The complexity of the issues and cross-cutting nature of the responses dictate that all levels of government need to be involved in managing disasters, along with a host of other players, including academics and researchers, civil society organizations, and the private sector. This includes the need to strengthen existing networks and partnerships at the global level, for example, enhancing links with the International Association of Emergency Managers Standing Committee on Vulnerable Populations and continuing the dialogue with the WHO's Health Action in Crisis Unit to keep seniors' issues in the forefront of ongoing policy development.

69. In addition, there was support at the Winnipeg Workshop for the creation of a formal alliance to promote and maintain ongoing communication, coordination and momentum among stakeholders around seniors and emergency preparedness and to

work collectively towards concrete progress in this field. Following the workshop, two Steering Committees were struck to refine and expand on the identified priorities, to propose short and longer-term activities for each, and to identify potential partners for moving the proposed measures forward. One committee is reviewing potential international actions and the other is focusing on Canadian-specific activities.

Supporting Data Development and Research

70. There is an urgent need for better data collection, analysis and research to support all efforts relating to seniors and emergency preparedness. This is required to inform ongoing work associated with the MIPAA generally and with seniors and emergency preparedness specifically. Ultimately, better information will also guide policy and programme development and decision-making at the local, national, and international levels.

71. In the area of information and data, the priority lies in strengthening local and national capacities to collect, disaggregate, and analyze age and gender specific data. In addition, seniors and communities generally need to be better engaged in data gathering processes and in the design and implementation of research methods, including the use of community-based participatory action research.

72. Further research is required on almost all aspects of ageing, including seniors in emergencies; this need extends from more of the broad kinds of qualitative research undertaken by HelpAge International and supported by the European Commission Humanitarian Aid Office (ECHO) and the United Nations High Commissioner for Refugees (UNHCR) on the experiences of older people in emergencies to more focused qualitative and quantitative forms of research on such issues as the links between isolation and marginalization of older people and their vulnerability in crises and conversely, the factors most contributing to the resiliency and well-being of older people in emergencies.

Future Action

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73. As a basis for moving ahead, a number of lessons have been identified that draw from past emergency experiences and informed the Winnipeg Workshop discussions and the development of priorities for action. These are presented in Appendix 2.

74. It is expected that the deliberations of the Winnipeg Workshop will make a significant contribution to future work on developing a global policy framework on seniors in emergencies in at least two respects. The discussions sparked an important and unique interdisciplinary dialogue among over one hundred experts from the fields of gerontology, health, emergency management, first responders, humanitarian aid and seniors themselves. This dialogue will contribute to a better understanding of the impacts of disasters on older people and of the actions required to integrate seniors' contributions into emergency preparedness efforts. In addition, the guidance provided by participants of the Winnipeg Workshop will strengthen awareness and understanding of the global importance of protecting and assisting older people in crises and contribute substantially to ensuring that in the future, seniors' issues are better integrated into emergency preparedness policies, programmes, and practices at the local, regional, national and international levels.

75. Despite this progress, further important work remains to be done. Specifically, there is a need to move beyond the priorities for action that have been identified in the Winnipeg Workshop and to develop implementation strategies within each of these thematic areas. These strategies must identify what needs to be done and by whom, within specific time frames.

76. A follow-up policy workshop on seniors and emergency preparedness will be held in the first half of 2008 in collaboration with other global partners. It will draw from the conclusions and recommendations emanating from the 46th session of the Commission for Social Development and its review and appraisal of the MIPAA. The workshop will also be informed by the ongoing work of the two Steering Committees and their associated working groups.

Conclusion

77. Some of the outstanding opportunities for global and national action on seniors and emergency preparedness are set out in the July 2006 report of the Inter-Agency Standing Committee (IASC), the primary United Nations (UN) mechanism for inter-agency coordination of humanitarian assistance. Following its deliberations on protecting and assisting older people in emergencies, the Committee called for a strengthening of measures to promote the protection of rights of older people in emergencies under existing laws; to enhance the visibility and inclusion of older people in crisis situations; to mainstream efforts directed towards older people through integration and intergenerational measures; and to effect a more equitable allocation of practical and financial resources to support work with older people in emergencies.

