



**Second International Workshop on  
Seniors and Emergency Preparedness**

*Halifax, Nova Scotia, Canada – March 16 to 19, 2008*

**WORKSHOP REPORT**

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The views and opinions expressed in this report do not represent the policy of any specific government. Rather, the information reflects the experience and expertise of participants at the workshop. Their ideas, information and suggestions were collated to assist them in their ongoing efforts to address the challenges of older persons in emergency situations, and to identify contributions which older persons can make in disaster planning, response and recovery.

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<b><i>Jane Barratt</i></b>	Leader, International Working Group ~ Influencing International Policy
<b><i>John Cox</i></b>	Co-Chair, Canadian and International Steering Committees
<b><i>Wayne Dauphinee</i></b>	Leader, Canadian Working Group ~ Emergency Response
<b><i>Rory Fisher</i></b>	Co-leader, Canadian Working Group ~ Health Professionals and Continuity of Health Services
<b><i>Maggie Gibson</i></b>	Co-leader, Canadian Working Group ~ Health Professionals and Continuity of Health Services
<b><i>Gloria Gutman</i></b>	Co-Chair, Canadian Steering Committee on Seniors and Emergency Preparedness
<b><i>Nabil Kronfol</i></b>	Co-Chair, International Steering Committee on Seniors and Emergency Preparedness
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<b><i>Tony Thompson</i></b>	Leaders, International Working Group ~ Emergency Response

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<b><i>Rita Walsh</i></b>	Travel Coordinator

## INTRODUCTION AND BACKGROUND

This report provides an overview of the presentations, discussions, and priorities that emerged from the *Second International Workshop on Seniors and Emergency Preparedness*, sponsored by the Division of Aging and Seniors and the Centre for Emergency Preparedness and Response of PHAC and the Nova Scotia Department of Seniors.

The journey to this workshop began in 2002, with the release of the *Madrid International Plan of Action on Ageing*, which recognized aging as one of several issues that impact access to humanitarian aid in times of disaster/emergency. In 2005, the *Hyogo Framework for Action* [an international strategy on disaster reduction] placed increased recognition on seniors and other vulnerable groups in emergency situations.

The 2005 *International Association of Gerontology World Congress* reiterated the message that older people are often given low priority when it comes to relief distribution, and that few international humanitarian agencies develop programs specifically tailored to this age group. Later in 2005, at the *White House Conference on Aging*, PHAC hosted a meeting of international participants to explore the creation of a framework and principles for international co-operation on issues related to seniors in disaster/emergency situations. Participants at this meeting expressed their commitment towards continued international collaboration on common goals and issues.

PHAC then hosted an expert working meeting in 2006 (Toronto, Ontario), to facilitate the exchange of knowledge among international, provincial/territorial governments and non-government agencies. At this meeting, stakeholders expressed the need for an international workshop to enhance global awareness of the need to plan for older people and other vulnerable groups—this gave rise to the 2007 *Winnipeg International Workshop on Seniors and Emergency Preparedness* (Winnipeg, Manitoba).

The *Winnipeg Workshop* (sponsored by PHAC and the Province of Manitoba, in collaboration with the World Health Organization (WHO)) brought together over one hundred experts and stakeholders from both the emergency management sector and the seniors/gerontology sector to mobilize networks and identify priorities for influencing changes to emergency preparedness policies and practices. The workshop resulted in the formation of both a Canadian and an International Steering Committee, as well as six Working Groups of stakeholders committed to continuing work on specific priority issues.

The *Second International Workshop on Seniors and Emergency Preparedness* was held from March 16 to 19, 2008 in Halifax, Nova Scotia. The workshop brought together 109 participants from twelve countries with varying expertise in the emergency management and gerontology sectors (a complete list of participants can be found in Appendix A).

**The goals of the Second International Workshop were to:**

- Share tools and resources;
- Identify gaps and prioritize development of practical tools and resources;
- Find ways to integrate seniors into existing models and promising practices;
- Identify effective messages and communication strategies;
- Set in motion specific activities for ongoing collaborative work;
- Strengthen networks/partnerships; and
- Determine best ways to influence policy at national and international levels.

## **SUMMARIES OF WORKSHOP SESSIONS**

### **Day One—Monday, March 17<sup>th</sup>**

#### **WELCOME AND OPENING REMARKS**

*Valerie White, Nova Scotia Department of Seniors*

*Len Goucher, Acting Minister of Seniors, Nova Scotia*

*Russ Stuart, Nova Scotia Emergency Management Coordinator*

Participants were welcomed to the Workshop by Valerie White. Minister Goucher challenged participants to consider the impact of disasters/emergencies on seniors, and to think about actions, organizational structures, and communication mechanisms needed to help prepare seniors for disasters/emergencies. He highlighted the need for seniors' inclusion in all aspects of emergency preparedness work, and challenged participants to consider the supports both *available from seniors and needed by seniors*.

Russ Stuart emphasized that since the majority of emergency management efforts should focus on the twenty percent of the population that is considered vulnerable, these gatherings are important to enable emergency management to be better equipped, better prepared and able to respond to vulnerable groups in times of crisis. He also stressed the importance of developing relationships and partnerships with government, non-government and private partners before disasters occur.

#### **POST-WINNIPEG HIGHLIGHTS AND STRATEGIC VISION**

*Gloria Gutman and Nabil Kronfol, Steering Committee Co-Chairs*

Dr. Gloria Gutman presented the key milestones that have driven the work of the Steering Committee to date (an overview is provided in the *Introduction and Background* section of this report), discussed a proposed collective vision, and outlined the goals of the Workshop.

She noted some key activities that members of the Steering Committees and Working Groups have been involved in over the past year, including conference presentations, development of publications/other tools, and collaboration on various policy issues and projects. The most recent activity was the launch of the report *Building a Global Framework to Address the Needs and Contributions of Older People in Emergencies* at the UN Commission for Social Development (February 2008).

Dr. Gutman discussed the need for stakeholders to “think globally and act locally”, and consider activities that minimize the impact of disasters/emergencies on seniors and other vulnerable populations. Several “ingredients for success” were outlined:

- Motivated leaders to advance platforms;
- Progress from discussing issues to implementing concrete ideas and plans;
- Recognizing older persons’ needs as well as their contributions;
- Including older persons as full participants;
- Promoting healthy aging and building resiliency in seniors;
- Networking, alliances, and collaboration among stakeholders;
- Building skills/capacity via education and training in order to address the needs of seniors in disasters/emergencies; and
- Supportive environments (e.g., a well-functioning health system; timely information; adequate financing).

## **PLENARY PANEL: INFLUENCING AND SUPPORTING POLICY DEVELOPMENT— CANADIAN AND INTERNATIONAL EXPERIENCES**

*Moderator: Jane Barratt, International Federation on Ageing (IFA)*

Presenters discussed Canadian and international perspectives on the successes and challenges of influencing and supporting the development of policies that are inclusive of seniors.

### **Why Are You Here? Influencing International Policy and Practice—Seniors and Emergency Preparedness**

*Bill Gray, HelpAge International (HAI)*

Given the context of a growing, aging global population, and the greater likelihood of disasters affecting seniors, there is a need to reconsider how we see older individuals in the world. Field research was conducted by the Inter-Agency Standing Committee (IASC) Working Group to determine how seniors (particularly in Uganda and Kashmir) were faring from UN-based humanitarian aid. Since the results indicated that the needs of seniors were not being met by agencies, the IASC developed a series of recommendations as outlined below:

- Increase awareness among policy makers, donors, and practitioners of: growth in the global population; the impacts on disaster-affected populations; and the need to incorporate this awareness into all aspects of emergency management;
- Strengthen the UN Cluster system’s response by developing training/induction modules for Cluster Chairs, and ensure that the issues are incorporated into guidelines and resources currently being developed;
- Introduce more effective data collection to ensure that registration, needs assessment, and morbidity/mortality figures are collected and disaggregated by age and sex;
- Agencies should actively engage with older people to ensure that decision-making and program design are appropriate to their needs and are accessible;
- Health services should better reflect the particular needs of older people, and treatment should be provided for those conditions that reduce older people’s active participation;
- Livelihood programs and income generating interventions should recognize: the need for many older people to earn an income; be designed to include them; capitalise on their skills; and be realistic about their capabilities;

- Return, repatriation, and reintegration programs should reflect the needs of older people. The challenge and needs of the “unaccompanied old” should be addressed as energetically as those of unaccompanied children. Priority should be placed on family/community solutions; and
- Recognize the particular nutritional needs of seniors which differ from that of younger persons when considering food support programs.

Some additional policy suggestions that emerged from this research included:

- Bring forward the IASC recommendations;
- Do not try to impose change, rather be inclusive in programming and build capacity;
- Include aging into existing programming and funding;
- Address psychosocial needs and safety;
- Support additional Clusters;
- Prepare “how-to” technical papers;
- Support ongoing research initiatives;
- Engage with donor governments;
- Provide aid beneficiaries with the opportunity to report back on the performance of agencies; and
- Recognize older people and children as leaders in climate change adaptation.

### **Developing Guidance for International Humanitarian Action: Next Steps from WHO’s Perspective**

*Louise Plouffe, PHAC*

Dr. Plouffe shared with participants that WHO and HAI have been mandated by the IASC Working Group to lead a process designed to develop and disseminate practical guidance to include older persons’ concerns in emergency response. This decision is a milestone achieved as a result of HAI’s research and advocacy, and the evidence developed within WHO with support from PHAC. The IASC work to be conducted over the coming year will include:

- An advocacy paper outlining key concerns and general directions for each of the IASC Clusters engaged in emergency response (e.g., Health; Protection; Water, Sanitation and Hygiene; Nutrition; Early Recovery); and
- Development of sector-specific guidance for each Cluster, leading to a comprehensive package, under the coordination of WHO and HAI.

There is a concern that Clusters may not yet have sufficient evidence of good practices in the field upon which to develop guidance for humanitarian practice. If it is determined by the Clusters that this is indeed the case, a necessary step will be to develop and pilot test innovative practices.

### **Disaster Risk Reduction with Seniors—Changing Perceptions**

*Avenash Datta, HelpAge India*

India faces high numbers of both seniors and disasters. HelpAge India is involved in a number of initiatives and projects aimed at bringing the needs of seniors into disaster relief programs operating in India.



This speaker noted that disaster aid must move from a framework of welfare to one of development. Also, the identification of needs is critical to anticipate the supply of appropriate relief aid to seniors and their communities. To help reduce the vulnerabilities of seniors, Mr. Datta suggested reducing the age of seniors to 55 within the aid community as a means of preparing people earlier for emergencies, thus reducing their vulnerability when disasters occur. He also noted the importance of addressing poverty since seniors are especially vulnerable to socio-economic losses.

It is important for relief agencies to increase their knowledge about the particular issues that seniors face during emergencies, and the type of relief that is appropriate to them, their families, and their communities. Vulnerability and social mapping are helpful tools in this regard.

Mr. Datta challenged participants to view seniors as community resources, and that disaster response must be community-specific—communities matter in disaster relief.

### **Community Resiliency and the Voluntary Sector**

*Paula Speevak-Sladowski, Carleton University*

Ms. Speevak-Sladowski shared two stories to illustrate the importance and value of volunteers and community resiliency—The Bus Shelter and A Roll of Quarters.

#### The Bus Shelter

When a community of seniors in Montreal was surveyed about their needs, they stated that they did not need food, check-up phone calls, or other services to keep them at home. Instead, they expressed a need for services that would take them out *into* their community, e.g., accessible bus shelters at key intersections. This story represents a tangible reminder of the need to listen to communities, since they know their needs best.

#### A Roll of Quarters

When a family member was diagnosed with cancer, Ms. Speevak-Sladowski received a roll of quarters from a cancer survivor, who shared that he had watched his own family struggle to find change while visiting him in the hospital. This story highlights the fact that our assumptions about who can end up as vital supports may need to be revisited.

Resilient communities work together to identify challenges and mobilize assets (including skills, facilities, equipment, communications systems, and networks), and work collectively in emergency situations to attend to peoples' basic needs, especially those who are vulnerable because of age, disability, and socio-economic circumstances.

