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## **HEALTH OF OLDER PERSONS**

### **Aging and Health: A Shift in the Paradigm**

For the twenty-first century, the health of older adults will be a key element for the social and economic development of the countries in the Region. One of the major successes of the twentieth century has been increased longevity, decreased fertility, and improved health, contributing to a demographic transition of unprecedented rapidity.

Since the 27th Directing Council in 1980, the Pan American Health Organization has urged Member States to establish national programs and services for older adults, improve data on aging, and develop human resources to serve an older population. In 1996, aging and health was integrated into the Family Health and Population Program in the Division of Health Promotion and Protection. The goal of the Program is to develop an integrated plan of action on aging and health which will be fully operational by the beginning of the International Year of Older Persons (1999) and which will contribute significantly to the Vienna International Plan of Action on Aging of the United Nations.

This document presents a new paradigm of aging which views older people as active participants in society and provides the basis for a new approach in health promotion. The Executive Committee is requested to evaluate the plan of action; discuss the ways in which the policy and action framework can be enhanced; and recommend to the Pan American Sanitary Conference that it support the search for national and international resources that will allow for appropriate implementation of the plan of action for the period 1999-2002.

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## **EXECUTIVE SUMMARY**

The Pan American Health Organization has been a major player in family health and health promotion and has made notable contributions to the survival of children and to the increase in life expectancy in the Region.

In 1980, the 27th Directing Council adopted Resolution CD27.R16, expressing concern over the lack of adequate programs serving older persons and urging Member States to establish such programs.

The primary focus of the Aging and Health Program has been to sensitize national governments on the policy implications of population aging, develop epidemiological research, and train primary health care workers in the care of older persons. Considering the rapid demographic transition occurring in the Region, it is important to build on past achievements and re-energize the Program in order to develop a sustainable infrastructure for aging and health.

Studies in longevity provide evidence that avoidance of disease and disability, maintenance of high physical and cognitive functions, and sustained engagement in social and productive activities are critical factors in successful aging. This document describes PAHO's integrated approach to promoting healthy aging for the next four years, analyzes the operational guidelines, and establishes a plan of action for the period 1999-2002.

Based on PAHO's previous work in the area, an analysis of demographic and socioeconomic trends, and lessons learned from the international community, it is proposed that the Executive Committee:

- consider the ways in which the policy and action framework of the plan of action can be enhanced and discuss future approaches to health promotion and aging;
- endorse a new conceptual framework for healthy aging and development;
- provide decisive support for mobilizing national and international resources that will allow for appropriate implementation of the plan of action.

## **1. Introduction**

The health of older adults is a key element for the social and economic development of the countries in the Region. In the early 1950s, average life expectancy at birth was 51 years. At present it is more than 68, and in several countries it is already 75. This type of population change represents a major challenge for public health at a time when the persistence of poverty in countries still dealing with basic problems of development creates pressures on already strained systems. (1).

The majority of countries in Latin America are in an intermediate stage of demographic transition. For these countries, the investment in children and adolescent health still represents an important priority for public health, while the health needs of older adults and the development of infrastructures for an aging society are seldom given the attention needed. Countries more advanced in the demographic transition are recognizing the need to evaluate the models of health care delivery for older persons and ensure that the pension and health care systems can be sustained in the face of increased demands resulting from the rapid growth of the older old (ages 75 and over) in the population. While the challenges presented by the health, social, and economic needs of older persons throughout the Region vary significantly, the need to focus on promoting health and minimizing dependency of all older people is a common principle of action.

## **2. Scope of the Challenge**

The aging process has a significant impact on a number of dimensions of the development and the functioning of societies, and the relative well being not just of older persons but also of the younger populations. The most important among these dimensions are pension and retirement systems, composition of and patterns of participation in the labor force, family and household arrangements, intergenerational intrafamily transfers, and health conditions of older persons (2). The relative importance of each of these aspects is variable and dependent on peculiarities of the demographic regimes and the institutional idiosyncrasies of countries. All countries, in different degrees and with different time frames, will have to address in their public health and economic agendas the impact of population aging.

### **2.1 Demographic Dimension**

The demographic trends in the Region require immediate public attention. By the year 2000, the United States and Canada will have over 50 million people 60 years and older while Latin America and the Caribbean will have over 42 million people in the age group. By 2020, Latin America and the Caribbean will have 12.4% of the population 60 and over, or 82 million older persons (3). It is clear that the aging of countries in the Region will not follow a unique, homogeneous course. Indeed, there will be substantial

intercountry and intracountry heterogeneity in the timing, levels, and patterns of the aging process. For the most part, the timing and speed of past fertility declines will determine the timing and speed with which the aging of the population will occur. Similarly, future changes in adult and old age mortality will shape the age distribution of the aging population, particularly the relative sizes of the younger old (60-74) and the older old (75+), and thus will determine one of the central characteristics of the aging process. The fastest growing population in most countries of the world is the older old. In 1990, this group of older persons represented 21.5 million persons, and their numbers will more than double every 20 years. Thus, by 2020 there will be a total of 45.9 million persons 75 and over (4).