78. In the light of the comparatively early stage of this important global focus on seniors and emergency preparedness, the discussions emanating from the 2007 Winnipeg International Workshop on Seniors and Emergency Preparedness are particularly timely: the workshop underscores the importance of the Madrid International Plan of Action on Ageing as it relates to emergency preparedness and the additional efforts needed to ensure that seniors are included in all aspects of emergency management. Further, it reinforces the key messages associated with the related follow-up discussions of the UN agencies. Thus, the Winnipeg Workshop also has the potential to contribute to the selection and further development of key strategic measures that will maintain the momentum created by the MIPAA and advance bottom-up and participatory measures to achieve the longer-term objective of a society for all ages.

APPENDIX 1

Policy Context for Active/Healthy Ageing and Emergency Management

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Global ageing is one of the most significant trends of this century. The previous century witnessed a significant increase in longevity; globally, the population of older people is growing at a faster rate than any other age group. The declining proportion of young people and the increasing proportion of people over age 60 is changing the population profile of the past and rapidly moving both developing and developed societies into an era of global ageing. This trend has invited governments and civil society alike to change the way they view older people and the ageing process and to adjust the ways that they plan for and manage the needs and the contributions of older people within society.

This new perspective on ageing is reflected in the World Health Organization's concept of *active ageing*. In 2002, it was defined as "the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age."[2] Guided by the United Nations Principles for Older Persons of independence, participation, care, self-fulfilment, and dignity, the WHO active ageing policy framework encourages action on the three basic pillars of health, participation and security. This perspective calls for the promotion of a wider understanding among governments and humanitarian organizations of the environmental, personal, economic and social factors that contribute to the vulnerability and strengths of older people and supports interdisciplinary, cross-sectoral action to build societies for all ages. The WHO framework and complementary national frameworks developed in recent decades, have contributed to a concerted strengthening of international and national capacities to enhance active, healthy ageing.

The International Plan of Action on Ageing adopted at the First World Assembly on Ageing in Vienna in 1982 had recommended action in a variety of areas such as employment and income security, health, education, housing and contributed to global efforts over the latter decades of the 20th century. In 1991, with the development of the United Nations Principles for Older Persons, human rights for seniors were advanced

[2] The WHO life course approach to *active ageing* recognizes that older people are not one homogeneous group and that individual diversity in needs and capacities tends to increase with age. Interventions at all times—and especially those related to emergency management—are designed to create supportive environments to maintain independence and prevent disability (World Health Organization, 2002).

through the promulgation of the five principles mentioned above. Subsequently, the 1999 International Year of Older Persons adopted the theme of "A society for all ages." Follow-up activities promoted an intergenerational approach to enhance healthy ageing and contributed to advancing "awareness, research and policy action worldwide, including efforts to integrate the issue of ageing in all sectors and foster opportunities integral to all phases of life" (United Nations, 2002).

Similarly, Canada's commitment to support the social and economic health and well-being of older people is based on the collective actions of governments, the private sector, and non-government organizations over many decades and has resulted in a vast network of policies, programmes, and services directed at older people.

As a signatory to the 2002 Madrid International Plan of Action on Ageing (MIPPA), Canada is committed to advancing the spirit and intent of the MIPAA and has a number of policy frameworks in place that directly support and advance its three policy directions and the two objectives addressing emergency situations. These policy investments stem from the demographic imperative associated with an ageing population but are also driven by additional factors such as the recognition of the significant contribution of older people to the richness of Canadian life and the economy; the fact that interventions in the later stages of life can be beneficial to improving the quality of life of older people and that healthy ageing can offset the severity of chronic disease and disability; and the growing evidence on the effectiveness of particular interventions for older people that can be used to guide ongoing policy and programme decisions.

In 1994, the federal, provincial, and territorial governments in Canada endorsed a National Framework on Ageing. Its Vision Statement—Canada, a society for all ages—"promotes the well-being and contributions of older people in all aspects of life" and builds on five principles of dignity, independence, participation, fairness, and security to guide policy action (Federal-Provincial-Territorial Ministers Responsible for Seniors (Canada), 1998). More recently, governments have articulated a new vision for healthy ageing in Canada that values and supports the contribution of older people; celebrates diversity, refutes ageism, and reduces inequities; recognizes healthy ageing as a critical pathway to building resiliency and capacity within older people; and provides age-friendly environments and opportunities for older Canadians to make healthy choices that will enhance their independence and quality of life. This new vision builds on the 1994 Framework and pursues action through three mechanisms: self-care; mutual aid; and supportive environments. These mechanisms are supported in turn, by training,

building community capacity for healthy ageing, and supporting a research and knowledge development agenda.