Ms. Speevak-Sladowski described the work of the Voluntary and Non-Profit Sector Network and a Canadian Red Cross initiative: "*Enhancing the Role of the Voluntary Sector in Health Emergencies*". She reinforced the message that assets for emergency response already exist within communities and volunteer organizations, and that vibrant communities are resilient communities.

## **Putting the Puzzle Together—Developing an Understanding of Resiliency in Canada**

*Dave Hutton, PHAC*

Dr. Hutton offered his perspective on community resiliency work in Canada. He referred to resiliency as a collective process that gives everyone in a community access to partake in decision-making and other relevant activities such as identifying existing capacities. This approach which calls for collaboration among community members creates the required momentum to advance agendas and build resiliency at the local level.

He noted an increasing trend towards use of a “functional needs” approach to emergency management, rather than segregating vulnerable groups. This lens calls for emergency management plans that build in sustainability, and collaborative working relationships at the municipal, provincial/territorial, and national levels.

## **CONCURRENT SESSION A: SENIORS’ INVOLVEMENT IN EMERGENCY PREPAREDNESS AND PLANNING—BY DESIGN OR AN AFTERTHOUGHT?**

*Chairs: Tony Thompson, British Red Cross and Gerda Kaegi, Congress of National Seniors Organizations*

Seniors need to be engaged in all aspects of emergency preparedness—before, during, and after an emergency—to identify their specific concerns, as well as their potential contributions based on their skills and life experiences.

The purpose of this session was to present successes and challenges with a variety of outreach models/projects involving seniors before, during, and after emergency situations. The four speakers highlighted emergency preparedness initiatives by or through seniors that have directly supported the communities they serve, and discussed the inherent benefits of engaging seniors in all levels and aspects of emergency management.

### **The Guardian Program**

*Russ Waugh, Emergency Coordinator, Village of St-Pierre-Jolys, Manitoba*

St-Pierre-Jolys, on the Red River, Manitoba, is a service town within a rural farming area with about 1100 residents and 330 homes. After the 1997 Manitoba floods, the government mandated that towns and municipalities have an emergency plan—communities could develop their own plan or have the government develop one and be billed for the plan.

Mr. Waugh presented the St-Pierre-Jolys’ Emergency Measures Committee as model. It was developed by six seniors who were retired professionals. The Committee identified a need to develop a method of collecting and upkeeping an emergency database for the community, as well as a system to communicate with citizens in the event of telephone and power outages during emergencies. They collaborated with other groups and organizations, such as Block Parent and Emergency Measures Operations, and formed the *District Guardian Program* in 2004.

The Guardian Program uses a database to identify residents, their various needs or special vulnerabilities, and available resources (e.g., vans, snowmobiles, boats). It also incorporates the use of volunteer “Guardians” who are trained to alert citizens in case of an emergency or disaster.

Mr. Waugh presented the Guardian Program as an example of seniors’ involvement and substantial contribution to a community’s emergency preparedness plan. This small town model could also be applied to neighbourhoods in larger urban centres.

The Guardian communication system was tested on April 1, 2007, when high spring run-off threatened the town’s water supply.

### **Groupe d’Action Communautaire de Santé Bénévole Inc. (GACSB)—The Contribution of Seniors During the Saguenay Floods**

*Danielle Maltais, Université du Québec à Chicoutimi*

The GACSB from Ferland-et-Boilleau (Quebec) was formed to “maintain and improve the quality of life” of its 650 citizens. The GACSB is an organization entirely made up of seniors that provides services/supports not only to seniors, but to all those in need in the community. Services/supports provided include: home care; accompaniment; daily telephone calls; identification of families and individuals in crisis; and leisure activities.

Dr. Maltais provided an overview of the key role this organization played during the 1996 floods. She noted that prior to the disaster, the GACSB contributed to the municipal emergency measures committee, and was an integral part of the community’s emergency plan. Recognized for its experience in building community capacity, the GACSB was well positioned to collaborate with authorities in the event of a disaster and address the needs of disaster victims. As victims returned home, the GACSB also undertook a number of rehabilitation roles, such as social support and victim advocacy.

In the case of the GACSB, seniors were already well established and respected in their role as community builders. At the time of the flood, their position was instrumental in helping their community to cope and survive. Dr. Maltais suggested that the GACSB is a model which demonstrates the importance of engaging seniors and other citizens in emergency response planning.

### **Major Floods in the UK 2007—Supporting the Vulnerable**

*Tony Thompson, British Red Cross*

In June and July 2007, the United Kingdom (UK) experienced the worst floods on record, affecting tens of thousands of people. Thirteen people died, 48,000 homes and 7,000 businesses were flooded, and citizens were stranded in vehicles and in railway stations. Due to a power outage, emergency information could not be obtained through television, radio, or Internet. Mr. Thompson presented how the British Red Cross was able to respond to this unprecedented crisis.

The Red Cross set up an operations centre for the coordination of information and services. The international logistics team relied heavily on community volunteers (including seniors) in adapting to the particular context of the UK, since they normally operate in developing countries. A special system was developed to provide aid and supplies to those identified as vulnerable, including the elderly and families with children. Coordination and communication were vital during this relief effort.

The Red Cross developed one central database and maintained good records throughout the entire operation. This information is vital to understanding the successes and failures of the flood relief, and in developing future emergency plans.

Examples of what worked well included:

- Identification of vulnerable persons;
- Accurate record keeping;
- Sharing of information;
- Provision of a telephone helpline; and
- Effective prioritization of tasks.

Examples of what did not work well included:

- Provision of information to the public;
- The absence of personal emergency plans among individual citizens and the subsequent over-reliance on authorities; and
- The operation was overwhelmed by the scale of the emergency.

Lessons learned include the importance of:

- Identifying vulnerable persons before an emergency occurs;
- Developing community resilience (e.g., self-help);
- Improving the vehicles for transmission of information;
- Anticipating preventive measures to minimize individual/collective trauma (e.g., appropriate insurance, promoting the creation of personal emergency plans); and
- Engaging all citizens, especially seniors in developing emergency plans.

### **Mobilization of Seniors**

*Isabel Palmar, St. Christopher House, Toronto*

Ms. Palmar described St. Christopher House and its Older Adult Centre (OAC) as a model for mobilizing seniors in a multicultural setting. St. Christopher House, a community development neighbourhood centre located in Toronto, has been in operation since 1912. The Centre builds on the principle of active participation by community members in all stages of program development, i.e., from planning to implementation to evaluation. Its programs—offered both on-site and in clients' homes—promote independence, participation and community engagement and range from health and wellness, to leadership and community development initiatives. The OAC staff and community volunteers are multicultural and multilingual, and work with seniors (55 and older) from various cultural backgrounds (e.g., Portuguese, Chinese, English, Vietnamese, French, Polish, Ukrainian), as well as persons with disabilities and their caregivers.

The Centre works through various mediums, which is key to reaching persons speaking different languages and with varying levels of literacy. Over the years, a variety of models were developed. The three most popular education/community development approaches include:

1. Health Action Theatre by Seniors (HATS)—a non-verbal play by seniors for seniors;
2. In the Picture—an interpretation and translation model developed to accommodate larger groups of seniors with various languages. Interpreters facilitate seniors from different cultures in communicating and problem solving with one another; and
3. Group Effectiveness Leadership (GEL)—a leadership development model that includes workshops co-facilitated by seniors.

St. Christopher House is a successful model for community engagement. Its community development principles guide them towards including seniors in the planning, development, promotion, and execution of programs that engage and empower citizens. It is essential that all models be flexible and adapt to the needs of a particular group, and use currently existing assets within the group as a means of engaging members.

## **CONCURRENT SESSION B: WHAT HEALTH PROFESSIONALS NEED TO KNOW ABOUT EMERGENCIES AND VULNERABLE GROUPS AND WHAT THIS MEANS FOR CURRICULA AND EDUCATION**

*Chair: Rory Fisher, University of Toronto*

Participants learned about gaps in emergency preparedness training for health professionals related to seniors and the frail elderly. Current examples of Canadian and international training programs and initiatives to enhance the knowledge of health professionals, were provided. Participants were also invited to discuss effective approaches for enhancing the education of health professionals, to ensure that the physical, medical, and psychosocial needs of vulnerable groups are met during and following emergencies.

### **What Health Professionals Need to Know About Emergencies and Vulnerable Groups: Implications for Curricula and Education**

*Peter Schmitz, Chief Medical Officer, Malteser International*

Malteser International provides humanitarian assistance primarily in developing countries, and aims to bridge the gap between relief, rehabilitation, and development efforts for populations affected by disaster, conflict, or deep poverty. Malteser endorses a holistic approach to disaster/emergency health issues, and believes that the scope of relief should expand beyond medical needs towards a broader public health approach.

Malteser's training efforts focus on how to identify and address the needs of vulnerable groups, and the role of health care professionals in disaster situations. Health professionals working in disaster relief must look beyond the mandates of their own organizations, and see vulnerabilities within the populations they are serving. Dr. Schmitz also highlighted that not all seniors are automatically vulnerable or in need of assistance during times of crisis—many seniors are motivated, competent, and experienced enough to provide assistance to others, and have capacities which are meaningful resources for disaster response.

Expected tasks and responsibilities for health professionals in emergencies include:

- Assess, analyse, and coordinate (essential tasks);
- Curative care (i.e., organize and provide medical care for the affected population, in a health facility or mobile team);
- Search and rescue;
- Identify and contact local health services/authorities;
- Provide medical equipment and medicines for local clinics and health centres;
- Supervise and train community health workers;
- Identify and support vulnerable groups (e.g., children under age five; pregnant women; seniors) and patients with special needs (e.g., disabilities; chronic diseases; non-communicable diseases)—this is a continuous task and responsibility;
- Establish emergency health information systems and disease surveillance, and contribute data to coordination efforts;
- Identify critical issues related to health (e.g., HIV/AIDS; gender-based violence; protection);
- Assess needs for psychosocial care;
- Assess health-related needs from the communities, through community health workers and home visits;
- Estimate nutritional status, and consider a nutritional survey;
- Participate in sector meetings (e.g., health, water/sanitation);
- Provide health education related to water supply, hygiene, and sanitation issues;
- Identify patients for further specialist treatment/referrals, with careful consideration to surgical activities currently available;
- Provide medical care for health staff and other aid workers; and
- Plan for med-evac services.

Information was also shared about the Sphere Project and the Sphere Project handbook—a practical tool used by many agencies when responding to emergencies. This handbook outlines practical procedures, as well as standards and key indicators for emergency relief within the health sector and a health assessment checklist.

He concluded by saying that it is critical to have health response teams in place when disasters strike—teams that are prepared through ongoing training and contact with one another.

### **Disasters That Reveal Cracks in Gerontological Health Care Education in Canada**

*Sandi Hirst, Canadian Association on Gerontology*

Dr. Hirst reported on a study which examined the education of health care professionals within the context of emergencies and older adults, and described what should be taught to students across the health professions to promote an effective disaster response specific to the needs of older adults. The study included the whole spectrum of health care professionals, including nurses, occupational therapists, licensed practical nurses, critical care assistants, speech therapists, etc.

The study found that “specificity” matters—gerontological health care in Canada cannot be transplanted elsewhere. It also found that while seniors have specific needs during emergencies, they can also be providers, first responders, and give strength to others during emergencies.

It also revealed that health care professionals also have needs that must be met during times of emergency, and they must take personal responsibility for their personal preparedness.

### **What Health Professionals Need to Know About Emergencies and Vulnerable Groups: Implications for Curricula and Education**

*Robert Roush, Director, Texas Consortium Geriatric Education Center, Baylor College of Medicine, Houston, Texas*

Regardless of the type of disaster, older people are disproportionately affected. Emergency preparedness training for health professionals caring for frail elders has thus become an international imperative.

