

Inclusion of Older People in Emergency Planning

Perspectives During and Beyond
the COVID-19 Pandemic



Inclusion of Older People in Emergency Planning: Perspectives
During and Beyond the COVID-19 Pandemic

PAHO/FPL/HL/COVID-19/22-0017

© **Pan American Health Organization, 2023**

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO license (CC BY-NC-SA 3.0 IGO); <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this license, this work may be copied, redistributed, and adapted for non-commercial purposes, provided the new work is issued using the same or equivalent Creative Commons license and it is appropriately cited. In any use of this work, there should be no suggestion that the Pan American Health Organization (PAHO) endorses any specific organization, product, or service. Use of the PAHO logo is not permitted.

All reasonable precautions have been taken by PAHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall PAHO be liable for damages arising from its use.

**The Decade of Healthy Aging in the Americas:
situation and challenges**

**Inclusion of Older People
in Emergency Planning**

**Perspectives During and Beyond
the COVID-19 Pandemic**

Contents

Acknowledgments	5
Introduction	5
Emergencies in the Region of the Americas	7
COVID-19 Pandemic	7
Importance of Emergency Preparedness & Risks, vulnerabilities and capacities of older persons	9
Key Strategies to Support Older Persons in Emergencies	10
Recommendations for Implementation from Other Contexts	12
Conclusions	14
References	16

Acknowledgments

This report was developed by the Healthy Life Course Unit of the Department of Family, Health Promotion and Life Course of the Pan American Health Organization (PAHO). It was drafted by Marianne Stefopoulos, Patricia Morsch and Carolina Hommes, with revision of Antonio Sanhueza.

This publication is part of a series *The Decade of Healthy Aging in the Americas: situation and challenges*, and is the result of an interagency effort, coordinated and edited by Patricia Morsch, Enrique Vega and Pablo Villalobos, under the supervision of Luis Andrés de Francisco Serpa, from PAHO.

The purpose of the series is to provide continuous updates on the different areas of action of the Decade of Healthy Aging (2021–2030) in the Region, as well as on other related aspects.

The collaboration of the experts from PAHO, the United Nations and the Inter-American System, and the academic world who participated in the initiative and formulated essential feedback and recommendations for the project to see the light is appreciated.

Introduction

An emergency describes a state in which decisions and follow-up are needed. In a country, a state of emergency has to be declared and “it is usually defined in time and space and requires threshold values to be recognized, which implies rules of engagement and an exit strategy” (1). Globally, many factors contribute to emergency situations. These factors include natural events such as environmental disasters including hurricanes, flooding, human-made disasters such as conflict or violence as well as humanitarian crises and public health emergencies such as pandemics or epidemics. These emergency situations create a difficult context for individuals and communities. Strategies to increase resilience such as emergency planning, contingency plans and preparedness are important actions needed to overcome the short- and long-term health and socioeconomic impacts for affected populations. The impact of emergency situations can disproportionately affect older people due to natural and social vulnerabilities including lack of social support, susceptibility to health conditions and inadequate preparedness for responding to emergency situations.

Throughout the Americas, populations are aging, and the region is undergoing a rapid demographic transition (2). The aging index, which reflects the size of the older age groups per 100 compared to children under age 15, clearly demonstrates the increase in people aged 60 and older (3). Compared to global trends, the Region of the Americas will have a larger number of people aged 60 and older than children under 15 by 2030, which is approximately 25 years before the global average (4). Given this demographic transition it is essential to think about preparedness of systems and services to address this population's needs, including an increase in emergency planning and protection of the older populations. The novel coronavirus was declared a public health emergency of international concern by the WHO Director-General on January 30th 2020, which is the WHO's highest level of alarm under the Health International Regulations (5). Currently, the COVID-19 pandemic is significantly affecting the Region of the Americas during a demographic transition which is presenting even more challenges for emergency management and recovery. The pandemic is emphasizing many vulnerabilities of older people including access to essential services and medical care, higher rates of morbidity and mortality, increasing experiences of ageism and mental health impacts of acute loneliness and isolation due to periods of quarantine. The objectives of this chapter are to identify lines of action, best practices and evidence to help design future approaches to emergency planning for older people and the role in mitigating the impact of COVID-19 pandemic on this population group.