A complementary policy initiative in health emergency management in 2001 has also played an important role in strengthening the links between older people and emergency preparedness in Canada. Recognizing the importance of a comprehensive, integrated and coordinated strategic plan for managing health emergencies in Canada, governments at all levels called for the development of a National Framework for Health Emergency Management. The purpose of the Framework is to provide a consistent, inter-operational approach to health emergencies in the country.

The Framework enhances the capacity of local, provincial and national authorities to prepare for and respond to emergencies by fostering operational bridges based on shared principles, guidelines, and operating procedures (Health Canada, 2005). In this capacity, it provides an important policy and programme infrastructure within which to respond better to the needs of all vulnerable people in emergency situations, including older people. In doing so, it addresses the MIPAA policy directions, from improving the quality of life of older people to strengthening the sustainability of social and economic support systems.

Follow-up to the Madrid International Plan of Action on Ageing

At the Second World Assembly on Ageing (April 2002) the Madrid International Plan of Action on Ageing (MIPAA) was unanimously supported by all countries as a critical vehicle for ensuring that people everywhere are able to age with security and dignity, and continue to participate in their societies as citizens with full rights.

The MIPAA is an important milestone in promoting the health and well-being of older people and the realization of a society for all ages. It is the first international agreement urging governments to include ageing in social and economic development priorities. Further, it calls for action on older persons' rights to protection and humanitarian assistance in emergencies; it focuses attention on the effects of marginalization of older people—especially poverty, but inclusive of their heightened vulnerability in disasters; and it promotes a mainstreaming and intergenerational approach to ageing in responding to humanitarian crises.

The July 2006 Report of the UN Secretary-General on Follow-up to the Second World Assembly on Ageing acknowledges the actions undertaken by Member States since 2002 to achieve the objectives of the MIPAA. As well, the report describes the essential elements of capacity development that governments must address in designing, implementing, and monitoring implementation strategies in the context of the MIPAA. The report concludes by identifying a number of strategic measures required to incorporate the challenges and opportunities of ageing and older people into the policies, programmes, and projects of governments and others. These measures include the need to mainstream ageing issues into poverty reduction and national development frameworks, to use inclusive consultations to develop ageing-related policies, to forge stronger multi-sectoral partnerships for capacity building on seniors' issues, and to strengthen research and data collection initiatives on ageing.

Notwithstanding the significant accomplishments achieved since 2002, the MIPAA has been unevenly implemented to date. Conversely, there is considerable opportunity for greater implementation of the Plan within and across Member States. This would appear to be particularly the case in relation to older people and emergency preparedness.

APPENDIX 2

Lessons Learned from Previous Emergency Situations and Disasters

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A number of lessons from past emergency situations and disaster experiences served to inform discussions and the identification of priorities for action within the Winnipeg Workshop. These key lessons are identified below.

a) A long-term perspective—and investment—is required to reduce the vulnerability of older people in crises and to strengthen their capacities and resiliency following emergencies and throughout life. This requires the adoption of a comprehensive population health and health promotion approach that fosters active and healthy ageing.

b) Older people face a double protection dilemma: they make significant social, economic, cultural and spiritual contributions to their families, communities and society but they have their own specific vulnerabilities and protection needs that often go unrecognized and unmet in emergencies.

c) Older people's visibility and inclusion in times of crisis must be enhanced. Seniors need to be involved as participants in all stages of emergency management and their needs and contributions fully and deliberately incorporated.

d) Consistent with the life course perspective on active and healthy ageing, good planning and design for seniors is good for people of all ages. This applies to the policies and practices that influence the social, environmental and economic environments that shape people's lives as well as to the policies and practices that shape the physical environment within which people live, work, play and worship.

e) Ageing issues need to be systematically integrated into all policies and programming. This calls for an integrated, inter-generational approach to emergency management that acknowledges the relationship between different age groups and their mutual support strategies. At the same time, some changes are required in how services are designed and delivered and certain ageing-specific policies, programmes and practices will always be required to incorporate the particular needs and contributions of older people in emergencies.

f) A larger, more equitable proportion of practical and financial resources should be allocated explicitly to support work with older people involved in emergency situations.