Health care professionals and administrators should take an “all-hazards” approach to emergency planning, focusing specifically on how older people react differently than younger cohorts in disasters. The pillars of appropriate disaster preparation and reaction include preparedness, response, recovery, and mitigation. Crucial considerations regarding the needs and concerns of older adults during disasters include:

- Physical and medical;
- Psychosocial;
- Practical;
- Cultural; and
- Income-related.

Dr. Roush suggested that since there are too few doctors, nurses, and pharmacists that specialize in gerontology issues, other health care professionals need to be educated about gerontological issues as well, since normal aging and co-morbidities in older adults can lead to altered presentation of disease and impact on immunity, and can increase the complexity of appropriate diagnoses during times of emergency.

Our changing world has more threats than ever before (natural and man-made). Health care professionals must be able to recognize and deal with biological, chemical, and other public health and natural emergencies. Agency planners, first responders, first receivers, and health care professionals need special training in geriatric emergency preparedness and response and be well versed in geriatric health literacy. Health care professionals require specialized training for each vulnerable population—the young, the old, the disabled—, and must be able to protect themselves and their co-workers during a public health emergency. Geriatric emergency preparedness and response planning and frequent exercises are essential. Although we have begun, we are not yet properly emergency prepared. Workshop participants were reminded that we are always in the pre-event mode of the next emergency or disaster, so it is important to be prepared.

### **Hurricane Katrina’s Impact on Geriatrics**

*Charles Cefalu, Centre on Aging, Louisiana State University*

Dr. Cefalu was unable to attend the workshop; however, the following summary is based on a slide presentation and *Healthcare and Aging* article that were provided in lieu.

Hurricane Katrina provides us with a useful analysis of emergency preparedness needs and shortcomings. After Katrina, overall health care and geriatric medicine were severely compromised. Also, deaths were disproportionately high in the over-75 senior population. Geriatric medicine (and health care overall) suffered as a result of hurricane Katrina. Several recommendations for hurricane emergency preparedness have resulted from the Katrina experience in the areas of:

- Advance planning;
- Evacuation and shelters;
- Identification of residents;
- Supplies and equipment (including electricity, pharmacy supplies, computer services);
- Weathering a hurricane; security following a hurricane;
- Law enforcement;
- Vital identification and records;
- Transportation;
- Federal Emergency Measures Agency (FEMA) assistance; and
- Insurance.

It was noted that emergency preparedness has been included in the program of the upcoming annual meeting of the American Geriatrics Society.

### **CONCURRENT SESSION C: INFLUENCING EMERGENCY PREPAREDNESS POLICY AND PRACTICE AT AN INTERNATIONAL LEVEL: EVIDENCE AND ADVOCACY**

*Chair: George Tokesky, Alzheimer Community Care Inc., Florida*

This session addressed policy development and advocacy from an international perspective, incorporating practical examples, lessons learned, and success stories. Participants engaged in a discussion on where best to concentrate advocacy efforts in order to achieve maximum impact of a lasting nature.

#### **An “On the Ground” Response to Emergency Situations and Seniors (A Unique Model of Partnership with Government)**

*Dror Rotem, Association for the Planning and Development of Services for the Aged in Israel*

The Association for the Planning and Development of Services for the Aged in Israel (JDC-Eshel) was presented as an effective “on the ground” model for a community-based response to the needs of seniors in emergency situations. JDC-Eshel is a unique partnership between JDC (a US-based Non-Government Organization (NGO)), Israel’s Ministries of Health and Social Welfare, of Finance and of Retired Persons, and the National Insurance Institute. JDC-Eshel’s work is based on the principles of partnership, professionalism, non-partisan positions, system-wide impact, and programming continuity. It does not provide direct services to seniors, rather it supports voluntary and local organizations that do this work.

This unique partnership played an important role in the Israeli-Lebanon War (July-August 2006). Since a state of emergency was not declared, JDC-Eshel adapted its focus to provide immediate emergency services to seniors through its network of local seniors’ organizations.



Within four days of the start of the war, JDC-Eshel was able to: shift its focus from planning to service provision; raise special funds for emergency assistance; and change its organizational structure and shift tasks amongst its staff. During the immediate crisis, JDC-Eshel mobilized approximately three million dollars worth of assistance programs to seniors, such as an information line, emergency kits and flashlights, hot meals, fresh food items, and respite care “vacations” (seniors had the opportunity to leave their stressful living conditions through a 6-day respite break in a hotel).

## **Lessons from the Field in Policy Development, Advocacy and Standards, and the Impact on Seniors**

*Brenda Cupper, National Judicial Institute*

This session provided an overview of “lessons learned from the field” and the impact of policy, advocacy and standards on seniors; it was based on research recently conducted with International NGOs in Canada. Ms. Cupper presented case studies to illustrate the point that policy must be informed by data from the field.

### Case 1: Food Shortage in Southern Africa (Immediate Crisis)

With a focus on addressing the immediate crisis, aid organizations’ immediate focus is on the provision of food. Policies typically call for food rations to be distributed in “family rations” of fifty kilograms per family. Elderly people are typically grouped with families but often do not receive food through this method. Based on feedback from field workers, these types of policies were changed (i.e., a new ration size introduced; families paid to deliver food to the elderly).

### Case 2: Food Shortages in Southern Africa (Post Immediate Crisis)

Following the critical phase of a food crisis, aid organizations typically delivered two programs targeting the vulnerable and the non-vulnerable. One provided rations to those without land, income potential or the physical capability to sow the land; and, the other allowed heads of households, physically capable persons and those with access to conservation farming techniques to qualify for *Food for Work* or *Cash for Work* programs. However, input from field staff revealed the programs’ essential oversight in meeting the needs of grandmothers with children who neither qualified for food rations nor met the criteria for the programs. Consequently, policies governing these programs were amended to ensure the protection of all seniors.

### Case 3: Reach Program in Bosnia

During the war in Bosnia, seniors were most vulnerable to abandonment. Many were unable to leave their homes, although their family members could. The Reach Program was initially designed to serve the needs of “abandoned” elderly only. Many vulnerable elderly, however, still had extended family or neighbours living in the area and could not qualify for the supports—the policy essentially left out elderly who had networks available but were still vulnerable. As a result, some family and friends stopped helping the elderly so that they could be enrolled in the program. Direct feedback/input from the field brought this issue to light, and the policy was changed to allow the elderly in Bosnia to qualify for the program even if they had assistance from others.

#### Case 4: Home-Based Care in Zambia (HIV/AIDS Crisis)

CARE brought together 17 home-based care organizations in Zambia to discuss their needs and priorities for the future. Minimum standards for their work were identified as their highest priority. With support from donors, CARE facilitated a series of meetings with home-based care organizations to develop policies and standards, and plan their future work. The Zambian government agreed with the recommendations issued at these meetings and adopted the proposed national standards and policies for all home-based care organizations in the country. Direct input from field workers was the primary driver of this standards and policy work.

#### **Mainstreaming Emergency Preparedness and Aging Issues into Global Agendas**

*Robert Venne, United Nations Programme on Ageing*

This presentation discussed the need to mainstream the concerns of older persons into broader emergency preparedness efforts. Mainstreaming is essentially a tool for focus and inclusion with the goals of greater integration of older persons and ageing issues into all aspects of social, political, economic, and cultural life.

At the Second World Assembly on Ageing in Madrid (April 2002), it was determined that mainstreaming aging into global issues is essential. It was recommended that: a concerted effort be made to move towards an equitable approach to policy integration; aging be linked to other frameworks on social and economic development and human rights; and the ability of older persons to contribute to society be recognized.

Mainstreaming, if applied prudently, should result in new policies based on careful planning, sensible implementation, and rigorous evaluation using appropriate indicators that could lead to more satisfying outcomes for older persons in emergency situations.

#### **CONCURRENT SESSION D: RESILIENT SENIORS: A BUSINESS CONTINUITY VS. EMERGENCY RESPONSE APPROACH**

*Chair: Wayne Dauphinee, Emergency Management Consultant*

To date, most of the research on seniors and emergency preparedness has focused on the needs of frail and disabled seniors requiring significant care and attention during an emergency. This session focused on resilient seniors and the need for continuity of services during all phases of an emergency. Participants discussed potential opportunities to adapt the models presented to diverse communities and under diverse conditions, and what actions are necessary to empower resilient seniors to better prepare for, respond to, and recover from an extreme event/disaster.

#### **Voluntary Sector Service Continuity**

*Don Shropshire, Canadian Red Cross*

This presentation discussed the findings and recommendations of a survey carried out by the Canadian Red Cross within the *Canadian Emergency and High Risk Populations Project*. The draft survey “Integrating Emergency Management and High Risk Populations: Survey Report and Action Recommendations” focused on the special needs of high risk populations and emergency management preparedness.

The key findings include:

- There are significant gaps in service to Canada's most at-risk. Seniors are at the top of this scale, but still only two-thirds of organizations are considering them in emergency planning;
- Cross cutting vulnerability issues include income, gender, age, and ethnicity. Emergency management organizations are only beginning to integrate high risk populations in their core activities;
- Most organizations consider resilience to disasters as part of their mandate but lack resources to implement;
- Emergency Measures Organizations (EMOs) are unable to increase efforts to reach high-risk populations due to financial and human resource constraints. However, there is willingness to address these issues;
- Many organizations dealing with high-risk populations are unprepared for disaster, using a "do what you can" approach. Emergency plans can vary considerably, and day-to-day work must continue even when there is a crisis.

The study's recommendations included:

- Raise awareness of the role of voluntary organizations in providing essential services. Some organizations are more in touch with seniors' needs and should connect with those that are not;
- Invest in business continuity. There is a need to recognize local level organizations which are reflecting local needs; and
- Invest in communities. If you can mobilize larger numbers of people, this is a move in the right direction for continuity of services.

The report also highlights the need to look beyond traditional non-governmental organizations and to involve individuals, seniors and people working with them, local groups, and communities in preparedness—resilient communities fare better in emergencies.

### **Disaster/Emergency Preparedness—For Seniors, By Seniors**

*Randy Hull, City of Winnipeg*

Mr. Hull presented on "For Seniors, By Seniors," a project of Manitoba. Following the 2007 *Winnipeg International Workshop*, the City of Winnipeg partnered with the *Good Neighbour Seniors Centre* to create a successful project that fosters resiliency and community/healthy networks for seniors. The City and the Centre worked with seniors to develop a plain language group presentation of less than an hour in length (an important element). The presentation aims to affirm rather than alarm seniors, and emphasizes the need to have an action plan. A "scavenger hunt" was also created to help seniors assemble home survival kits.

The focus of "For Seniors, By Seniors" is to create support networks within senior groups, and work with the 85% of the senior population that is still healthy and able to be self-sufficient. It is believed that the more prepared people/communities are, the better positioned they are in any kind of emergency. Other benefits include a lessening of the burden on the 9-1-1 system during times of crisis, so rescue/relief workers can focus on the truly vulnerable.

This project demonstrates the importance of involving seniors in the planning process (government agencies and community groups in this case), and the effectiveness of communication between peers—“seniors listen to seniors.”

### **Overview of Nova Scotia Initiatives to Help Seniors in Emergency Preparedness**

*Barry Manuel, Halifax Regional Municipality and Chisholm McKinnon, Nova Scotia Department of Community Services*

Mr. McKinnon discussed the importance of determining where seniors reside during emergencies and the challenge of discussing emergency preparedness in relation to seniors. Although community resiliency is a key factor in successful emergency preparedness, its impact on seniors is unclear.

Stakeholders need to consider the connectivity and relationships between groups working within a specific community, as well as groups doing similar work in other communities. He identified that emergency preparedness work needs to start at the municipal level and filter up to the federal level. Nova Scotia has made great strides in this area, but municipal authorities still need to understand that emergency preparedness is more than simply providing fire trucks.

Mr. Manuel presented two Nova Scotia emergency preparedness initiatives—Joint Emergency Management teams (JEM) and the Special Care Emergency Preparedness Association (SCEPA).