Emergencies in the Region of the Americas

Emergencies in the Region of the Americas, specifically the Latin American and Caribbean have had a significant impact on the health and well-being of populations and continue to present challenges for preparedness, mitigation and recovery. Between 2007 and 2016, 24% of the world's natural disasters occurred in the Region of the Americas, resulting in 247,000 deaths and impacting 203 million people (6). Emerging public health emergencies such as the Zika virus epidemic and current COVID-19 pandemic, require an increased capacity for emergency preparedness and response.

However, in Latin America and the Caribbean, national public health systems are overextended and there is a shortage of trained human health and social resources. Additionally, wide inequalities exist related to income, access to healthcare services and healthcare outcomes (7). This combined with rapid population aging and rising prevalence of chronic diseases create a difficult context to confront public health emergencies (7). In 2019, 8% of the global population of persons aged 60 years and older reside in Latin America and the Caribbean (8).

Emergency situations worldwide have shown to have a significant impact on older persons. For example, after Hurricane Sandy in the United States, there was an increase in utilization of the emergency department with an enhanced risk of worse health outcomes and increase in homelessness and care access issues for older people (9). In 2005, Hurricane Katrina also highlighted the issues and needs of older populations, including deficiencies in the approach to care of older survivors and need for special planning to accommodate frail older persons. It is important to consider the healthcare needs of older adults during and after an emergency as older people are disproportionately affected in emergency situations especially in terms of mortality. Examples from previous emergencies highlight this impact: In the United States in 2005, 75% of people who died as a result of Hurricane Katrina were older than 60 years; in South Sudan's crisis in 2012, the mortality rate among people aged 50 years and older was reported to be four times that of people aged 5 to 49 years; and 56% of the people who died during the earthquake in Japan in 2011 were aged 65 years and older (8).

COVID-19 Pandemic

The COVID-19 pandemic has presented an unparalleled health crisis around the world. The impact on older persons and those with under-

lying health conditions has highlighted the challenges of addressing the needs of older populations during a public health emergency. In 2020, over 3.5 million cases of COVID-19 were reported in older persons in the Region, with approximately half of the cases occurring in adults aged 60-69, 26% of cases were 70-79 years old and 20% of cases were 80 years and older. Older individuals are at higher risk of presenting severe disease and dying from COVID-19, this fact might be related to underlying chronic conditions (such as cardiovascular, respiratory diseases, diabetes), which frequency is also higher among older persons (10). As chronic health conditions are more prevalent in older age, there is also an increased risk of hospitalization and death. In 2020, there were 455,150 cases of adults aged 60 and older hospitalized by COVID-19 in the Region of the Americas, where 69,804 cases were hospitalized with serious conditions and overall, 56% of the hospitalized cases were male (11). Examining the frequency of hospitalizations, including serious cases, in older age groups, there are a higher number of cases in the 60-69 year old age groups compared to 70-79 and 80+ age groups. However, most COVID deaths in the region have occurred in people aged 70 and over, especially older persons receiving long term care (12). In the Americas, men account for approximately 59% of the deaths that have occurred due to COVID-19 infection in older age groups. Additionally, when analysing disruption of essential health services due to COVID-19, overall, primary care and rehabilitative, palliative and long-term care are more predominantly affected with higher implications for the most vulnerable populations, such as older persons and people living with chronic conditions and disabilities (13).

The Americas has also reported some of the highest COVID-19 mortality rates in the world (14). The region as a whole is facing a humanitarian crisis due to political instability, fragile health systems, social unrest and widespread inequality in income, education and health care (14). Sociodemographic vulnerabilities of older persons can vary within and between countries due to socioeconomic inequalities and unequal access to health care and social protection services. The impact of the COVID-19 pandemic has been diverse across the region due to differences in social and economic development (15). The vulnerabilities for older populations that have been exposed during the pandemic include the level of ageing of the population in a country, being of older age, presence of chronic health conditions, household living arrangements, access to water and sanitation and access to social protection systems (15). These factors influence the social determinants of health and the impact of a health emergency in a population. These vulnerabilities also need to be considered in emergency planning, along with the needs and voices of older adults.

The inequalities in health and more fragile health status of older individuals in LAC, compared to those in developed countries, associated with problems on health access and quality of care can have increased the mortality and risk of COVID-19 in older persons from LAC (16). This is an important context to not only to consider the vulnerabilities and impact on older populations but also the role of older persons in emergency preparedness and response. The COVID-19 pandemic and its devastating impact in this group highlights the urgent need to better respond to older persons needs, protecting their rights and dignity (16).