Another way to highlight the graying of the Region is by examining the aging index in selected countries. The aging index represents the proportion of persons 60 and over to every 100 persons under 15. In Brazil the aging index will increase from 24 in 1995, to 58 in 2020, and to 74 in 2025; in Chile the aging index will increase from 32 in 1995, to 67 in 2020, and to 110 in 2025; while in Cuba the index will increase from 54 in 1995 to 107 by 2020, and to 159 by 2025. In most countries the aging index will double in the next two decades—an unprecedented population shift (4).

## **2.2 *Epidemiological Dimension***

With the aging of the population, death becomes increasingly an old-age phenomenon. In Argentina, Barbados, Chile, Costa Rica, Cuba, Trinidad and Tobago, and Uruguay, more than 55% of all deaths occur in people 65 years of age or older (2). In 1996, almost 25% of all deaths in the United States were in females over the age of 80. These figures portray clearly the patterns that will be observed in almost every country in the Region within the next 20 years.

With the population aging, prevailing disease patterns are changing. Ischemic heart and cerebrovascular diseases are the main causes of death in older populations, followed by neoplasm and then respiratory diseases, largely pneumonia. As the proportion of older persons increases, there is an increase in the proportion of the population who experience chronic illnesses and disability; thus, more health resources are required for chronic care while acute or curative care costs remain rather constant.

Studies in Canada, the United Kingdom, and the United States provide evidence that today's population of 65 years and older in these countries are less disabled than was true of earlier cohorts (5). These studies demonstrate that the often-associated aging-related disabilities are modifiable and that surviving to old age need not be synonymous with disability and illness.

### **2.3    *Socioeconomic Dimension***

The socioeconomic dimension of population aging in the Region is magnified not so much by the degree but by the speed of population aging. When the ratio of persons 15 and younger relative to persons 60 and older falls dramatically, it is difficult for the social and economic structures to adjust. With the trend toward households headed by women and the increasing number of women in the labor market, the composition and dynamics of the nuclear family changing. Because family caregiving is the key factor in the care of frail older persons, governments will need to design programs to support families in their caregiving roles. In Japan, for instance, the number of caregivers forced to quit their jobs to carry out their family responsibilities has been increasing with the rapid aging of the population. In the United States, the investment in home health care grew from \$20 billion in 1980 to \$64 billion in 1990, and to \$98.5 billion in 1994 (6).

Population aging in the Region will have a major impact on health care expenditures, on the kinds of institutions and informal arrangements that will be needed to support family caregiving, and on the distribution of resources along the life span.

### **2.4    *Equity and the Health Condition of Older Persons***

The health issues associated with the growth of the older population involve important equity issues. Primarily, health in old age is highly determined by living patterns, exposures, and opportunities for health protection and promotion over the life course. However, the ability to access comprehensive quality health care differs substantially across socioeconomic strata. Without national strategies that address each of these factors with fairness, the inequities in the quality of life and well-being of older persons from different socioeconomic classes will become even greater in old age.

While life expectancy at birth differs dramatically within the Region along development lines, life expectancy at age 60 is relatively uniform. A poor person who reaches the age of 60 has a life expectancy of approximately 20 years regardless of where he or she lives. However, it is suspected that, for most poor persons, gain in life expectancy is greatly offset by increased disability due to one or more chronic disease conditions (7).

Second, gender differentials have to be recognized, since males and females experience different mortality patterns and are affected by significantly different health problems. Women, on the one hand, with a history of episodic labor force participation have limited access to income and to essential health care and services. At advanced age, women—especially widows without family support—are most at risk of deteriorating quality of life (2). Men, on the other, generally die at an earlier age than women do.

The growth of the older population will be accompanied by significant differences between cohort. To the extent labor force participation and educational achievement influence an individual's assets and income, younger and older cohorts will experience important differences in their capacity to access the resources essential to a healthy life. To develop policies that translate into acceptable levels of well being in late life requires policymakers to evaluate and minimize differences in the health conditions of people at all ages.