#### JEM

The mission of JEM teams is to promote awareness of local community resources, train local agencies to work together, and provide a structure for coordinated local emergency response. Their responsibilities include preparing and responding to situations of peril at the community level; and coordinating resource gap analysis. The teams include community members from multi-department/multi-government agencies working together under the Halifax Regional Municipality (HRM) EMO, including:

- Residents of HRM;
- Government departments/agencies located in the area;
- Multi levels of government;
- Private sector;
- Elected officials; and
- The HRM EMO Coordinator.

Members of the JEM teams are not first responders, and do not replace 911. They bring local community resources to bear during emergency events and act as a single voice from their communities to establish priorities and allocate resources. They maintain a local community resource list and train to assist in future unknown perils.

## SCEPA

The objectives of SCEPA are:

- To foster communication between members of the Association;
- To provide training and educational programs in emergency management methodology, including, but not limited to, mitigation, preparedness, response or recovery;
- To develop and promote standards for emergency management professionals;
- To recognize individuals who have made or are making a significant contribution to emergency preparedness; and
- To cooperate and, if feasible, affiliate with other associations or incorporated bodies having similar aims and objectives.

SCEPA developed the *Special Care Emergency Planning Self-Evaluation Checklist*, a workbook with two focus areas: legislation and standard business continuity/modeling. The workbook assists groups to review their own emergency planning processes and concentrate on needs and gaps rather than services they already do well.

The following guide was also distributed to participants: “*Are you Ready? Nova Scotia’s Guide to Disaster Preparedness. Tips for People with Disabilities. Tips for Frail and Older Seniors.*”

## **CONCURRENT SESSION E: IDENTIFYING SENIORS IN EMERGENCIES: WHAT DO WE KNOW AND WHAT DO WE NEED TO DO?**

*Chair: Dave Hutton, PHAC*

This session examined critical issues regarding the identification of seniors in emergencies. Drawing upon both Canadian and international perspectives and experiences, presenters highlighted lessons learned, critical practice gaps, and priority actions for the coming year. Participants also discussed the following questions:

1. What are critical operational issues in identifying seniors in emergencies and disasters?
2. What better practice interventions, protocols, or tools are available to identify seniors in emergencies/disasters?
3. What are key priorities/gaps that must be addressed to ensure seniors are effectively identified during emergencies/disasters?
4. What do you see as critical next steps for the next year?

## **Hurricane Katrina: Lessons Learned, Lessons Applied**

*Mike Weston, Disaster Consultant, President, Servision Inc.*

This presentation focused on the devastating impact of Hurricane Katrina on the Gulf Coast of the United States in terms of destruction, damage, and human impact—particularly on seniors. Challenges related to the response effort were also discussed with a focus on the work of the *Aging Network*, the *Seniors Without Families Screening Tool (SWIFT)* and the *Rapid Needs Assessment* used.

Since preparation processes and needs assessments conducted prior to the hurricane included little to no input from seniors, recovery efforts were not successful in identifying vulnerable seniors or in addressing their needs (e.g., emergency accommodations were not accessible to seniors).

Other lessons learned were noted:

#### Gaps and Barriers

- Disconnect between aging networks and emergency response organizations;
- Lack of pre-planning; and
- Lack of clearly defined roles, responsibilities, and resources.

#### Recommended Strategies and Tools

- Pre-established plans and tools for response, recovery, and mitigation; and
- Integrated response efforts that are inclusive of *both* aging networks and emergency response organizations.

#### Next Steps

- Formalize international, national, and local champions to facilitate global awareness and response—before the next disaster/emergency;
- Consider the vulnerabilities *and the contributions* of the elderly in planning, response, and recovery strategies;
- Apply lessons learned from the Hurricane Katrina experience.

### **Identifying Older People in Emergencies—Some Problems and Priorities**

*Bill Gray, HAI*

This presentation identified problems, tools, and priorities related to seniors and emergency preparedness. Seniors are currently not visible in emergency preparedness: services do not recognize their needs; staff lack the required knowledge and skills to consider the particular needs of seniors, and communities are not well-equipped to handle the needs of a range of age groups. Seniors are also excluded from emergency “materials”—e.g., hardware, food, clothes, facilities, and medicines do not take the needs of seniors into consideration.

Using a community-based approach, Mr. Gray identified that the following components should be in place:

- Assessments that “ask the right questions” and “look in the right places”;
- Appropriate data gathering—data disaggregated by age and sex;
- WHO Cluster reform—“joining the dots” between the mandates of the Clusters and cross-cutting seniors’ issues;
- Agency protocols (e.g., UN Refugee Agency (UNHCR); WHO);
- Collaboration, skills-sharing, and development;
- An “all victims approach”; and
- Experience with seniors and emergency preparedness issues.

Five key priorities that need to be addressed include:

1. Rapid assessment and needs assessment methodologies;
2. Induction and training;
3. Skills sharing;
4. Evidence; and
5. Financial resources.

## **What Keeps You Up at Night?**

*Elaine Smyer, Emergency Social Services, City of Toronto and Pauline Hopley, Emergency Social Services, Region of Durham*

This presentation focused on the concerns that seniors living in their own homes have about what will happen to them in a disaster/emergency (e.g., can we care for ourselves? If not, who will?)

The following steps were recommended to alleviate the concerns of seniors living on their own:

- Create solid emergency plans for this scenario;
- Explore what works in urban, rural, and remote areas;
- Educate seniors on emergency preparedness issues and the services available to them in times of crisis;
- Secure funding for services (e.g., Lifeline; Vial for Life; PAL system) and facilities to support seniors in times of disaster/emergency; and
- Identify “at-risk” seniors in their homes, and interview them to explore their needs (e.g., care needs; transportation issues; language barriers; needs of pets).

Additional recommendations included:

- a) inclusive planning;
- b) sharing best practices;
- c) funding;
- d) convincing seniors to utilize services;
- e) addressing issues of privacy and trust; and
- f) garnering input from seniors and/or seniors groups.

## **PLENARY: SUMMARY OF DAY ONE**

*John Cox, PHAC*

Mr. Cox highlighted the fact that over one-third of workshop participants (over 48) were presenting. In addition, over half of the participants were involved in the organization of the workshop at some level. He commended the group as one that reflects a model for how we need to work together on seniors and emergency preparedness issues. Participants are in the process of building long-standing momentum, and need to work together to develop concrete and practical guidance. He also highlighted a need to link champions from both sides of “the house”—from both the seniors/aging sector and the emergency management sector. He challenged participants to look within and beyond the group attending the workshop for the leadership, knowledge, and experience needed to address seniors and emergency preparedness issues.

Mr. Cox concluded his presentation by reviewing key messages that emerged from each of the five concurrent session groups that occurred on Day 1, including:

1. People involved in community development need to hear emergency preparedness messages.
2. Work *with* seniors, not *for* seniors.
3. Address surge capacity by recognizing the value of social mapping and the connection between volunteer centres and municipalities.
4. Curriculum is one of the key ways to influence training of health professionals, but it is a long-term approach—short-term responses are also needed.
5. Policy needs to be informed by data from the field.

6. Recognize the importance of partnerships at various levels and having communication channels in place.
7. It is important to mainstream aging issues into existing agendas, but also to not overlook the need for separate, age-specific activities.
8. Involve seniors, and think beyond key NGOs, to include faith organizations, clubs, etc.
9. Recognize that “buy-in” starts at the municipal level.
10. Critical gaps exist in the identification of seniors in emergencies.
11. There is generally a disconnect between emergency planning and aging organizations, and a lack of pre-planning.
12. Trust is a major issue—prior relationships are important so that the “right person” knocks at the door of seniors in times of emergency.

### **Day Two—Tuesday, March 18<sup>th</sup>**

#### **PLENARY PANEL: RISK COMMUNICATION AND KNOWLEDGE TRANSFER**

Panellists discussed effective emergency preparedness communication and knowledge transfer mechanisms, such as communicating action plans to the community before, during, and after a crisis, and working with the media to convey messages.

#### **Risk and Disaster Communication**

*Earl Wall, Center for Refugee and Disaster Response, John Hopkins Bloomberg School of Public Health*

This presentation discussed various aspects of collaboration with the media to reach seniors in times of crisis. Mr. Wall highlighted the fact that crisis managers and the media have an interdependent relationship—the media depend on public officials and other experts for timely and accurate information, and public officials depend on the media to get their messages out before, during, and after an emergency.

The media should be viewed as an essential partner in emergency preparedness, as well as a crucial means of conveying information. Crisis communication is important—if handled badly, it could hurt an organization’s reputation, lead to panic, loss of confidence, and the circulation of incorrect information. On the other hand, pro-active, effective communication can build trust, help rally support from the public, and pull donors together.

Mr. Wall provided several tips for working with the media to provide effective messaging, including:

- Consider the credibility of your organization—does your organization represent those most affected by the crisis and is your organization known by others as an expert in the field with relevant information? It is important to develop pre-disaster credibility and focus your communications on topics your organization has solid knowledge of and credibility with;
- Before an interview with a member of the media, interview the person who is going to interview you—find out who they are, who they represent, and the angle of their story. The media want a good story, and the better prepared you are the more effective you will be. Set the parameters of the interview;



- Outline your target audience and create specific messages that are tailored to meet their concerns/needs;
- Identify what you want your target audience to know/learn from your message;
- Decide how your message can be used to correct misperceptions that exist about the crisis situation;
- Ensure your messages are timely, clear, consistent, and concise (e.g., no more than three points);
- Be sensitive to cultural differences, especially in international crisis situations—mistakes can easily be made, such as using symbols and words that are appropriate in one culture, but not in another; and
- Test how the target audience understands your message before distributing it to the broader audience.

### **Risk Communication Channels: Lessons Learned from Lebanon Wars**

*Abla Sibai, Centre for Research and Policy Development on Ageing, and Department of Epidemiology and Population Health, American University of Beirut*

Dr. Sibai's presentation focused on the results of three research projects that emerged out of the wars in Lebanon (in particular the July 2006 war). She noted that the media have an important role in the initial crisis phase of a conflict war to keep people informed; but also in supporting longer-term information needs.

Government, civil society, NGOs, and media play critical roles during the maintenance phase, in particular in relation to:

- Helping the public understand its own risks and explaining emergency procedures and recommendations;
- Encouraging risk/benefit decision-making;
- Facilitating dialogue between groups to make efficient use of resources, avoid duplication and reach those in need; and
- Fostering greater awareness and inclusion of older people's needs and priorities.

Other key findings from the research included:

- There is a need for education to improve public response in the future;
- There is a need to examine problems and mishaps, and reinforce what worked (e.g., document best practices and lessons learned);
- It is important to determine specific actions to improve crisis systems/plans;
- It is important to evaluate the effectiveness of communication plans;
- The contribution of government agencies and NGOs is typically highest during the response phase. Activities and projects are often scaled back or terminated once the reconciliation process is underway;
- During and after a war crisis, people often choose to remain in their village to protect their home/property or because they are unable to relocate due to the stresses of displacement associated with aging and/or disability/illness. Many people also lack transportation;
- Bulletins issued during a war crisis and its aftermath often highlight disorder, which is counter-productive for those directly impacted by the war—it is important to have a designated spokesperson, with clear plans for communication;

- In a crisis, the normal challenges of aging can become overwhelming for seniors;
- Many “survival” services are expanded during times of war, such as medical services, medication, and food/meals. However, other important services are often curtailed, such as assistive supports, recreational/intellectual activities, social services, and mental health services;
- NGO perceptions of older adults’ priority needs (e.g., nutrition and health) are often different from the needs identified directly by older adults (e.g., income and shelter);
- Aging “mainstreaming” and the active participation/contribution of older people are not supported or recognized in humanitarian interventions/activities across all phases of a crisis; and
- The role of the family unit is often hidden in both the response and recovery phases of war—the perception of their needs is often different from their actual needs (e.g., a loss of livelihood has a great impact on families, and material losses are sometimes more urgent/devastating than human losses).

As a result of research that emerged from the Lebanon wars, the government has begun to recognize the need for adequate service provision to seniors, as well as the contributions that seniors can make in times of crisis.

### **Evacuation of Special Populations—So What?**

*Barry Manuel, Halifax Regional Municipality*

Mr. Manuel’s presentation discussed the importance of having a clear municipal process or plan in place before emergencies strike. Variables may change, but the process will stay the same, regardless of the size of the crisis.