Importance of Emergency Preparedness & Risks, vulnerabilities and capacities of older persons

Emergency preparedness of communities involves using the experiences of past emergencies to prepare for the future. Reports and summaries of previous emergency situations allow for review of the strategies needed to mitigate the impact of future emergencies. Several studies have shown that older adults are often unprepared for emergencies. A national survey in the United States to assess natural disaster preparedness of older adults found that two thirds of the sample population did not have emergency plans or had participated in training programs to prepare for disasters. One third lacked basic food supply, water or medical supplies in case of an emergency. Approximately 15% used medical devices that require external electricity(17). This lack of emergency preparedness was also found in other contexts, for instance in Japanese Fukui Longitudinal Caregiver study in 2011, the majority of caregivers (75%) had no concrete plans for emergency, especially those taking care of persons with dementia (36% less likely to have a plan) (18). It was also found that before Hurricane Katrina in 2005, little disaster planning focused on meeting the needs of older populations (19). As well, a study of the extent and level of preparedness for hurricanes among older adults highlighted the need for more practical and age-specific interventions to encourage disaster preparedness (20). Along with individual preparedness and supporting self-care during emergencies, informal social support and community membership are important predictors of emergency preparedness of older persons (21). This signals the importance of involvement in community organizations and social capital for increasing the preparedness of older adults.

However, it has been shown in several emergency situations as noted above, that there has been a lack of focus on inclusion of older adults in emergency planning. This lack of focus on older peoples was also highlighted in the WHO Decade of Healthy Ageing Proposal, stating that “

the needs and vulnerabilities of older people are often not addressed in emergency contexts, their voices are not usually heard, and knowledge and contributions overlooked” (8). The voices, perspectives, and expertise of older persons in identifying problems and solutions are sometimes not sufficiently incorporated in policymaking, particularly on subjects where older persons are affected by the decisions under consideration (22). The marginalization of older persons is important to consider as there are increasing proportions of older adults in the Region of the Americas. Population aging in the region requires rethinking health and redesigning health systems. Citizens in the Americas are living longer but meeting their dynamic health needs requires innovation and special attention to avoid discrimination (2). Along with the presence of disaster risks, climate change and public health emergencies, there is a need for thoughtful public health and prevention planning and programs for effective community preparedness (17).

Consider the ability of older people to function and cope during an emergency situation is also an important consideration for emergency planning. Functional limitations including vision, hearing and mobility, and mental health illnesses can significantly impact how older persons cope with disasters. In the Caribbean, approximately 20-30% of adults over 60 have one or more disabilities including physical, mental, or sensory. This proportion increases with age to more than 50% in people over 80 (23). These factors can impact access to healthcare and social services. Awareness of the needs of the older adults during emergency situations by policymakers and planners, consider mainly their functional ability, is important and needs to be included in emergency planning and response (24).

Key Strategies to Support Older Persons in Emergencies

In order to ensure that the needs of older people are addressed within all aspects of emergency planning, several recommendations have been suggested:

- * *Engage older persons in the development of disaster preparedness plans and strategies for risk reduction* An important enabler to achieve collaboration between stakeholders and older people is amplifying and including the voices of older people, which is highlighted in WHO’s Decade on Healthy Aging Proposal(8). Older people’s responsibilities and knowledge based on previous emergency experiences, coping strategies, traditional skills and local environmental knowledge are important in miti-

gating the impact of emergencies (25). In order to combat the marginalization of older persons during emergency situations, it is important to engage older persons in the development of preparedness plans and disaster risk reduction strategies. When older persons are identified in plans and strategies, there is evidence of effective communication strategies and continuity of health care services during an emergency (26). For example, in Cuba, efforts are made to ensure seniors are active members of local emergency committees (26). Governments need to ensure that older persons are consulted and participate in policy decisions. Supportive measures should be put in place to guarantee the inclusion of older adults. Actively engaging older persons in the design implementation and monitoring of measures during the COVID-19 pandemic and its outcomes helps to guarantee that policies meet the needs of older persons and maintain their support long term. Important components to consider for the development of preparedness plans and disaster risk reduction include having a personal kit ready, which includes personal and medical needs information, an emergency plan and being informed about emergencies that could occur in the community and access to information such as news, radio or emergency contacts (27).

