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Upcoming WHO/IFA Webinar

2020 WHO/IFA WEBINAR SERIES

WHO Global Network for Age-Friendly Cities and Communities

International Interdisciplinary Aging

Engaging Older Adults in Simulation

As the global population ages, healthcare providers must prepare for the complexities associated with caring for older adults. Simulation-based education allows for practice and mastery of skills and competencies associated with the care of or working with older adults. Simulated patients/participants (SP), well people trained to portray other individuals, are a safe and effective choice when training behavioural skills such as communication or when developing and evaluating the design of spaces or programs.

At the end of the webinar, participants will be able to:

1. Define simulation and simulated participants
2. Describe the role of older adults in simulation to provide authenticity
3. Discuss applications of simulation with older adults in their work/community

Presented by:

Lisa Sokoloff
Manager, Training & Simulation
Baycrest Centre for Education and Knowledge Exchange in Aging

Cathy Smith
Simulation Educator
Baycrest Centre for Education and Knowledge Exchange in Aging

08 December 2020

9:00AM - 10:00AM
Eastern Standard Time

[Register Now](#)

The IFA and the WHO Division of Healthier Populations were pleased to host the latest in a series of webinars connecting knowledge, new ideas and innovation around age-friendly environments (AFE).

The webinar *Engaging Older Adults in Simulation* will be presented by **Ms Lisa Sokoloff**, Manager, Training & Simulation and **Ms Cathy Smith**, Interprofessional and Simulation Educator will both be joining us from Baycrest's Centre for Education and Knowledge Exchange in Aging, Toronto, Canada.

As the global population ages, healthcare providers must prepare for the complexities associated with caring for older adults. Simulation-based education allows for practice and mastery of skills and competencies associated with the care of or working with older adults. Simulated patients/participants (SP), well people trained to portray other individuals, are a safe and effective choice when training behavioural skills such as communication or when developing and evaluating the design of spaces or programs.

Past WHO/IFA Webinars

Missed a webinar in the WHO/IFA webinar series? Find all recordings at the link below.

Recordings



Age Friendly Radio

"Aged to Perfection/Old Enough to Know Better" is a 30 minute program airs once a month on CJSW Radio 90.9 in Calgary, Canada on the 4th Monday of each month at 11:30am and 8:30pm MST.

It can also be listened to at any time on Soundcloud.

[Listen Now](#)

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WHO's Age-friendly Cities and Communities Program is rapidly growing around the world and the 15th Global Conference on Ageing will be a point of connection of learning and exchange cultures, generations, and places.



The Age-Friendly Environments Summit is an event designed to showcase the importance of the development and adaption of environments resilient to the needs of people at all stages of life, inclusive of older people, which will allow sustainable social and economic advancement for cities, communities, and the global community.

[Register Now](#)



Four action areas of [The Decade of Healthy Ageing 2020-2030](#): ageism, age-friendly cities and communities, primary health care, and long-term care alongside older people and pandemics constitute the structural pillars of the IFA Global Conference. Submit an abstract now to the Age-friendly cities and communities under one of three subthemes.

[Submit an Abstract](#)

JOIN THE

*Age-friendly
Environments*

**MENTORSHIP
PROGRAMME**






Age-Friendly Environments Mentorship Programme: Applications Now Open!

Are you a leader in age-friendly and looking for ways to share your passion with others? The World Health Organization and the International Federation on Ageing is launching The Age-friendly Environments Mentorship Programme, MENTOR-AFE, a programme for emerging or current leaders in age-friendly cities and communities. Take your age-friendly leadership skills, such as building partnerships or securing funding, to the next level!