Mr. Manuel highlighted that the job of a municipal EMO is to prepare, communicate, and coordinate emergency action plans. He reinforced the importance of stakeholders working together as a team, with clear procedures, roles/responsibilities, and communication channels defined prior to an emergency. No organization alone can respond effectively in an emergency, and precious time can be wasted if clear processes or plans are not in place.

He stressed the need for emergency preparedness at the individual/family level—many people only have enough supplies on hand to meet their needs on a daily basis.

## ROUND TABLE DISCUSSIONS

Following the first plenary panel, participants shared in round table discussions based on two questions. This section outlines the results of these round table discussions:

*Q. 1: What are critical considerations when developing messages for: a) seniors about emergency preparedness? and b) first responders about seniors?*

### Responses

#### Considerations for Developing Messages for Seniors About Emergency Preparedness

- Do not assume emergency responders can do everything for you;
- Prepare in advance of an emergency;
- Assess your own needs by:
  - Preparing lists of medications and health information;
  - Preparing lists of contact information for family members;
  - Arranging for alternate caregivers and contact persons if you have persons assisting you;
  - Preparing for the needs of pets and assistance animals.

#### Messages for First Responders About Seniors

##### Communication

- Communication must be clear and concise;
- Do not exaggerate the risk—explain facts as they are and address fears;
- Consider the motivational and experiential factors that may impact seniors’ use of information (e.g., we have lived through this before; attachment to place; knowledge of available resources);
- Use peer support networks to communicate messages;
- Consider language, culture, and inclusion;
- Messages need to be repeated often and delivered in various ways;
- Advise seniors that information will be communicated once it is confirmed, and will be ongoing;
- Recognize that literacy affects understanding of messages;
- Make messaging relevant to seniors;
- Include families, friends, and caregivers in messaging about personal preparedness;
- Plan for messaging in times of storms or power failures.

##### Assessing Needs

- Raise awareness about how seniors can assess their own needs. Ask seniors what their needs are – don’t assume they are not able to participate in their own care and preparedness;
- Raise awareness/increase training among responders about potential vulnerabilities;
- There are different levels of needs amongst the senior population—assess vulnerabilities and capacities with consideration given to potential age-related sensory impairments and mental health issues;
- Conduct social mapping exercises;
- Consider the role of non-traditional emergency supports (e.g., volunteers, churches, care facilities, homecare workers);

- Include seniors who can help in the emergency planning process;
- Consider equity issues.

***Q. 2: What are effective ways to get critical information to the people who need it (seniors and emergency responders)?***

### **Round Table Responses**

- Have a communication coordination structure in place with pre-established lines of communication;
- Encourage feedback on communication mechanisms, from seniors;
- Conduct risk assessments;
- Community registries of persons at risk;
- Social networks/social service programs; seniors networks, community networks, and peers;
- Find partners, pursue relationships, and connect/spread messages within networks;
- Media in general (e.g., newspapers, radio, tv and news programs, telephone-trees, emergency call centers/dedicated phone lines for seniors to call in, Internet/e-mail);
- Use a variety of methods together for best effect;
- Compulsory, annual community emergency drills;
- Trusted spokesperson (e.g., a senior or other community champions);
- Door-to-door, face-to-face contact;
- Leaflets or fridge magnets (e.g., something in-hand and tangible);
- Train responders to provide effective messaging;
- Daily briefings for responders;
- Consider the communication needs of: remote communities; multicultural communities (e.g., bilingual/multilingual services); visually and hearing impaired (e.g., Braille and audio tape information);
- Professional publications/communications from experts in specific subject areas;
- Communicate special needs;
- Explain emergency plans in detail and highlight relevancies for seniors groups.

### **PLENARY PANEL: CONNECTING NETWORKS**

Presenters focused on the topic of establishing and maintaining networks that support emergency measures operations and the needs of seniors during times of disaster/emergency.

#### **Local Success in Mobilizing Action and Connecting Networks**

*Vicki Toews, Manitoba Seniors and Healthy Ageing Secretariat*

Ms. Toews' presentation highlighted how Manitoba has moved forward since the 2007 *Winnipeg International Workshop on Seniors and Emergency Preparedness*, including:

- The workshop generated momentum to act and engaged stakeholders;
- Stakeholders have since established networks at the provincial level with various organizations and authorities with a stake in emergency preparedness and response;
- A sign of increased awareness and a result of new partnerships, the Seniors' Secretariat was asked to speak at a recent disaster management conference on the needs of seniors;

- Seniors have been engaged at the community level, in particular through a forum that brought together community leaders (e.g., seniors and professionals that work with seniors); and
- The education model used at the forum included scenarios of potential emergencies, allowing attendees to ask a panel of experts what service and responses their organization would provide for each scenario.

Ms. Toews outlined two points of consideration that emerged from this work:

1. It is important to recognize that there are gaps in emergency preparedness, particularly when it comes to the needs of seniors; and
2. Improvement in this area must include meaningful policy change, provincial support through training networks and the provision of tools/resources, and empowerment/capacity-building at the community level.

### **IDEAS Network—How Pandemic Preparations Give Insight to Practices We Should Consider Now**

*Laurie Mazurik, Sunnybrook Health Sciences Centre*

Dr. Mazurik introduced participants to the work of the *Interprofessional Disaster and Emergency Action Studies (IDEAS) Network*, a web-based emergency preparedness and victim-focused care education project funded by Health Canada.

The IDEAS Network held a two-day pandemic exercise in 2007 that included a multi-level government and inter-agency table-top exercise, and live mass immunization and hospital mass casualty scenarios. Online role-play exercises (with anywhere from 200 to 700 participants at one time) were designed to give participants a sense of the pressures they may face in an emergency situation and how to prepare for them. Participants’ experiences were discussed afterwards through an online “chat” facilitated by experts from relevant fields.

The exercise was designed to be inter-professional (i.e., health, informatics, media, information technology, security, safety, psychosocial), inter-agency (i.e., municipal and provincial health agencies, tele-health organizations, hospitals) and inter-institutional (i.e., students and faculty from various colleges and universities).

The response to the IDEAS Network exercise was overwhelming. Feedback revealed that:

- The exercise was an “eye opener” to participants about community health underfunding;
- It revealed the importance of community-based medicine, as a means of alleviating pressures on large hospitals in times of crisis;
- It reinforced the need to prepare families for the use of the SOFA (Sequential Organ Failure Assessment) score to determine who will receive advance life support in times of pandemic;
- It highlighted the need to identify vulnerable people and provide services/programs to protect them and meet their needs in emergencies (e.g., a “tele-buddy system” to pair vulnerable seniors with students and retirees from health care; a pet buddy system for those who need to be displaced);
- It illustrated the fact that volunteers from the student and seniors populations are capable, want to connect and make a contribution to their community—an emergency preparedness

mentoring system that partners retired professionals with students may be a good method of drawing on these volunteer resources; and

- It made the importance of what information is shared and when salient in the minds of participants.

Dr. Mazurik also discussed how the Internet proved to be a very successful medium for the IDEAS Network exercise. She highlighted the fact that the current generation is very skilled with using the Internet, and that it is being increasingly used as a tool to conduct business and effect social change. For the IDEAS exercise, it had the added benefit of providing a neutral and anonymous space, and all participants had an equal opportunity for input into the exercise.

### **Older Persons and Emergency Situations in the Madrid International Plan of Action on Ageing**

*Robert Venne, UN Programme on Ageing*

Mr. Venne's presentation highlighted emergency preparedness within the *Madrid International Plan of Action on Ageing*. This plan highlights the need for changes in attitudes, policies, and practices so that the potential of aging can be fulfilled—changes at all levels of society and within all organizations. It contains three priority directions for policy action:

1. Older people and development;
2. Advancing health and well-being into old age; and
3. Ensuring enabling and supportive environments.

Mr. Venne discussed how the *Madrid Plan* highlights the fact that older people are especially vulnerable in emergencies, and that many non-vulnerable seniors take on important caregiving roles in times of crisis. Governments and humanitarian organizations need to recognize that seniors can make considerable contributions to their communities before, during, and after a disaster/emergency.

He concluded his presentation by providing examples of how countries and NGOs are making positive changes to address the needs of seniors in emergency situations.

### **Success Stories: Integrating Special Needs Issues in Emergency Management**

*Elizabeth Davis, Chair, International Association of Emergency Managers Special Needs Committee*

Ms. Davis's presentation provided suggestions for connecting networks to integrate special needs into emergency management efforts. She provided participants with the following points for consideration:

- Emergency management efforts must focus on universal benefits—i.e., benefits for all citizens, including those with special needs;
- The definition of special needs must advance beyond a medical model to a functional model;
- There is a need to find ways for the meaningful engagement of stakeholders in sectors that deal with special needs issues;
- Special needs issues must be incorporated into planning processes at all levels and stages of emergency response;

- Planning for special needs in emergency situations should be completed at the local level, so that plans can be tailored to the resources and the demographic makeup of each community; and
- Addressing special needs issues in emergency response can take more resources and time than planning for other groups—the expectations of stakeholders may need to be closely monitored and managed.

Ms. Davis concluded her presentation by stating that people with special needs, including vulnerable seniors, are starting to “get on the radar” of emergency measures operations, and that definite progress is being made in this area.

## **NETWORKING CAFÉ**

The Networking Café provided participants with an opportunity to connect and learn from individuals working on specific initiatives and/or involved in networks relevant to emergency preparedness and seniors. Through a series of 16 poster presentations and/or display tables, presenters and participants shared plans, resources, tools, and contacts.

### **Crisis Preparedness: Lessons Learned**

*Maguy Ghanem, Italian Cooperation, Lebanon*

This display highlighted the importance of support and follow-up after a crisis is over, when international organizations leave and media coverage ends.

A country’s recovery after a crisis is very important. The aftermath of a catastrophe often introduces a new reality with different demands for support to individuals and communities. It is essential that communities in partnership with organizations, and the country as a whole, develop a clear vision and collectively plan for responding to newly emerging needs.

Stakeholders must also take into account cultural issues. A clear example of this emerged from the 2006 Lebanon war crisis, when one million tents provided to citizens were unused because in times of crisis, the Lebanese prefer to go to the homes of families and friends.

### **Cuba—An Inclusive Model for Older People**

*Tony Thompson, British Red Cross and Yuselis Malagon Cruz*

This table presented statistics on tropical hurricanes affecting Cuba from 1985 to 2005 (e.g., number of people mobilized, evacuated, and older people that were evaluated; death tolls; monetary losses due to damages). Statistics are maintained regarding older persons to help Cuba prepare to meet the needs of seniors during times of emergency (e.g., number of elderly per household; those living alone; those with disabilities/cognitive deteriorations).

A supporting paper, which accompanied the poster presentation, also discussed how Cuba prepares to meet the needs of the elderly during hurricanes (all of these services are free of charge):

- All elderly with health risk conditions and those who live in risk zones or deteriorated housing are evacuated to homes of family/neighbours, shelters or hospitals;

- Guaranteed food—those in shelters receive a nutritional assessment;
- Guaranteed medical assistance and medications for those living in evacuation zones and remote places; and
- Recreation, rehabilitation, health care, and psychological support are provided through a network of gerontology-geriatric organizations.

Post-emergency services are also in place for the elderly, including the following supports:

- Social workers, doctors and nurses;
- Hospitals, physical rehabilitation centres, gerontology multidisciplinary groups;
- Orientation and recreation groups (including grandparent homes, drop-in centres, and university for seniors).

The authors of the paper note that seniors can play a critical role in disaster risk reduction and preparation, through educating the public based on their experiences with prior emergency situations, coordinating disaster preparations with their neighbours, participating in planning, and providing services during the recovery phase (e.g., cleaning up, construction, psychological support).