- * *Focus on the needs and rights of older persons in relief efforts*
Strategies must clearly identify and consider the needs, challenges and strengths of older persons in the design and implementation of emergency response and recovery. This includes providing financial support and extended social protection measures to protect older persons from the social and economic stress resulting from emergency crises. Inequalities and ageism should be addressed including protection of access to social services. Health systems and other social assistance services should be responsive to the specific needs of the population groups and address the impact of inequalities on health outcomes for older populations. This could include implementing a targeted service delivery model to help identify community-based older adults in need of help after a disaster and help with preparation for future disasters (28). As well, the functional abilities of older adults need to be considered in emergency planning and recovery such as healthcare resources that address limitations in vision, mobility and specific medications required (23).
- * *Promoting and developing recovery strategies and specific measures for reintegrating older persons into discourse of social and economic life*

Along with multisectoral collaboration at a national level, international stakeholders can also contribute to increasing resilience and building capacity of social sectors. The structural causes that have made older persons vulnerable during the COVID-19 pandemic need to be addressed in order for the region to recover better overall and ensure care, support and opportunity across the life course as well to be better prepared for further emergency situations when the number of older individuals worldwide will be higher (22).

- * *Encouraging the collection, analysis, and dissemination of gender and age-disaggregated data, to inform emergency preparedness, relief, and recovery strategies.*

Age-disaggregated data is often not available to be used to determine the impact of an emergency on specific age groups. Current literature on recent natural disasters and emergencies in the Region of the Americas does not present this detailed information on older persons. If this data is not available during the emergency preparedness stage and planning process, it is expected that the needs, roles and potential contributions of older persons will be disregarded at the relief and recovery stages. Data should also allow for differentiation between older and oldest populations, as these age groups have different needs and capacities (29). Additionally, data on the long-term effects on health and well-being for older adults over longer time frames after an emergency and for older adults who have experienced multiple emergencies over their lifespan needs to be explored to examine long term and cumulative effects of exposure to emergencies (30).

Recommendations for Implementation from Other Contexts

Several recommendations were provided in the literature from various settings outside the Latin American and Caribbean context. For both public health emergencies and natural disasters, there are several key areas that need to be addressed. They include proactive planning, resource allocation and multisectoral collaboration. The development of proactive plans for emergency preparedness and response action may address the high burden of mortality and morbidity during public health emergencies like COVID-19 pandemic. For natural disasters, it is also recommended that every individual, community and region need disaster and evacuation plans that address the needs of older adults

(19). Additional proactive planning suggested for future emergency events in the United States include the development of a federal tracking system for older persons and other vulnerable adults, the designation of separate shelter areas for these individuals, and involvement of gerontological professionals in all aspects of emergency preparedness and care delivery, including training of frontline workers (19). Dedicated resources and planning for older adults are also needed to ensure access to medical care, prescriptions, safe housing, and the optimization of health care delivery to reduce the burden of chronic conditions (9).

Intersectoral collaboration plays an important role in preparing comprehensive plans for emergency situations (17). It is recommended to prioritize evaluation of this collaboration through the creation and funding of research efforts to better support the development of a common methodology for measuring the quality and levels of disaster preparedness among care institutions, organizations and providers, community organizations, and other groups that work primarily with older adults and their caregivers during and after disasters (31). The COVID-19 pandemic has highlighted the need to work on regional channels globally to coordinate the procurement of supplies in order to strengthen regional intergovernmental cooperation on research, surveillance, and control and to provide effective training of human resources to be able to better address future public health challenges in the region (7). There are several key stakeholders and international organizations engaged in the inclusion of older persons in emergency planning. International organizations and mechanisms include the Inter-Agency standing committee, Global protection cluster and Global Refugee Forum for coordination of response. The WHO secretariat and other UN agencies collaborate with humanitarian organizations to provide technical guidance and support to governments to ensure age-inclusive humanitarian responses, including emergency preparedness, response and recovery, which importance are highlighted in the context of the Decade of Healthy Aging (8). Another important organization involved in emergency planning is HelpAge International, which is a global network of not-for-profit organizations with a mission to work with and for disadvantaged older people worldwide to achieve a lasting improvement in the quality of their lives.

