

Elderly People: the forgotten vulnerable

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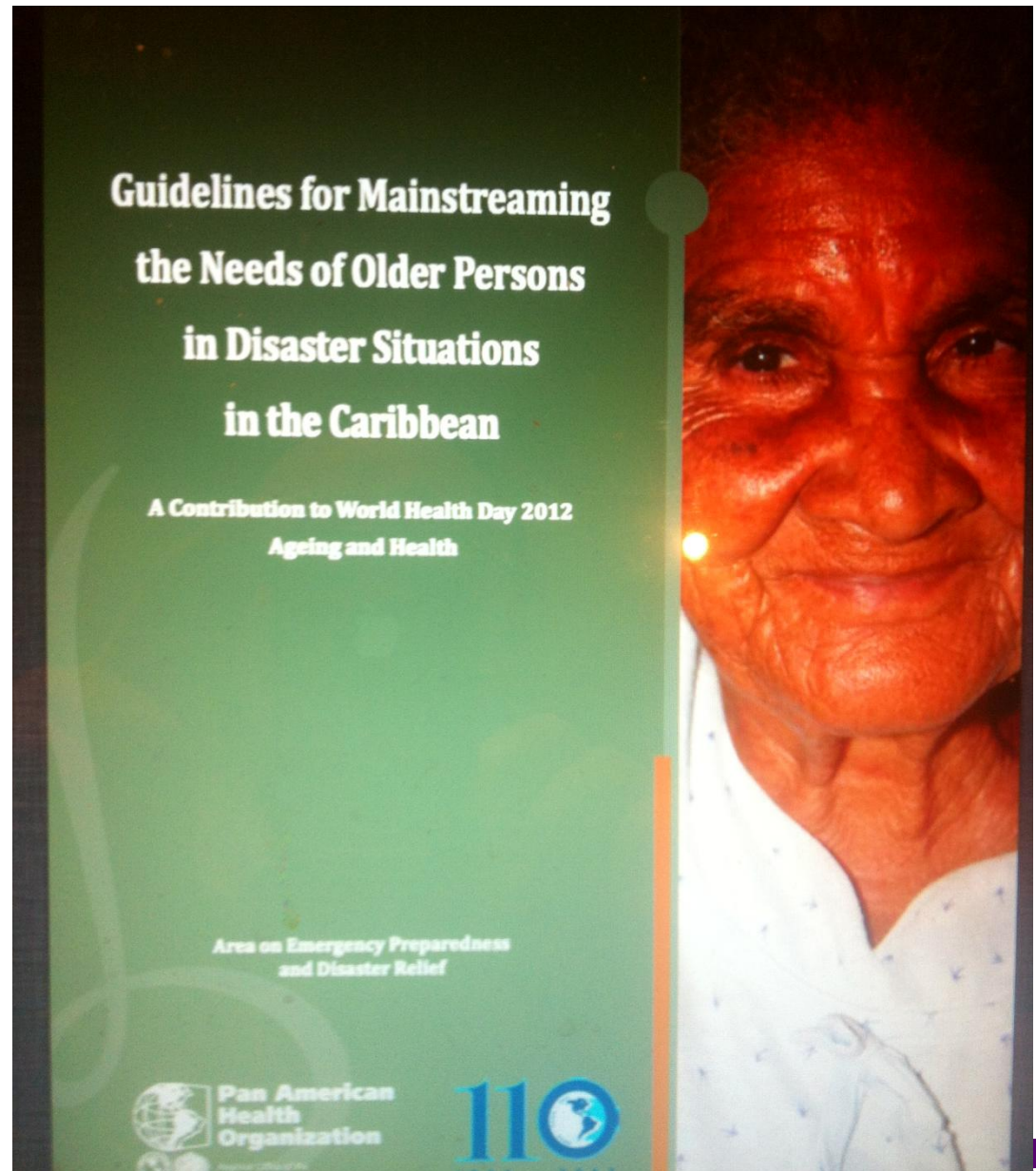
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The World Development Report (WDR) 2007 reports that healthcare provided in the aftermath of a disaster may not be appropriate for the medical needs of older people, for example, the need for eye clinics, physiotherapy, mobility aids and specific medication. In addition, public services may be unavailable due to many reasons including blocked roads.

PAHO

**Guidelines for
Mainstreaming
the Needs of Older
Persons
in Disaster Situations in
the Caribbean
A Contribution to World
Health Day 2012 Ageing
and Health
Area on Emergency
Preparedness and
Disaster Relief**



The Caribbean has the fastest ageing population in the developing world. The United Nations estimates that the over-age-60 population in the Caribbean will increase from 11.1% of the population in 2005 to 24.6% in 2050.