### **EMO Nova Scotia**

*Dennis Kelly, Nova Scotia EMO*

EMO Nova Scotia representatives shared information about a new booklet and train-the-trainer program focusing on the needs and concerns of frail seniors and persons with disabilities. Through this work, EMO Nova Scotia (in partnership with the Nova Scotia Department of Seniors) will use a peer education approach to inform and engage citizens and seniors organizations to be better prepared for emergencies. Emphasis will be placed on developing a support network and having an emergency plan.

### **For Seniors, By Seniors**

*Bill Hickerson, Good Neighbours Senior Centre, Manitoba*

This table introduced participants to a community-based emergency preparedness group that emerged out of the 2007 Winnipeg International Workshop of Seniors and Emergency Preparedness. “For Seniors, By Seniors” is a peer-support group in Winnipeg that is operated by 8-12 senior volunteers who make up a “Leaders Team.” Members of the Leaders Team travel around the community to host workshops and do presentations on emergency preparedness to seniors. “For Seniors, By Seniors” uses a peer-based, adult education approach, and encourages seniors to use their skills to prepare for and cope with emergency situations. The strengths that seniors bring to emergency situations is a key component of their teachings.

Approximately six months after each workshop/presentation, volunteers call participants to follow-up on any progress made in preparing themselves for emergency as well as to offer advice and support.



## **Geriatric Emergency Preparedness and Response—Disaster Mental Health Issues for Caregivers of Older Persons**

*Gloria Gutman, Gerontology Research Centre, Simon Fraser University and Robert Roush, Texas Consortium Geriatric Education Centre, Huffington Center on Aging, Baylor College of Medicine*

This table discussed the special needs of frail seniors in times of emergency. The focus of the poster was to: a) raise awareness of ways the aging process makes older persons more vulnerable than younger persons during times of disaster; b) highlight the implications of their vulnerabilities for the four phases of the disaster cycle; c) relate changes in behaviour to the degree of involvement in a disaster; and d) draw attention to the fact that post traumatic stress disorder can result from any disaster, and affect any and all members of the exposed population, including older persons.

The presenters argued that too few health care professionals and emergency responders have had geriatric emergency preparedness and response training. This training must include attention to pre-existing physical health conditions (i.e., chronic disease management) and pre-existing mental health issues (e.g., dementia, depression), as well as post traumatic stress disorder which may present itself differently in older than in younger persons.

Six US Geriatric Education Centers (GECs) have developed teaching modules containing geriatric-specific information that health care providers and other stakeholders need to know about emergency preparedness and response for aging and other vulnerable populations. These modules take an all-hazards approach for bioterrorism and natural disasters, focusing specifically on how older people react differently from younger persons in disasters, and include information on mental health, physical health, culturally and linguistically appropriate services, communication strategies, ethics, and planning.

## **Guardian Program Database**

*Russ Waugh, Village of St-Pierre-Jolys, Manitoba*

This table provided participants with an opportunity to explore the Guardian Program Database. The Guardian Program of St-Pierre-Jolys, Manitoba, is a volunteer-driven emergency response program, a key component of which involves a database of information on community assets. This program, run by six seniors, is designed to identify residents and resources in times of crisis, and to provide a method to alert residents in times of power and other communications failures (i.e., through the phone system or door-to-door, if communications are down).

The village is divided into six districts. Each district has one “Guardian” and two “Assistant Guardians” whose role is to ensure that a list of residents and community resources is maintained for their district, and, in the event of emergency, to ensure residents receive necessary information (e.g., evacuation procedures).

The Guardian Database contains information on over 330 households, as well as resources within the community (it is updated at least once a year). Examples of information contained in the database include:

- Names and ages of residents at each address;
- Contact information (i.e., home, work, and cell phone numbers);
- Special needs of residents (e.g., hearing impairments, mobility issues, medications and their locations within the home);
- Number of pets;
- Resources available (e.g., generators, non-electric heating systems, snowmobiles, all-terrain vehicles, boats, chainsaws);
- Coordinates of residents willing to billet others in times of emergency; and those who would need billeting assistance (i.e., would have difficulty making alternate housing arrangements on their own).

In the spring of 2006, the village had the opportunity to test the program when rapidly melting snow caused an overload to the village sewer pumping system. Within approximately one hour and fifteen minutes, the Guardians were able to notify 75%-80% of residences to limit their water consumption. Within seven hours, the issue was rectified due to reduced water consumption.

The Guardian Access Database is available free of charge to other interested communities.

## **HATS**

*Isabel Palmar, St. Christopher's House, Toronto*

HATS is an innovative, community-based program for seniors. It is operated by St. Christopher's House (<http://www.stchrishouse.org>), a non-sectarian social services agency located in west central Toronto, whose purpose is to enable the less-advantaged (individuals, families, and groups) to gain greater control over their lives and within their community.

HATS raises awareness about difficult issues facing seniors, through educational theatre exercises (performed by volunteer seniors) that are based on the Action Theatre Community Education Model. The HATS program is unique in that it is:

- community-based;
- culturally sensitive;
- educational;
- participatory;
- targeted to seniors; and
- has far-ranging impact (e.g., "ripple effects").

The HATS model is also being used in Calgary with the Jewish, Sikh, and Vietnamese communities.

## **IDEAS Network**

*Laurie Mazurik, Sunnybrook Health Sciences Centre, Toronto*

The IDEAS Network (<http://www.ideasnetwork.ca>), is an inter-professional, web-based education project on emergency preparedness and victim-focused care. It is committed to building an infrastructure for collaboration in the development and testing of emergency preparedness strategies.

The aim of the IDEAS Network is to:

- Facilitate collaborative associations between institutions;
- Create inter-professional training materials for both students and professionals;
- Use technology to efficiently deliver curriculum and exchange ideas;
- Conduct inter-professional drills and exercises to test strategies;
- Develop tools for measuring human performance and outcomes under disaster conditions; and
- Integrate students into community disaster planning.

The project has demonstrated that young people are capable and enthusiastic about contributing their supports/resources in times of emergency. An effective method of engaging youth is by utilizing virtual (i.e., web-based) means.

## **Massachusetts' Nursing Homes Disaster Preparedness**

*Kelly Fitzgerald, Network Coordinator, Older People and Ageing Research and Development Network, Swansea University, UK*

At this display, participants learned about a study that examined how nursing homes in Massachusetts prepare for disaster. The author collected data using several sources:

- A review of 30 state nursing home disaster regulations;
- A survey of all Massachusetts nursing home administrators;
- Case studies of four facilities;
- Nineteen interviews with staff and community emergency experts (e.g., fire, Red Cross, emergency operation centres); and
- An analysis of twelve facility disaster plans.

The results of this study suggest that state regulations should be updated to include a number of well-defined minimum requirements. The findings from this research can be used to enhance facility preparedness and increase awareness of the importance of disaster preparedness to improve the safety of residents. Areas for improvement could include:

- Overall planning, including disaster plans, training, and drills;
- Preparation for large-scale disasters;
- Communication between facilities and community emergency resources; and
- Re-examining regulations to ensure adequacy while avoiding over-regulation.

## **Age-Friendly Communities Initiative**

*Jim Hamilton, PHAC*

At this table, participants learned about work being done in Canadian provinces and territories around the use of research into age-friendly communities. An age-friendly community is a community where policies, services, and structures related to the physical and social environment are designed to support and enable older people to live in a secure environment, enjoy good health, and continue to participate fully in society.

Two guides have been developed to assist in planning for age-friendly communities:

1. WHO has worked with cities around the globe to produce the *WHO Age-Friendly Cities Guide*; and
2. The Federal/Provincial/Territorial Ministers Responsible for Seniors and PHAC, in partnership with nine provinces, have developed the *Age-Friendly Rural and Remote Communities: A Guide*.

## **Older People in Emergency Response**

*Luz Barreto, Centro Proceso Social, Lima, Peru*

Further to her participation at a similar conference on emergency preparedness in Toronto, the presenter organized a *Latin American Summit* in Peru. The following initiatives have evolved as a result of the Summit:

- Centro Proceso Social (Lima) was established to manage emergency preparedness in southern Peru, including emergency preparedness for seniors. Their vision is to:
  - Involve all people in emergency preparedness;
  - Work on prevention within communities;
  - Be a model for community involvement;
  - Raise awareness of preparedness gaps;
  - Raise the visibility of seniors;
  - Recognize seniors as contributors in emergencies; and
  - Promote networks between health centres, humanitarian associations, and community groups.

Additionally, Centro Proceso Social:

- Coordinates a WHO-sponsored project, the *Latin American Manifest*, whose mandate is to forge commitments towards the incorporation of seniors into policies and plans of risk management; and
- Developed a project whereby seniors provide warm clothing to other seniors. This project aims to address the needs of impoverished seniors prior to disasters/emergencies since poverty compounds the issue of disaster relief.

## **Project Safe EV-AC**

*Elizabeth Davis, EAD and Associates*

Developed by the International Center for Disability Information (ICDI) at West Virginia University (<http://evac.icdi.wvu.edu>), *Project Safe EV-AC* provides accessible, free training and materials on safe evacuation and accommodation for people with disabilities in times of crisis.

A key resource developed by this initiative is a train-the-trainer tool kit, which contains critical safety information related to a variety of disability issues (e.g., sight, mobility, hearing), and provides “quick-tips” that can be used by emergency responders and other service providers globally. Other sections of the tool kit include:

- History of evacuation of people with disabilities;
- Overcoming fear and anxiety;
- EV-AC accommodation process;
- Accommodation options;
- Disaster-specific fact sheets;
- Evacuation by setting; and
- Resources.

A key resource in the tool kit is a form, entitled “In A Pinch,” with pictorial representations that emergency responders/service providers can use for communication in times of crisis. The tool kit is intended to motivate readers from a variety of organizations/agencies to integrate effective evacuation procedures for persons with disabilities into their workplace settings.

## **Reality Check—Engaged Seniors Have Options**

*Emily Nixon and Wayne Dauphinee, British Columbia Health*

British Columbia Health recognized the need to liaise with seniors in their communities, and undertook a project that looked at methods of engaging more personally with seniors on emergency preparedness issues. This table provided participants with an overview of findings from this project:

- Older seniors (age 85 and over) generally do not want to receive assistance in an emergency, since this would take away from others in need. This insight helped the team to recognize the importance of reinforcing the message that seniors are equally as deserving of assistance.
- There can be misconceptions among seniors about the types of hazards they may face. There is a general perception that if a crisis happens, it will be devastating enough to ensure they are “no longer around.” This pointed to a need for education around personal preparedness for a variety of potential crisis situations.
- A survey implemented by the team was found to be too confusing for the seniors involved—highlighting the importance of phrasing questions. Participants preferred “yes/no” questions.

## **Role of European Older People's NGO**

*Rachel Buchanan, AGE—European Older People's Platform*

The AGE—European Older People's Platform—is a membership organization funded by the European Commission. It is designed to promote the interests of people age 50 and over, including issues such as inclusion, protection, employment, discrimination, and health. Although the organization's focus is primarily within Europe, it is interested in networking with other international organizations with common interests.

## **Safe Center—Alabama's First Safe Centre for Senior Citizens**

*Michael Weston, Servision Inc.*

The concept of Alabama's first Safe Centre for senior citizens (expected to open in early 2008) arose in response to hurricane and tornado events that resulted in seniors having no place to go to regain a sense of normalcy and reconnect with friends. The Safe Centre combines a full-service seniors' residence on the top floor, with a respite centre for over 100 people on the bottom floor, to be used in the event of a disaster. The Centre also includes:

- Back-up propane generators;
- Extra wall outlets that can be used to operate light medical equipment, such as portable oxygen machines;
- Separate areas for seniors with dementia, who tend to become agitated/overwhelmed if housed in groups;
- A satellite telephone;
- A building design that meets standards for hurricane and tornado force winds, floods, and other hazardous conditions;
- A unique blue-coloured roof, identifiable as a site with respite services during a disaster;
- Trained staff and volunteers;
- Appropriate stores of food, equipment, and supplies for emergency readiness; and
- Full showering and laundry facilities for extended stays.

It is hoped that the Safe Centre will serve as a model for other constituencies.