g) The impacts of discrimination and human rights, social justice, poverty and other marginalizing conditions need to be recognized when addressing seniors and emergency preparedness and response. Concerted action to address the underlying social and economic impacts of these conditions on people's health is a prerequisite to successful and sustainable rehabilitation and recovery for vulnerable people and for their communities.

h) No one organization or agency can possibly take on responsibility for emergency management on its own. Partnerships among governments, humanitarian organizations, other civil society NGOs, business, the media, academics and researchers, as well as good coordination and collaboration among all stakeholders are critical to achieving a comprehensive and multi-sectoral approach.

i) To a large extent, emergency preparedness is a community effort: emergencies occur when the local systems that normally provide people goods, services, and caring relationships break down and are unable to respond. Thus, it is important to build emergency preparedness efforts in a participatory, bottom-up fashion.

j) It is important to translate the wealth of knowledge, skills, and experience of individuals and communities that has been acquired in emergency situations into lessons learned and practical tools and resources that are readily available and relevant to the needs of responders, other service professionals, NGOs, and seniors themselves. Policies and programmes at the global, regional, and national levels need to facilitate and support the development and use of these human and other resources.

k) Seniors' and other community-based organizations play a critical role in the direct prevention, protection, recovery and rehabilitation of older people in emergency situations. As well, they can play an equally important advocacy role in mobilizing awareness, action and support for seniors in emergencies.

l) There is a need for qualitative and quantitative information, data, and research to guide ongoing work on seniors and emergency preparedness. This includes the need to develop more precise age and gender data to identify better vulnerable seniors and to prioritize needs and contributions; to develop indicators to point to best practices and to assess progress; and to build evidence-based policies and programmes to respond to outstanding gaps in humanitarian interventions.

APPENDIX 3

List of Participants at the 2007 Winnipeg International Workshop on Seniors and Emergency Preparedness

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Val Alcock-Carter	Canada	Congress of National Seniors Organizations
Taylor Alexander	Canada	Canada's Association for the 50 Plus
Chris Balzer	Canada	Yukon—Health
Mary Barnes	USA	Alzheimer Community Care in Florida
Hafeeza Bassirullah	Canada	Ontario—Health
Francine Beauregard	Canada	Canada—Public Health
Peter Berry	Canada	Canada—Health
Larry Bredesen	Canada	Canada—Public Health
Cathy Bulych	Canada	Saskatchewan—Community Resources
Laurette Burch	Canada	Canada—Health
Bruce Burrell	Canada	Calgary Fire Department
Vince Campbell	USA	Centre for Disease Control, Atlanta
Patti Carson	Canada	Canada—Public Health
Mathew Cherian	India	Help the Aged India
Eilish Cleary	Canada	Manitoba—Health
John Cox	Canada	Canada—Public Health
Robin Cox	Canada	University of British Columbia
Susan Crawford	Canada	Canadian Institutes of Health Research
Barbara Crumb	Canada	Canada—Public Health
Brenda Cupper	Canada	CARE Canada
Wayne Dauphinee	Canada	British Columbia—Health
Katherine Defalco	Canada	Canada—Health
Nicole Delisle	Canada	Canada—Public Health
Gerry Delorme	Canada	Manitoba—Health
Denise Desautels	Canada	Health Care Professionals Network
Jean-Guy Després	Canada	Quebec—Social Services
Pam Driedger	Canada	Mennonite Disaster Committee
Norma Drowsdowech	Canada	Manitoba Council on Aging
Denise Eldemire-Shearer	Jamaica	University of the West Indies
Elaine Enarson	Canada	Brandon University, Manitoba
Della Faulkner	Canada	Canadian Nurses Association
Jim Fenske	Canada	Town of Beauséjour, Manitoba
Jim Ferguson	Canada	Salvation Army
Rory Fisher	Canada	Sunnybrook Hospital, Toronto
Kelly Fitzgerald	USA	John W. McCormack Graduate School of Policy Studies, Boston
Sylvia Flint	Canada	Canada—Health
Larry Flynn	Canada	Canada—Public Health
Ron Fortier	Canada	Manitoba—Family Services & Housing