Conclusions

It is important that emergency preparedness, response and recovery plan include of older people, contribute to promoting their resilience and utilize their strengths and abilities (8). Older adults need to be visible at all stages of emergency planning. Strategies and recommendations have been presented here from other settings that can be considered and applied in the Latin American and Caribbean context. Older persons need to be engaged in the development of emergency preparedness plans. Relief efforts for the COVID-19 pandemic need to consider the needs and rights of older persons. Comprehensive protection measures and financial support will likely be needed to safeguard older persons from the socioeconomic impacts of the pandemic and its aftermath. Special consideration needs to be taken for longer term recovery strategies and “building back better” to be inclusive of older persons. Finally, it is essential that data be disaggregated by age and sex for emergency planning and further research is conducted on topics relevant to older persons in emergencies residing in the Region of Americas to enhance the evidence base for emergency preparedness, assistance and recovery. The COVID-19 pandemic in the Region of the Americas has highlighted the importance of inclusion of older adults in emergency planning, especially due to the changing demographics of the region and significant impact on health and well-being. The Decade of Healthy Aging is an opportunity to bring different stakeholders together to favor healthy aging and improving the life of older people, including in emergency situations. The vulnerability and needs of older adults must not be overlooked in preparation for future emergencies.

References

1. World Health Organization. Humanitarian health action definitions: emergencies. Geneva; WHO; 2021. Available from: <https://www.who.int/hac/about/definitions/en/>
2. Pan American Health Organization. Health in the Americas 2017. Washington, DC; PAHO; 2017. Available from: <https://www.paho.org/salud-en-las-americas-2017>
3. United Nations. World population prospects: The 2015 revision, key findings and advance tables. Working Paper No. ESA/P/WP.241. New York; United Nations; 2015.
4. Pan American Health Organization. Health status of the population: Health of older persons. Washington, DC; PAHO; 2017. Available from: <https://www.paho.org/salud-en-las-americas-2017/?p=1627>
5. World Health Organization. Timeline: WHO's COVID-19 response. Geneva; WHO; 2021. Available from: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/interactive-timeline/#!>
6. Pan American Health Organization. Emergencies. Washington, DC; PAHO; 2022. Available from: <https://www.paho.org/en/topics/emergencies>
7. Garcia PJ, Alarcón A, Bayer A, Buss P, Guerra G, Ribeiro H, et al. COVID-19 Response in Latin America. *Am J Trop Med Hyg.* 2020 Nov;103(5):1765-1772.
8. World Health Organization. Decade of healthy ageing 2020–2030 Proposal. Geneva; WHO; 2020. Available from: https://www.who.int/docs/default-source/decade-of-healthy-ageing/final-decade-proposal/decade-proposal-final-apr2020-en.pdf?sfvrsn=b4b75ebc_5
9. Malik S, Lee DC, Doran KM, Grudzen CR, Worthing J, Portelli I, et al. Vulnerability of older adults in disasters: emergency department utilization by geriatric patients after Hurricane Sandy. *Disaster Med Public Health Prep.* 2018 Apr;12(2):184-193. Available from: <https://doi.org/10.1017/dmp.2017.44>.
10. Ritchie H, Mathieu E, Rodes-Guirao L, Appel C, Giattino C, Ortiz-Ospina E, et al. Coronavirus pandemic (COVID-19). Available from: <https://ourworldindata.org/coronavirus>
11. Pan American Health Organization. COVID-19 information system for the Region of the Americas. [database]. Washington, DC; PAHO; 2020.
12. Pan American Health Organization. People over 60 have been hardest hit