## **Seniors to Go! Tool Kit**

*Susan Gilbert, Royal Roads University, British Columbia*

The *Seniors to Go! Tool Kit* is a “do-it-yourself” emergency preparedness kit for seniors and support groups (e.g., church groups, community centres). The kit is in a booklet form, and consists of a facilitator guide and train-the-trainer manual. It is designed to bridge the disconnect between emergency preparedness theory and practical application—it takes lessons learned from research on disasters and incorporates it into a more practical form to be used across disciplines.

## WORKING GROUP CONSULTATIONS

The Working Group Consultation Sessions provided an opportunity to engage stakeholders in discussions around the three key themes of the workshop:

1. Ways to integrate seniors into existing initiatives and promote the use of promising practices;
2. Effective methods of delivering key messages and connecting networks; and
3. Defining next steps.

Key discussion points and suggested actions that emerged from the four Working Group discussions are summarized below.

### **Group No. 1: Integrating Seniors into Emergency Planning, Mitigation and Response**

#### **Discussion Items/Suggestions**

##### **Public Awareness/Messaging**

- Use language and methods of delivery that are all inclusive.

##### **Tools, Resources and Good Practices**

- Create tools that are clear, concise and respectful to be used as presentations at community and annual general meetings to influence and inform governments and other stakeholders regarding seniors' specific needs and resources.
- Create "champions/leaders" to convey the "Emergency Preparedness and Seniors" message across all jurisdictions.
- Create a library of "promising practices" for all to use. It could be housed on a Web site that could also serve as a "networking" device. This will allow for the exchange of information and the availability of materials for others to use and adapt.

##### **Training**

- Demonstrate the value of including/engaging seniors in emergency preparedness to all interested parties.
- Develop training materials geared to seniors that are designed to motivate and teach them how to influence policy development:
  - how to advocate
  - first aid courses
  - how to attract seniors as volunteers by asking seniors how they want to be involved
  - how to create and practice emergency plans
  - ensure seniors participate in table top exercises.
- Create awareness among Emergency Managers and the public of the potential contributions of seniors and of the special needs of vulnerable seniors.
- Encourage municipalities to present their emergency plans to community groups.

### **Strengthening Networks**

- Include seniors in the emergency preparedness and planning process by linking with emergency managers and other community networks like health agencies, recreation centres, peer support organizations.
- Seniors should approach Emergency Managers to ask to be involved in the planning process and to become involved in Emergency Measures Committees.
- Seniors organizations and other NGOs should include emergency preparedness into their training/programming.
- Other vulnerable groups and affected groups, for example, the disabled, first responders, caregivers and faith communities should be included in the emergency preparedness process.

### **Data Development and Research**

- Conduct an environmental scan/mapping exercise to find existing initiatives/networks.
- Evaluate (both quantitative and qualitative) practices to ensure replication is worthwhile.
- Develop an inventory of resources and a Web portal/database.
- Determine how well municipal and provincial emergency preparedness standards address issues related to seniors and emergency preparedness.

### **Priorities**

#### **Strategic Planning**

- Develop a plan to work towards achieving the following indicator of success: “When the normal practice of emergency planning, mitigation and response will be all inclusive.”

#### **Tools, Resources and Good Practices**

- Develop generic presentations, summary of events, checklists to be used as presentations to spread the word about seniors and emergency management.
- Develop a social marketing campaign that portrays seniors as a resource in emergency situations and also depicts the special needs of vulnerable seniors.
- Create a library of “promising practices.”

#### **Training**

- Demonstrate the value of including/engaging seniors in all aspects of emergency management through the development of materials geared to seniors and other interested NGOs to enable them to influence policy development.

### **Strengthening Networks**

- Seniors need to be included in the planning process by linking with emergency managers and other community networks.
- Workshop participants have a responsibility to report back to their community/organization to pursue commitments to include the needs and potential contributions of seniors in emergency preparedness.

### **Data Development and Research**

- Develop an inventory of resources and a web portal/database that will include the results of an environmental scan/mapping exercise of existing initiatives and networks.



## **Group No. 2: Health Professionals and Continuity of Health Services**

### **Discussion Items/Suggestions**

#### **Public Awareness/Messaging**

- Older people and very disabled persons are often grouped together in the literature—this is not always accurate, helpful, or relevant.

#### **Strengthening Networks/Engaging Partners**

- Approach individuals in key positions within training institutions.
- Approach one of Canada's two medical associations for interest and capacity to take on training components.
- Ensure the inclusion of Northern and First Nations agencies and other interested parties.
- Gradually increase the existing networks. Bring unions to the table, including medical unions.
- Political will and financial resources will be key to making an impact.

#### **Training**

- Develop lists of content, competencies and contexts for training.
- Certification suggestions: degrees or diplomas in emergency preparedness; annual certification processes; special interest groups; university programs; College of Physicians and Surgeons; engaging key clinical faculty members to drive training priorities.
- Include training into existing re-licensure processes for health care professionals.
- Address training related to home-care, community care, and family member care.
- Consider community services as the body for training for health care professionals (e.g., mental health, social work) who do not have mandatory annual licensing requirements.

#### **Other**

- Clarify and define the relationship between gerontology and emergency management.
- Explore ethical issues and develop recommendations relating to the rationing of health care during emergencies based on age (e.g., using SOFA scores in triage).
- Consider the palliative care strategy as a model.
- Develop a better understanding among health care professionals of the EMO organizational mandate.
- Study the union response to the Severe Acute Respiratory Syndrome (SARS) outbreak.

### **Priorities**

#### **Influencing Policy**

- Pursue varying levels of influence.

#### **Networking/Engaging Partners**

- Advance work in tandem with and through discussion with EMOs.
- Bring key players together, i.e., host a collaborative meeting of inter-professional health care workers drawn from connections within this Working Group.

### **Public Awareness/Messaging**

- Participate at the conference and include the issue of emergency preparedness on the agenda of the IAGG World Congress of Gerontology and Geriatrics in 2009.

### **Strategic Planning**

- Expand working group membership.
- Develop a strategic action plan—develop a document to include a history of the group, its purpose, and suggestions for moving forward.

### **Tools and resources**

- Literature review to identify existing training tools or resources for health care professionals. The resources should all be kept in one place.

### **Training**

- Look into ways (how and where) to include emergency preparedness training in existing and already-full curricula of medical schools.
- CNA (Canadian Nurses Association)—include certification with a minimum of two years experience (and pay for certification).
- Develop a list of key content areas for the training of health care professionals, which would outline ways in which the expertise within the Working Group could influence training in those areas.

## **Group No. 3: Influencing International Policy**

### **Discussion Items/Suggestions**

#### **Strengthening Networks/Engaging Partners**

- Develop a list of international bodies, networks, and organizations that should be approached to spread messages about seniors and emergency preparedness: identify “champions” to approach these bodies.
- Explore opportunities to deliver a statement within the UN Sector Council regarding the impacts of armed conflicts on seniors.

#### **Supporting Data Development and Research**

- Evidence from the field is needed to inform the development of best practices, standards and guidelines. The group agreed to continue collaboration in seeking additional evidence to effectively influence policy.
- Enhance knowledge transfer activities to ensure best practices are distributed/available at the local, regional, national, and international levels.
- Availability of age-disaggregated data remains a gap: need to create a “norm” of collecting, reporting and using data on seniors in emergencies to inform policy.
- Advocate to funding agencies the need for programs to include, where applicable, a requirement to include a “seniors lens.”

- Further evaluate the use and utility of existing standards (e.g., Are practitioners using the standards that address seniors?). See the report *Enhancing the Use of Guidelines and Standards in International Emergency and Disaster Response in Canadian INGOs with Reference to the Elderly: A Practitioner's View* (distributed at the Workshop).
- Assess the impact that the 16 international case studies have had in influencing policy and/or generating awareness.

### Priorities

#### **Influencing Policy**

- Create an International Strategy which includes objectives, activities, targets, etc. This strategy should include “bottom up” (field) and “top down” (policy) approaches, training priorities and a communication strategy. Aim to have organizations with UN consultative status in the field of aging and/or emergency preparedness to support/sign the Strategy.

#### **Networking/Engaging Partners**

- Invite “on-the-ground” organizations to join the Working Group.
- Each participant was encouraged to identify 2-3 activities that they could undertake in their respective “areas of influence.”
- Develop standard questions for stakeholders to ask members of their networks (e.g., If a disaster were to happen tomorrow, how could your organization be involved?)
- Identify effective advocacy tools and opportunities.

#### **Public Awareness/Messaging**

- Submit a request through Board members of the IFA and IAGG to the NGO Committee on Aging to make seniors and emergency preparedness the theme of an upcoming International Day of Older Persons.

#### **Tools and Resources**

- WHO will consult with the Working Group on an advocacy brief currently being developed in partnership with HelpAge International. Once completed this can be used as a generic information package.
- Create a list of potential article topics and publication options (e.g., special journal issues such as *The Lancet*, *Quality in Aging*, *Humanitarian Practice Network*).

## **Group No. 4: Canadian Emergency Response**

### Discussion Items/Suggestions

#### **Emergency Management**

- Departments, organizations and groups need to have a plan in place that allows for variables such as size of event and/or the various vulnerable groups involved/affected, such as seniors (e.g., employ the all-hazards, holistic approach—exploring the common consequences that need to be dealt with in any emergency situation).

### **Networking/Engaging Partners**

- Find the best mechanisms to reach seniors and people working with them.
- Engage/mobilize resilient seniors to help the more vulnerable ones. There are community resources capable of undertaking significant roles in building resilient communities and may have volunteer time to contribute to emergency preparedness efforts.
- Need community-building and networking to increase resiliency and emergency preparedness. Recognize that needs change throughout life.
- Determine how to reach and coordinate the process of engaging community groups who already have experience and knowledge in capacity building and outreach. Utilize community resources such as home care, social workers, local centres and clubs, etc.

### **Public Awareness/Education**

- Encourage seniors and other individuals to assume responsibility for their own resiliency.
- Relay message to policy makers and emergency planners that seniors can make a contribution to all aspects of emergency management.
- Messages are better absorbed if received by peers.

### **Supporting Data Development and Research**

- Further research is required on age-related physiological changes which may impact ability to cope with heat, stress, etc.

### **Tools, Resources and Best Practices**

- Encourage and assist communities to adapt existing resources to local needs.

### **Priorities**

#### **Public Awareness/Education**

- Need to foster additional awareness within the emergency management community about seniors' functional needs/vulnerabilities, as well as encouraging them to base their work according to the particular needs and demographics of their communities.
- Educate people through local events, based on specific local needs, e.g., train-the-trainer, presentations at seniors' expos, etc.

### **Day Three—Wednesday, March 19<sup>th</sup>**

#### **REPORT BACK: WORKING GROUPS**

Representatives from the four working group consultations reported on the outcomes of their sessions. They each gave a brief summary of the discussion and priorities identified. These points were captured on p. 35-40.

## CLOSING REMARKS

*John Cox, Division of Aging and Seniors, PHAC*

Mr. Cox noted examples of key accomplishments since the 2007 Workshop, including the creation of effective partnerships uniting professionals from the gerontological and emergency management sectors and the substantive work achieved by the Working Group members over the past year. A key goal of this work was to get seniors and emergency preparedness issues onto the UN agenda—while there is still work to do, this group has been successful in raising international visibility for this important issue.

Now that two international workshops have taken place to bring together key stakeholders and discuss key issues, partners and workshop participants are well-positioned to advance action by utilizing existing networks, and the knowledge and tools that have been shared. All participants have a role to play in effecting change and communicating with stakeholders in their own countries, constituencies, and networks.

The Division of Aging and Seniors, PHAC is willing to continue its role as a Secretariat to facilitate further work on this issue and will work with Working Groups to prioritize next steps and identify potential opportunities to further advance the issue of seniors and emergency preparedness.

*Dave Hutton, Centre for Emergency Preparedness and Response, PHAC*

Dr. Hutton praised the group for the progress accomplished since 2005, when plans for emergency preparedness gave very little consideration to seniors' needs. He stressed the need to shift the current focus from "advocacy for seniors" to "partnership with emergency management." Incorporating the issues of gender, mobility/disability, and resiliency as well as adopting a functional needs and lifespan approach could enhance efforts to integrate seniors.