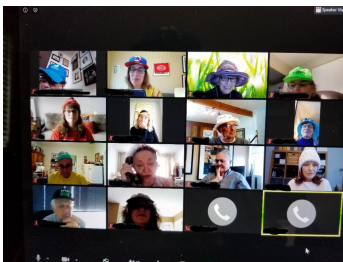
Apply by **18 December 2020** to get connected with a mentee:

[Apply in English](#)

[Apply in French](#)

[Apply in Spanish](#)

Planning and Considerations for the Second Wave of COVID-19



Engaging Older Adults in Simulation to Support Virtual Care During the COVID-19 Pandemic

Submitted by: Lisa Sokoloff, Manager, Training & Simulation and Cathy Smith, Interprofessional Educator and Simulationist, Baycrest

At Baycrest, the SAGE* program engages volunteer older adults as simulated participants (SP). SPs are well people carefully trained to portray individuals such as patients, family members or caregivers in simulated learning situations so that healthcare providers and students can practice skills required to provide care to older adults. Usually these simulation sessions occur face-to-face. However, with the onset of the COVID-19 pandemic, face-to-face interactions were no longer viable. This change was particularly challenging for the SPs as they are a group of vibrant, busy people and they were not used to having time on their hands or being in isolation.

The pandemic also influenced clinical care; outpatients were no longer allowed to come to Baycrest for assessment or treatment. This shift had a significant effect on our psychologists who do face-to-face neuropsychological testing as part of their regular practice. They, like many others, prepared to switch to virtual care; however, they were unsure about how some of their assessments could be conducted virtually.

We worked collaboratively with the psychologists to develop a scenario so they could practice administering tests with the SPs who simulated patients being tested. Feedback from both groups has been extremely positive. The psychologists are grateful for the practice to help them become more comfortable in a virtual setting and to work through technology issues. The SPs feel valued and are pleased to contribute to the psychologists' success. They also greatly appreciate the opportunity to work as SPs, even while they are still being socially isolated.

*Simulation Activities for Gerontological Education (SAGE) is a collaboration between the Centre for Education and Volunteer Services at Baycrest. Baycrest is a global leader in geriatric residential living, healthcare, research, innovation and education, with a special focus on brain health and aging. Baycrest is an academic health science centre, fully affiliated with the University of Toronto, located in Toronto, Canada.



Be Ready and Be Steady during COVID-19

Submitted By: Marguerite Oberle Thomas, RN., BScN., Consultant Liaison, and Alison Stirling, MHSc., MIST., Knowledge Broker, Loop Fall Prevention Community of Practice of the Ontario Neurotrauma Foundation.

Barry and Sherry were a happy retired couple, enjoying their everyday life together despite Covid. Sure, they weren't socializing as much, and it was annoying not being going to their community exercise groups. They missed going to the gym and they went for walks less, but they used community supports and life was okay. Then, without warning, Sherry fell in the kitchen, breaking her wrist. Shortly afterward, Barry slipped off the second rung of a ladder. While not injured, he was shocked with his near miss and started being less active. Then one day on Facebook, they saw *Be Ready, Be Steady* as the theme for the 2020 Fall Prevention Month. They agreed that they could be more ready to be more steady, whether fearful or not.

Fear of falling refers to a persistent concern about having a fall that leads an individual to avoid daily activities. Is it a rational fear? Yes, the fear is based on reality. According to the Canadian Institute for Health Information (CIHI), 81% of hospitalized injuries were due to falls in 2017-2018 with the majority for older adults age 65 and over. The balance to that fear needs to be informed motivation, not paralysis.

Fear of falling may start earlier than we might expect. Middle aged and older adults who report a fear of falling share some factors. They are likely less physically active. Other factors can include limitations in daily activities, higher levels of anxiety and depression and the use of walking aids. Did fear of falling come first to limit mobility or did decreased mobility lead to fear of falling?

Fear of falling can be tough on both physical health and the quality of life. We can be ready to be steady by using multiple approaches:

1. **Create a safe indoor and outdoor environment.** Check out the [Fall Prevention Month website for Seniors and Caregivers](#). for home safety checklists (link), along with ideas as how to make improvements to reduce fall risks. Your local Public Health Agency or Senior's group may also provide resources.