Advanced age by itself does not equal vulnerability. **Problems, more common in old age, are what increases vulnerability.** It is deteriorating physical ability, decreased strength, poor physical activity tolerance, functional limitations and decreased sensory awareness that contribute to increasing vulnerability.

Vulnerability

- The poor are always the most vulnerable
- The very poor are the most vulnerable of all.

Surveys in the region suggest that at least 60% of older persons have at least one or more chronic diseases. Well-controlled chronic medical conditions and diseases can rapidly deteriorate during disasters, leading to complications and even precipitating death.

A large segment of the over-age-60 population (approximately 20-30%) has one or more disability, whether physical, mental or sensory. This percentage increases by each five year age group, to more than 50% in the over-age-80 group.

The progressive loss of function in the older years leads to a reduction in the ability to adapt to life's challenges and to cope with disruptions in daily routine, such as occurs during disasters.

These changing demographics of ageing combined with the increasing number of disasters will exert a disproportionate impact on the world's oldest and poorest.

One important strategy to reduce this impact is the mainstreaming of ageing considerations into all developmental policies and programmes, including disaster management programmes and processes, using a participatory approach, to ensure that older persons have a voice.

Key Actions

- Accommodation/inclusion – ensuring that policies, strategies and activities take into account the needs, capacities, specific vulnerabilities, and perspectives of all ages
- Education – increasing awareness and knowledge of disasters and how an older person experiences and responds to them (the ‘what about’ and ‘what to do’ at different phases of a disaster), as well as specific training tailored to meeting the needs of older persons.
- Communication – providing timely, accurate, practical information which can be understood
- Coordination – ensuring complementary multi-sectoral action

1. Eldemire –Shearer, D. (2009). Ageing – The Response: Yesterday, Today, Tomorrow. *West Indian Medical Journal*, 57 (6), 577-595.2. ECLAC. (2007a). *Population ageing in the Caribbean: a four country study*. No.LC/CAR/L.128. Retrieved December 1, 2009 from http://www.eclac.org/celade/noticias/paginas/2/28632/LC_CAR_L128.pdf
3. ECLAC. (2007b). Second Regional Intergovernmental Conference on Ageing in Latin America and the Caribbean: towards a society for all ages and rights-based social protection Brasilia. Retrieved December 1, 2009 from [http://www.un.org/esa/socdev/ageing/documents/regional_review/Declaracion_Brasilia.p df](http://www.un.org/esa/socdev/ageing/documents/regional_review/Declaracion_Brasilia.pdf)
4. ECLAC. (2008). *Disability in the Caribbean – A study of four countries: a socio- demographic analysis of the disabled*. No.LC/CAR/L.134
5. Help Age International. (n.d.a). *Older person in disasters and humanitarian crisis: Guidelines for best practice*. Retrieved October 20, 2009 from http://www.reliefweb.int/library/documents/HelpAge_olderpeople.pdf
6. International Federation of Red Cross and Red Crescent Societies (IFRC). (2007). World Disaster Report 2007. Chapters 3 & 4.
7. MERCK Institute of Ageing and PAHO. (2004). *The State of Aging and Health in Latin America and the Caribbean*. Washington, D.C.

Cardiac Arrest survival in hospital

- 17.2% overall
- 6.5% in the over 70s

CALCUTTA PERSPECTIVE: Mother Theresa's care for the dying

Robin Fox

Lancet, 1994, 344, 807-808

“Along with the neglect of diagnosis, the lack of good analgesia marks Mother Theresa’s approach as clearly separate from the hospice movement. I know which I prefer”

Mother Teresa Is Recovering After Heart Surgery New York Times November 30, 1996

“Dr. Aubanel helped perform the surgery, known as angioplasty, today. She also helped when Mother Teresa underwent the same procedure in 1991 and 1993”



The special needs of women and children

MANCHESTER
1824

The University of Manchester



“Maybe Airlines”

Sarajevo Airlift



Overland Convoy



Market Place Bombing



Market Place Bombing

Shelling of Civilians



- Elderly woman in kitchen
- Hit by shell
- Lost left arm
- Lost right leg at the hip

MEDEVAC

- Who qualifies?

The Hidden Casualties of War

- The Old
- The already ill
- The mentally ill

Emergency Preparedness and Disaster
Relief Coordination Program
Pan American Health Organization
Regional Office of the World Health Organization
Washington D.C. 1999

- ***Myth: Disasters are random killers.***
- **Reality: Disasters strike hardest at the most vulnerable groups**
 - the poor—
 - especially women, children and the **elderly**.

The impact of a disaster

- Is proportional to the vulnerability of those affected
- The poor are always the most vulnerable
- The old and poor are the most vulnerable of all