- by COVID-19 in the Americas. Washington, DC; PAHO; 2020. Available from: <https://www.paho.org/en/news/30-9-2020-people-over-60-have-been-hardest-hit-covid-19-americas>
13. World Health Organization. Second round of the national pulse survey on continuity of essential health services during the COVID-19 pandemic. Geneva; WHO; 2021. Available from: <https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS-continuity-survey-2021.1>
 14. The Lancet. COVID-19 in Latin America: a humanitarian crisis. Lancet. 2020 Nov 7;396(10261):1463. Available from: [https://doi.org/10.1016/S0140-6736\(20\)32328-X](https://doi.org/10.1016/S0140-6736(20)32328-X).
 15. Economic Commission for Latin America and the Caribbean. Vulnerabilidades sociodemográficas de las personas mayores frente al Covid-19. Santiago; ECLAC; 2020. Available from: <https://www.cepal.org/es/enfoques/vulnerabilidades-sociodemograficas-personas-mayores-frente-al-covid-19>
 16. Economic Commission for Latin America and the Caribbean. Challenges for the protection of older persons and their rights during the COVID-19 pandemic. Santiago; ECLAC; 2020. Available from: <https://www.cepal.org/en/publications/46488-challenges-protection-older-persons-and-their-rights-during-covid-19-pandemic>
 17. Al-Rousan TM, Rubenstein LM, Wallace RB. Preparedness for natural disasters among Older US adults: A nationwide survey. Am J Public Health. 2015;105(S4):S621-S626.
 18. Wakui T, Agree EM, Saito T, Kai I. Disaster preparedness among older Japanese adults with long-term care needs and their family caregivers. Disaster Med Public Health Prep. 2017 Feb;11(1):31-38. Available from: <https://doi.org/10.1017/dmp.2016.53>.
 19. Cloyd E, Dyer CB. Catastrophic Events and Older Adults. Crit Care Nurs Clin North Am. 2010 Dec;22(4):501-13. Available from: <https://doi.org/10.1016/j.ccell.2010.10.003>.
 20. Wang C. Bracing for hurricanes: A qualitative analysis of the extent and level of preparedness among older adults. Gerontologist. 2018;58(1):57-67.
 21. Kim H, Zakour M. Disaster preparedness among older adults: Social support, community participation, and demographic characteristics. J Social Service Res. 2017;43(4):498-509.

22. United Nations. Policy Brief: The Impact of COVID-19 on older persons. New York; United Nations; 2020. Available from: <https://unsdg.un.org/resources/policy-brief-impact-covid-19-older-persons>
23. Pan American Health Organization. Older people & disasters. Washington, DC; PAHO; 2012. Available from: <https://www.paho.org/hq/dmdocuments/2012/Disasters-English.pdf>
24. Pan American Health Organization. Guidelines for mainstreaming the needs of older persons in disaster situations in the Caribbean: A contribution to World Health Day 2012 Ageing and Health. Washington, DC; PAHO; 2012. Available from: https://www.paho.org/disasters/dmdocuments/GuideForOlderPersonsInDisasters_Carib.pdf
25. HelpAge International. Older people in disasters and humanitarian crises: guidelines for best practices. London: HelpAge International; 2003.
26. Powell S, Plouffe L, Gorr P. When ageing and disasters collide: lessons from 16 international case studies. Radiat Prot Dosimetry. 2009 Jun;134(3-4):202-6. Available from: <https://doi.org/10.1093/rpd/ncp082>
27. American Red Cross. Disaster preparedness for seniors by seniors. Rochester: American Red Cross; 2009. Available from: https://www.redcross.org/content/dam/redcross/atg/PDF_s/Preparedness_Disaster_Recovery/Disaster_Preparedness/Disaster_Preparedness_for_Srs-English.revised_7-09.pdf
28. Sirey JA, Berman J, Halkett A, Giunta N, Kerrigan J, Raeifar E, et al. Storm impact and depression among older adults Living in Hurricane Sandy-affected areas. Disaster Med Public Health Prep. 2017 Feb;11(1):97-109. Available from: <https://doi.org/10.1017/dmp.2016.189>.
29. United Nations Department of Economic and Social Affairs. Expert group meeting on older persons in emergency crises. New York; UN DESA; 2019. Available from: https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2020/01/EGM-Final-Report_FINAL_Jan2020-.pdf
30. Prohaska TR, Peters KE. Impact of natural disasters on health outcomes and cancer among older adults. Gerontologist. 2019;59(Supplement_1):S50-S56.
31. Gilmartin MJ, Spurlock WR, Foster N, Sinha SK. Improving disaster preparedness, response and recovery for older adults. Geriatr Nurs. Jul-Aug 2019;40(4):445-447. Available from: <https://doi.org/10.1016/j.gerinurse.2019.07.006>

Throughout the Americas, populations are aging and the Region is undergoing a rapid demographic transition. The aging index, which reflects the size of the older age groups per 100 compared to children under age 15, clearly demonstrates the increase in people aged 60 and older. Compared to global trends, the Region of the Americas will have a larger number of people aged 60 and older than children under 15 by 2030, which is approximately 25 years before the global average. The COVID-19 pandemic has presented an unparalleled health crisis around the world. The impact on older persons and those with underlying health conditions has highlighted the challenges of addressing the needs of older populations during a public health emergency. Given this demographic transition it is essential to think about preparedness of systems and services to address this population's needs, including an increase in emergency planning and protection of older populations.