2. **Be physically active.** It encourages muscle strength, balance, and flexibility. Many programs are available online. During this time of Covid 19, creating a safe space for exercising in your home, with online programs – also found on the [Fall Prevention Month website](#). A google search can provide a variety of online exercise programs.
3. **Check out cognitive behaviour therapy (CBT)** The [McMaster Optimal Aging Portal](#) article on Cognitive Behavioural Therapy describes a useful technique to address fears. It has been used with some success
4. **Consider a medical alert button**, which provides a measure of confidence that, should a fall occur, communication to needed help is readily available. This should be worn or kept always within reach.
5. **Learn how to get up from a fall.** This skill increases confidence that, should a fall occur, there won't be the "long lie" of being stranded while possibly being injured as well.
6. **Avoid letting fear cause social isolation.** The company of others is essential for good emotional health.

While our own home safety can be more within our control, outdoor conditions conducive to tripping and falling may present bigger challenges. Outside our homes, it might be time to:

- correct cracked sidewalks, uneven levels
- ensure there is good lighting indoors and outdoors
- install handrails and grip bars on stairs and by slippery surfaces in public spaces, and in homes
- wear safe footwear indoors and outdoors to reduce slips
- advocate for safer public spaces

Barry and Sherry recognized that their Covid 19 isolation had increased their need for physical activity to keep their flexibility, strength, and balance. They checked out the [Fall Prevention Month](#) website and found resources for in home exercise programs, home safety checklists and other fall prevention material.

So, should we fear falling? Or perhaps, this Fall Prevention Month, we should just choose to have a healthy respect that it can happen and *Be Ready, Be Steady*.



Aging during COVID-19: Research underway at the Trent Centre for Aging & Society

Submitted By: Dr. Elizabeth McCrillis, Director, Trent Centre for Aging & Society

Global communities are facing the unprecedented challenge of adapting and evolving their age-friendly frameworks and policies in light of the COVID-19 pandemic. At the Trent Centre for Aging & Society (TCAS), located at Trent University in Peterborough, Ontario, Canada, researchers are actively seeking ways to help mitigate those challenges for their local community and older adult populations as the pandemic continues. Three projects, part of the TCAS video series [Aging During COVID-19](#), explore the themes of older voluntarism, social isolation and the reach of age-friendly policies to help municipalities, community organizations and residents cope with these challenges and to help plan for future of the second wave.

Firstly, researchers are exploring the themes of older voluntarism in ageing rural communities and how older volunteers and volunteer-based programs are dealing with the challenges presented by the COVID-19 pandemic. The research will also inform the development of positive responses and mitigation strategies for volunteers, program administrators and municipal leaders and they navigate a second wave and post-pandemic volunteering. Secondly, TCAS members are working with local seniors and their

caregivers to mitigate the negative social and health impacts of social isolation as a result of COVID-19. The research will seek to inform policy on how to go from social isolation, to social connection. Lastly, research through TCAS seeks to extend the reach of age-friendly policies to be more equitable to and supportive of populations that are not considered by official age-friendly frameworks. It uses digital cues to invite a broader conversation within the reality of COVID-19 restrictions.



COVID-19: Effects and Anticipated Actions

Submitted By: Jane Miano

Since the on-set of COVID-19 Pandemic late last year, the governments world over have been vexed by inadequate health services and dwindling economies, overwhelmed by uncontrollable infection and deaths. Many people have lost employment and livelihoods leading to poverty, domestic violence and mental illness among many other problems.

The worst hit by the pandemic are the older people, who are not only prone to COVID-19 infection leading to death mainly due to their underlying health conditions, but also suffering from unmet health and care, increased isolation, discrimination and stigma. In less developed countries, basic needs like food among others is of great concern. To older people a 'second wave' of COVID-19 is a shock wave!

In some cultures, and especially in Africa, aging parents are taken care of by their children and the communities. But with the COVID-19 restrictions, and in particular the 'distance rule' and lockdowns, such care is adversely affected, consequently subjecting the older people to more suffering. The situation is aggravated by their children loss of jobs and livelihoods. Focus on the rights and needs of older people is crucial due to their vulnerability towards COVID-19 infection and suffering.