He underscored the importance of collaborative planning and that better practices are needed to bring diverse stakeholders together. Each stakeholder group has an opportunity to contribute differently to some part of the solution. The goal of raising awareness has been achieved and a shift in focus to partnerships and keeping the dialogue open may now be the most effective approach.

*Gloria Gutman, Co-Chair: Canadian Steering Committee on Seniors and Emergency Preparedness*

Dr. Gutman applauded the progress achieved by participants during the Workshop and noted the importance of maintaining the collaborative partnerships that have been initiated. She challenged participants to continue their role as leaders and continue to advocate for the frail elderly, who cannot advocate for themselves. She also encouraged participants to build on existing structures and networks nationally and internationally, and to recognize the value of partnerships with diverse groups in the development of projects—e.g., gerontology, emergency management, health care, disabilities.

She noted important upcoming opportunities to raise awareness, including the IFA conference in Montréal (September 2008) and the IAGG World Congress in Paris (July 2009).

*Nabil Kronfol, Co-Chair: International Steering Committee on Seniors and Emergency Preparedness*

Dr. Kronfol shared his perspective on the steps needed to move forward internationally. He highlighted the need for participants to pause and reflect on what they have achieved to date, and plan next steps collectively. He stressed the need to maintain already established networks, and to continue the work of the Steering Committees and Working Groups. He noted that other groups should be included—such as professional associations, media, and research organizations. Dr. Kronfol suggested that a well-developed and funded strategy is needed to move the work forward, and to produce more evidence-based research.

*Valerie White, Nova Scotia Department of Seniors*

Ms. White noted the local media coverage that emerged from this workshop (i.e., a press release, local radio coverage, a CBC radio interview, an article in the provincial newspaper)—that she hopes will lead to further coverage and awareness of seniors and emergency preparedness issues. She applauded participants for working together to expand their networks during the workshop and extended a warm welcome to return to Nova Scotia in the future.

## **CONCLUSION: CROSS-CUTTING THEMES**

A number of themes emerged consistently across presentations, discussions and sessions. These are summarized here.

### **1. TOOLS AND RESOURCES**

Workshop participants identified gaps in tools and resources for use in effective planning and response for seniors. There is a need to streamline the existing list of resources (i.e., the inventory that PHAC began compiling) by focussing on the most credible “best practices,” identifying gaps in existing material and developing practical tools/resources to fill those gaps, as well as housing key tools/resources in a central, easily accessible location.

Key gaps in tools/resources identified by workshop participants included:

- Best practice program/policy models (i.e., successes and lessons-learned from a variety of fields, locations, and emergency situations);
- Knowledge transfer tools/resources;
- Advocacy tools/resources;
- Planning and training guides;
- Consistent standards and competencies; and
- How-to guides for seniors groups, community groups, and the general public.

Participants emphasized the need for stakeholders to share tools and resources on a local, provincial/state, regional, national, and international level.

### **2. PLANNING FOR EMERGENCIES**

Participants discussed the need for well-designed emergency plans that meet the needs of seniors before, during, and after times of crisis. They also discussed the need for planning at all working/target levels (i.e., international, national, provincial/state/regional, municipal, institutional/organizational, community, individual/family) well in advance of a disaster/emergency.

Other important considerations:

- Include programs/activities that limit the impact of disasters/emergencies on seniors and that meet their holistic needs (e.g., physical, mental, social, cultural);
- Coordinate planning with partners and stakeholders so that emergency response activities, from conception to action and evaluation, are sequenced among key organizations;
- Outline roles and responsibilities both within and between organizations in advance;
- Ensure plans are in place to keep regular, day-to-day operations/programming running during times of crisis, even when special services need to be provided;
- Include plans for the training of stakeholders, management, staff, volunteers, and community members (complete with practical exercises and emergency drills);
- Build and support community-capacity to create emergency plans that are tailored to meet the unique needs of individual communities and citizens, including seniors; and
- Support individual seniors and other citizens to create personal disaster/emergency plans that will increase their self-reliance during times of crisis.

### **3. PARTNERSHIPS AND NETWORKING**

Participants emphasized the need for partnerships both within and between sectors. Stakeholders are encouraged to build on existing networks and work together collaboratively to draw on the strengths, assets, resources, experiences, and knowledge that each partner can bring to the table, such as:

- Government (all levels);
- NGOs;
- Service providers/practitioners;
- Emergency responders;
- Humanitarian aid workers;
- Private sector;
- Voluntary sector;
- Community groups; and
- Seniors groups/clubs.

Participants encouraged stakeholders to work together on joint planning, programming, and research projects; capacity-building; networking events, tool and resource sharing; and advocacy efforts.

### **4. COMMUNICATION**

Throughout the workshop, participants discussed the need for effective communication strategies for emergency planning, response, and recovery efforts. They identified the need for consistent messaging and communication strategies that meet the specific needs of various stakeholders and seniors groups (e.g., community-specific messages, organizational-specific messages, messages that are tailored to various cultures and languages).

Participants encouraged stakeholders to create plans and tools for communicating about seniors and emergency preparedness issues both within and between their organizations, institutions, and sectors, and to ensure the message of “seniors inclusion” is conveyed.

There is a need for targeted communications to raise public awareness about seniors and emergency preparedness issues—to educate seniors and their families, friends, and caregivers. Their important role was also recognized.

### **5. ADVOCACY FOR POLICY CHANGE**

Another strong theme in the workshop was the need to advocate for organizations to use a “seniors lens” in their disaster/emergency efforts—in other words, to encourage organizations to review their policies and programs to ensure there are no oversights with respect to the needs of seniors.

Participants also discussed a need to identify advocacy opportunities, targets, and tools, and to look at establishing consortiums that will allow stakeholders to work collectively to effect policy change. They encouraged policy makers to think about how policy could be informed from the field, and suggested that NGOs should create plans for feeding input from field workers into



policy processes (e.g., routinely collecting and reporting on seniors data, hosting inter-sectoral “think-tanks,” using field reports and data in their advocacy efforts).

The notion of identifying “champions” in the following sectors was also discussed:

- Emergency management;
- International organizations (e.g., UN Cluster Groups);
- Community leaders (e.g., seniors who will act as a spokespeople through speakers bureaus, presentations, theatre presentations, discussion groups);
- Gerontology/seniors sector.

Participants acknowledged the need to create a plan for the work of these champions, and to develop consistent messaging.

## **6. CONTRIBUTION OF SENIORS**

Participants identified a need to focus on “seniors as a strength not a burden,” an empowerment approach that recognizes seniors as valuable resources in times of disaster/emergency and not just recipients of services.

Seniors have valuable life experience to contribute, and often hold positions of respect and influence within their communities and with their peers. Workshop participants challenged stakeholders to focus on the high percentage (80%) of seniors in their communities who are available, capable and willing to provide volunteer support to the planning and operation of emergency services in their communities. They recommended that stakeholders include seniors as full partners in their work, and consider their potential contributions before, during, and after a disaster/emergency, such as:

- Consulting with their peers to identify potential threats, vulnerabilities, needs, and solutions;
- Providing peer outreach to increase the emergency preparedness knowledge and skills;
- Educating the general public based on their experiences with disasters/emergencies;
- Providing services to others during the relief and recovery phases (e.g., supporting neighbours, providing relief supplies, participating in the rebuilding of infrastructure, acting as caregivers to those in need).

## **7. TARGETING VULNERABLE POPULATIONS**

Workshop participants saw an equally important need to focus efforts on the vulnerable/frail members of the seniors population (i.e., the 20% of seniors who are unable to take action for themselves due to chronic illness, physical limitations, cognitive limitations). They consistently discussed that while the “mainstreaming approach” has advantages, it did not ensure that the needs of vulnerable seniors would be addressed.

Participants recommended that emergency management organizations identify the specific vulnerabilities in the seniors population they work with and focus their efforts on minimizing the impact of disasters/emergencies on those identified as vulnerable. They encouraged stakeholders to think about what programs are needed to meet the holistic needs of vulnerable seniors during times of crisis, such as:

- Emergency centres;
- Geriatric health programs;
- Chronic disease management programs;
- Geriatric food and nutrition programs;
- Geriatric mental health programs (e.g., for cognitive challenges, depression, post traumatic stress disorder);
- Seniors housing/lodging programs;
- Cultural/linguistic programs;
- Recreation and other social programs;
- Seniors safety programs;
- Transportation and evacuation assistance for vulnerable seniors;
- Seniors livelihood and/or income programs; and
- Programs for the repatriation/reintegration of seniors displaced by an emergency.

Participants argued that including a “vulnerability lens” in emergency management work need not cost more or take a lot more effort—it should be an integral part of any planning, policy-making, or response process already done by an organization, and partnerships could be explored if gaps are identified in an organization’s ability to address vulnerability issues.

## **8. COMMUNITY AND VULNERABILITY MAPPING**

Participants highlighted the need for organizations to identify vulnerable populations within their community/client base (i.e., seniors, people with disabilities), assess their risks and capacities, identify existing community resources/assets that could be accessed in times of crisis, and develop additional programs to address any gaps in existing resources.

Participants recommended that this data should be housed in a central database for use by emergency planners prior to a disaster/emergency, as well as for emergency responders during times of crisis. They recognized, however, that such processes have inherent challenges, such as ensuring the data collected is kept up-to-date, identifying vulnerable individuals who may be marginalized and/or not attached to service organizations, and respecting privacy laws to ensure the collected information is protected.

## **9. BUILDING RESILIENCY**

The need to build resilient communities and seniors to help minimize the negative impacts of disasters was emphasized. Community resiliency can include working together to identify strengths and challenges, mobilizing assets to meet the needs of citizens during a disaster/emergency, involving citizens in decision-making processes and creating community-tailored solutions.

It is equally important to build the resiliency of individual seniors to enable them to cope effectively during an emergency. Resilient seniors who are able to meet their own needs in times of crisis will help relief workers focus their efforts on the vulnerable. Participants recommended that organizations create programs to promote and support healthy aging, as well as programs to help seniors recognize their strengths and take action to prepare for disasters/emergencies.

## **10. EDUCATION AND TRAINING**

One of the biggest gaps identified by participants was education and training on geriatric issues in emergency preparedness, response, and recovery. The following targets were identified:

- Health care providers/practitioners/students;
- Emergency responders (including military personnel);
- Governments (all levels);
- Professional association and regulatory bodies;
- NGOs and relief agencies;
- Institutions (e.g., long-term care facilities, hospitals, home health care organizations);
- Private companies;
- Unions;
- Community groups and organizations; and
- General public, including seniors, their families, their friends, and their caregivers.

Various training models were identified, such as integrating relevant course content into existing post-secondary programs, establishing accreditation programs, developing train-the-trainer and peer-education programs, offering Internet-based training, and hosting disaster seminars and hands-on drills. Workshop participants recommended that stakeholders focus on adapting/building on existing training models rather than “reinventing the wheel.”

## **11. DATA AND RESEARCH**

A constant theme throughout the workshop was that of raising awareness about the need for data on seniors in emergencies and the need to establish a “norm” for collecting and reporting such data. The following types of data and research were noted as necessary to support advocacy, training, and to direct emergency efforts most effectively:

- Disaggregated data by age, gender, disabilities, income, education, and rural/urban location;
- Timely morbidity and mortality data from field workers;
- Indicators/benchmarks to measure the effectiveness of services, policies, and standards;
- Assessments to help identify the needs of seniors and other vulnerable populations, as well as the assets and resources within their communities/jurisdictions;
- Capacity studies that examine how prepared organizations are to address the needs of seniors;
- Periodic reviews and/or evaluations of programs and policies that deal with seniors in emergency situations;
- Participatory feedback from recipients of aid services on the effectiveness of interventions;
- Post-emergency research on the experiences of older persons to inform future efforts; and
- Best practice research to build evidence for effective programs, services, and policies.

Stakeholders should continue to advocate for these important data and research processes, and explore ways of increasing their own organization’s capacity to contribute.

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