Draft fact sheet

Older persons in emergencies

When dealing with older persons in emergencies, a number of issues that might affect them will require special consideration. Apart from specific chronic disease and disability related issues, two major factors contribute to increased vulnerability of older persons in emergencies: the 'normal' challenges of physical ageing and social loss, and the 'environmental' challenges. In a crisis, minor impairments that do not interfere with daily functioning in the normal environment can quickly become major handicaps that overwhelm the individuals' capacity to cope. For instance, an older person with arthritic knees and diminished vision, living alone in a high-rise apartment with no family members or friends nearby, can become incapable of getting food or water or of fleeing danger, and may be overlooked by neighbours.

Specific issues

There are several specific issues that affect older persons, separately or in combination, and that can impact their ability to respond or react in an emergency. Awareness of these issues by all those giving aid or surrounding them will improve interactions. Knowledge of the age profile of affected community as emergency response is prepared will help to ensure that older persons at risk are identified and that appropriate supplies and services are provided on-site. The specific issues affecting older persons are:

1. Sensory deficits (especially vision and hearing):

reduced awareness; difficulty accessing and comprehending visual and auditory information and responding appropriately; reduced mobility and risk of disorientation.

2. Slower comprehension and retention of information, especially new, complex or rapidly delivered information:

difficulty accessing information; difficulties in understanding and acting on risks, warnings, directions; reduced capacity for self-protection and avoidance of harm; disorientation in unfamiliar environments; greater risk for abuse and exploitation: provision of information in more accessible and structured formats.

3. Less efficient thermoregulation:

greater susceptibility to hypothermia, hyperthermia and dehydration: appropriate shelter, clothing and food, as well as adequate fluid intake.

4. Reduced functional ability (poorer balance, reduced speed, psycho-motor coordination, strength, and resistance:

reduced mobility and risk of being housebound: increased risk of falling; decreased capacity for self-protection and harm-avoidance, difficulty getting basic necessities and accessing clinics; increased vulnerability for abuse and exploitation.

5. Difficulties in urinary continence:

need for adequate toilet facilities, continence supplies.

6. Oral health/dentition problems:

easy to eat, soft food and fluids may be necessary.

7. Digestive changes:

need for smaller, more frequent portions of easily-digestible, nutrient-dense food and adequate fluids.

8. Increased body fat composition and decreased muscle mass and metabolic rates:

greater sensitivity to certain medications with potential adverse effects on functional ability and cognition.

9. Greater prevalence, and co-morbidity of aging-related chronic disease and disability:
(e.g. coronary heart disease, hypertension, stroke, cancers, diabetes, COPD, osteoarthritis, osteoporosis, cognitive impairment):

need for condition-specific medications, treatments, assistive aids (oxygen, crutches, walkers, wheelchairs, glasses); higher risk for adverse drug reactions.

10. Weaker and smaller social networks:
(e.g., widowed, living alone, minimal contact with neighbours, dispersion of family):

reduced awareness and comprehension of the situation; greater risk of social isolation, neglect, abandonment, abuse and exploitation.

11. Heavy reliance on care and support by very few family members :

when essential family support is disrupted, physical and psychological functioning can deteriorate rapidly: reunification with family is particularly important.

12. Psychosocial issues:

reactions to loss of home, family and possessions can be more acute for older persons who cannot rebuild their lives: resistance to leaving and grieving may be strong.

13. Reliance of other family members on older persons:

older persons often care for other dependent adults and children and may require resources for others as well as themselves.

Last but not least: **older persons should not be considered solely as a "special needs group**. From numerous accounts from natural disaster as well as armed conflict situations it is known that their knowledge of the community, previous experiences with such events, and position of respect and influence within their families and communities should be leveraged as critical resources in dealing with emergencies.

Sources:

- Wells, J. *Protecting and assisting older people in emergencies*. Network Paper, no 53, Humanitarian Practice Network, December 2005.
- Division of Aging and Seniors, Public Health Agency of Canada. *Draft Background Paper. Prepared for the Public Health Agency of Canada Invitational Meeting on Emergency Preparedness and Seniors*. February, 2006.