The anticipation of COVID-19 'second wave' is a wakeup call for the governments across the world to plan and strategize in order to cushion their citizens who are already devastated. There is need for the governments to work closely with WHO and other relevant organizations for research and data towards improving and expanding the health care services. It also calls for improvement of response activities.

It is imperative to create communities that can provide care to the vulnerable and where everyone can thrive with equity even after the COVID-19 pandemic.



Planning and considerations for the second wave of COVID-19: The Mauritius strategy

Submitted By: Vijay Gava Naraidoo, Secretary-General of DIS-MOI, Mauritius

The Republic of Mauritius is located in the south-west region of the Indian Ocean east of Madagascar. The first three cases of the pandemic were announced in March 2020. Government reacted spontaneously with the setting up of a High-Level Committee chaired by the Prime Minister and announced a national lockdown as from 20 March to mitigate the crisis. Stringent measures were put in place, inter alia, social and physical distancing, use of sanitizer, prohibited access to beaches, markets and gymnasiums, schools and community centers.

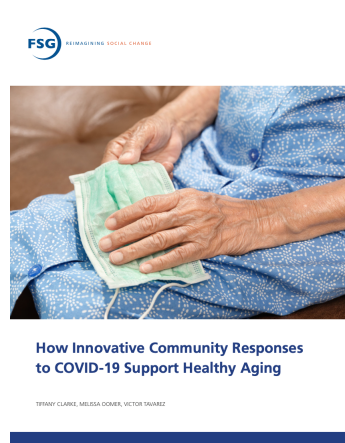
On May 2020 Government announced the end of the lockdown. Some restrictions are still being imposed, measuring temperature at entrance of public buildings, to reduce risks of infections with coughing, speech or sneezing, social and physical distancing, use of

sanitizer and masks Members of Parliament doing as well to emphasize on the importance of these measures. In some way this is tantamount to develop the readiness and preparedness to face a second wave.

The last 2 cases were detected on 12 November last, 1 imported and 1 locally infected. As at date (18.11.2020) there have been: 494 cases recorded, 433 cured, 10 deaths, 51 active, 1,430 in quarantine, 129,237 tested PCR, 160,315 tested Rapid Antigen. In view of the situation under control, the daily monitoring of the situation and regular live media communications with the public one can say with assurance Mauritius is prepared to face a second wave of the virus.

The public has shown strong support and compliance to the measures taken and is still supportive. At the moment of writing the borders are under control while the Government has decided to resume tourist activities. However, visitors, expatriates, experts and Mauritian nationals returning home have to obligatorily stay in quarantine before they assume their normal activities. Additionally Government has imported ventilators to face any surge of the pandemic. Besides one modern hospital, the ENT, has been transformed to treat covid-19 infected cases.

We are confident that the pandemic will be controlled in view of the on-going surveillance under way.



Community Innovations During COVID-19 Response at Center of New Report

Submitted By: *Molly Evans, Senior Policy Manager
Executive Office of Elder Affairs*

The COVID-19 pandemic brought dramatic changes to our communities. It upended our lives forcing community leaders to adapt and respond to emerging needs. Specifically, the pandemic highlighted and deepened disparities affecting racially and ethnically diverse communities, those with low income, people with limited English proficiency, and people living with disabilities.

The Massachusetts Executive Office of Elder Affairs, Massachusetts Healthy Aging Collaborative, Tufts Health Plan Foundation and FSG joined forces to hear lessons from six Massachusetts communities that were particularly affected by COVID-19: Chelsea, Lynn, Brockton, Lawrence, Cape Cod, and the Hilltowns region.

From March-July 2020, FSG conducted interviews with stakeholders in the six communities, representing community-based organizations, elder services and other social service organizations, healthcare, municipal government, and faith leaders. This work aimed to take steps to understand older adults' experiences of the pandemic; learn from community adaptations during the pandemic crisis response; and act together on the programs, policy and funding changes, relationship-building efforts, and other steps required to reach a desired future.