Gail Gallagher	Canada	Assembly of First Nations
Maguy Ghanem	Lebanon	American University
Maggie Gibson	Canada	Canadian Psychological Association
Margaret Gillis	Canada	Canada—Public Health
James Goodwin	UK	Help the Aged UK
Michael Gordon	Canada	Baycrest Centre, Toronto
Brendan Gormley	UK	Disasters Emergency Committee
Patti Gorr	Canada	Canada—Public Health
Tessa Graham	Canada	British Columbia—Health
Bill Gray	UK	HelpAge International
Gloria Gutman	Canada	Simon Fraser University
Madelyn Hall	Canada	University of Manitoba
Jim Hamilton	Canada	Manitoba—Seniors and Healthy Aging Secretariat
Céline Heinbecker	Canada	Canada—Foreign Affairs
Bill Hickerson	Canada	Good Neighbours, Manitoba
Sandi Hirst	Canada	Calgary University
Jennifer Hootman	USA	Center for Disease Control, Atlanta
Randy Hull	Canada	City of Winnipeg
Lori Hunter	Canada	Manitoba Society for Seniors
Dave Hutton	Canada	Canada—Public Health
Val Hwacha	Canada	Canada—Public Security
Gerda Kaegi	Canada	Canadian Pensioners Concerned Inc
Alex Kalache	Switzerland	World Health Organization
George Kelemen	USA	AARP
Perry Kelly	Canada	St. John Ambulance
Joel Kettner	Canada	Manitoba—Health
Tom Kosatsky	Canada	City of Montréal
Victoria Krahn	Canada	Brandon University, Manitoba
Nabil Kronfol	Lebanon	Lebanese Health Care Management Assoc.
Anne-Marie Kuiack	Canada	Canada—Public Health
Pat Lachance	Canada	Canada—Public Health
Michael Lake	UK	Help the Aged UK
Jostacio Lapitan	Switzerland	World Health Organization
Marc Lauzier	Canada	Canada—Public Health
John Lavery	Canada	British Columbia—Health
John Lindsay	Canada	Brandon University, Manitoba
Chisholm MacKinnon	Canada	Nova Scotia—Emergency Social Services
Faith Malach	Canada	Canadian Coalition for Seniors Mental Health
Danielle Maltais	Canada	Québec University, Chicoutimi
Anika Marcotte	Canada	Canada—Public Safety
Adelheid Marschang	Switzerland	International Federation of Red Cross and Red Crescent Societies
Karen McAree	Canada	City of Edmonton
Angela McBride	Canada	Manitoba
Dria McPhee	Canada	New Brunswick—Family & Community Services

The Honourable Terry Mercer	Canada	The Senate
Robert Munro	Canada	Manitoba—Disaster Management Specialist
Daphne Nahmiash	Canada	McGill University, Montréal
Shelly Napier	Canada	Regional Emergency Preparedness Advisor, Manitoba
Marco Nicoli	USA	World Bank, Washington, D.C.
Louise A. Plouffe	Switzerland	World Health Organization
Kristine Popp	Canada	Canada—Public Health
Simone Powell	Canada	Canada—Public Health
Tim Randall	UK	Oxford Disaster Management Group
Claude Rocan	Canada	Canada — Public Health
Robert Roush	USA	Baylor College of Medicine, Houston
Chuck Sanderson	Canada	Manitoba—Emergency measures
Myra Sanderson	Canada	Senior
Wendy Schettler	Canada	Alzheimer Society, Manitoba
Greg Shaw	Australia/Canada	International Federation on Ageing
Sherry Short-Osmond	Canada	Canada—Public Health
Don Shropshire	Canada	Canadian Red Cross
Mohindar Singh	Canada	National Advisory Council on Aging
Sylvie Stachenko	Canada	Canada—Public Health
Jane Swan	Canada	Canada—Public Health
Bluma Teram	Canada	Help the Aged Canada
Tony Thompson	UK	British Red Cross
Theo Tibo	Canada	Saskatchewan
George Tokesky	USA	Alzheimer Community Care in Florida
Phil Upshall	Canada	Canadian Alliance on Mental Illness & Mental Health
Lindy Vanamburg	Canada	Canada—Human Resources & Social Development
Enrique Vega	USA	World Health Organization
Earl Walls	USA	Johns Hopkins, Baltimore
Tomoe Watanabe	Japan	University of Hyogo, Japan
John Webb	Canada	Nova Scotia—Social Services
Frank Welsh	Canada	Canada—Public Health
Mike Weston	USA	Servision
Valerie White	Canada	Nova Scotia—Seniors Secretariat

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