Faced with these unprecedented challenges, this work showed how communities in Massachusetts have come together in inspiring ways to assess emerging needs, provide credible information, expand access to services, and provide opportunities for older adults and caregivers to connect with each other and with their neighbors.

A common theme across the six communities was the importance of questioning established norms and perceived risks—whether this meant relaxing policies and requirements, expanding an organization's scope, or collaborating to serve people outside of organizations' focus populations—and working more deeply with partners. Community adaptations in response to COVID-19 contributed to more inclusive and equitable

communities by leveraging existing community structures and cross-sector collaborations. The work underscores the importance of reflection, shared learning, and action planning among nonprofit, public, and private sector actors at the local, regional, and state levels.

The [new report](#) offers insights from communities' response during the coronavirus pandemic and demonstrates how communities can advance equity and justice in recovery.



Planning and Considerations in Cameroon for the Second Wave of COVID-19

Submitted By: Paulette Matang, Executive Director, ACAMAGE

Cameroon is still observing measures to combat the COVID-19 pandemic. The real situation as of October 29: cases 21,793, deaths 426, recovered 20,117. New cases are slowing down.

Let's highlight the fact that, COVID-19 in Cameroon, along with a great range of African countries has been not only less deadly, but cases are not rising at the same rate as being seen in other countries. What are the reasons?

Some are :

- Drastic measures to combat the virus
- Public support of restrictions
- Favorable climate

In some countries, the pandemic cases are raising again and again, like France, The United States and so on. This is not yet the situation in Cameroon. People here are always urged to keep on observing measures to combat COVID-19. But, the second wave of COVID19 can still happen.

Whether in Cameroon or elsewhere, the only way to avoid the COVID second wave is to observe protective measures and for governments to create more transmission path scenarios. If despite these precautions the second wave occur as it is already the case in some countries , it will be better this time to avoid total lockdown which causes heavy economical and social consequences.

The consequences of the first lockdown are huge : ageism, discrimination, violence, abuse neglect , domestic violence and so on, are raising ; we also have job loss, businesses closing, school disorders, chronic conditions under treated.



Keeping Well at Home Evaluation

Submitted By: Jane McDeromott, Healthy Ageing Research Group, Policy Research Unit – Older People

What are we trying to do?

In response to the Covid-19 pandemic lockdown, the Healthy Ageing Research Group (University of Manchester), Greater Manchester Combined Authority (Ageing Hub) and the Greater Manchester Older People's Network came together to develop an urgent response for those asked by Government to self-isolate (70+) or shield. The national response to COVID-19 relied heavily on digital technologies to keep members of the public up-to-date on the latest government advice. The move from face-to-face interaction towards digital communication disproportionately excludes older people– many of whom do not have internet access or have been trained to use it. Around 11.5m people in the UK lack digital skills and 4.8m people never go online, with around

half (51%) of these aged over 65. As a result, there is an increasing need to find non-digital routes to communicate with those currently isolating and/or shielding.

The Keeping Well at Home booklet produced in consultation with key stakeholders, contained practical information on home exercises, mental wellbeing, staying connected to others, falls advice and nutrition and hydration. A number of versions of the booklet were produced, a GM version distributed by a range of channels, including through direct mail and community hubs, whilst a national version was made available for local adaptation. An evaluation of the booklet will be published shortly, including 500 postal responses from older people living in Greater Manchester, the response was overwhelmingly positive with 92% agreeing they found the information in the booklet to be helpful. When asked about their preference for receiving such information, 92% said they preferred paper based information sent to the home; of those who had access to the internet, 83% still preferred to receive paper based information. Their feedback has fed into the next version of the booklet which includes additional sections on looking and accessible money, access to healthcare services, safety in the home and much more. The next version will be launched in early December 2020.

In total almost 260,000 copies of the printed booklet will have been produced and delivered to older adults living across GM, the UK and Northern Ireland (adapted with localised information). Whilst further adapted versions were produced in Australia and Canada.

To access a copy of the booklet, including the soon to launch evaluation report and updated version in early December see our [website](#).

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