### **3. PAHO's Work on Aging**

#### **3.1 *Historical Framework***

In 1980, the 27th Directing Council adopted Resolution CD27.R16 expressing concern over the lack of adequate programs serving older persons and urging Member States to establish effective programs.

In June 1981, PAHO's Executive Committee, after considering the issue of health care of older persons at its 86th Session, adopted Resolution CE86.R30, which recommends that Member States promote the health and welfare of older persons, develop comprehensive programs to meet their health needs, integrate health care programs into the primary health care strategy, and fully consider the economic and social factors of the issue.

In Vienna in August 1982, the United Nations World Assembly on Aging approved the International Plan of Action on Aging. PAHO's 37th Directing Council in 1985 approved the development of a program on the Health of Adults and the Elderly. The resolution requested Member States to incorporate activities for the health care of adults into their general health services, emphasize prevention, share knowledge and experience in successful efforts within the Region, strengthen intra- and intersectoral approaches to health promotion, and continue efforts needed to obtain extrabudgetary funds for the Health of the Elderly Program.

#### **3.2 *Outcomes to Date***

Although a formal evaluation of the Program has not been done, important regional and national activities have been initiated in key areas.

A review of national policies, plans, and programs on behalf of older persons found that the majority of legislative activity dealt with retirement and pension issues protecting people from extreme poverty and providing access to health care. In collaboration with PAHO, the Latin American Parliament in 1996 developed model legislation for comprehensive care of older persons.

In July 1997 a public policy forum on population aging was held in Montevideo with a high level of political and governmental support. At this forum, 115 delegates from 21 countries in the Region drafted the Declaration of Montevideo on Comprehensive Policies for Aging and Healthy Old Age.

The lack of gerontological and geriatric education for primary health care professionals and program management skills for gerontologists and geriatricians is a serious barrier to the development of national plans and programs. Since 1990, PAHO has emphasized the development of leadership in gerontological nursing and conducted a study of gerontological training in dental schools. By the end of this year, a regional survey on the teaching of gerontology and geriatrics will be completed and analyzed.

This year the Family Health and Population Program, in collaboration with the Research Coordination Program, is conducting a multicenter study on the health and well being of older persons. The objectives of this study are to collect information on the health status and health conditions of older persons in seven Latin American and Caribbean countries representing a broad spectrum of demographic patterns and institutional contexts; and to assess and analyze cohort, gender, and socioeconomic status differentials with regard to health status and health care access and utilization. The countries selected for the study are Barbados, Brazil, Chile, Costa Rica, Cuba, Mexico, and Uruguay.

In collaboration with the Latin American and Caribbean Center on Health Sciences Information (BIREME), a PAHO-managed center in São Paulo, Brazil, a bibliographic data base on aging has been developed and will be made available in the Internet.

#### **4. Future Directions**

PAHO's conceptual framework is based on the premise that successful aging depends to a large extent on avoidance of disease and disability, maintenance of high physical and cognitive functions, and sustained engagement in social and productive activities.

Based on the lessons learned from the international community and following the perspectives adopted by the WHO Global Program on Aging, PAHO's plan of action presents a holistic approach to the health and well-being of older persons incorporating: (a) a life course perspective; (b) a health promotion perspective; (c) a gender perspective; (d) an intergenerational perspective; and (e) an ethical perspective. The following summarizes the key elements of the plan:



- Aging is a lifelong process; the patterns of living that enhance healthy aging are formed early in life. Successful or healthy aging depends not only on the absence of disease but also on the absence, presence, or severity of risk factors for disease. Emphasis needs to be given to prevention programs emphasizing physical exercise and nutrition for persons 60 years old and over.
- Many older people may be retired for 20 or more years. Having enough money to live on becomes one of the most pressing problems for older persons, particularly for those with little formal education and who face health problems. Successful aging requires emphasis on lifelong education, creative use of life's experiences, and policies that encourage the utilization of older workers. Programs for retirement preparation are needed as well as national policies that ensure a minimum decent financial security for retired or unemployed older persons.
- Physical and emotional isolation is a high-risk factor negatively affecting the health and well-being of older persons, while social support, both emotional and instrumental, can have positive health-relevant effects. To foster cohesion and strengthen the interdependence of generations, PAHO's Aging and Health Program will collaborate with NGOs and Member States to develop effective programs and activities to reduce isolation.
- Resilience across the life span is a key ingredient for successful aging 7). The concept of resilience refers to the ability of an individual to recover from the losses, stressful events, and illnesses that often accompany the aging process. As research in this area provides new insights into the determinants of successful aging, the Family Health and Population Program, in collaboration with the Mental Health and Lifestyles Program, will identify effective strategies to address the mental health of older persons and serve as a clearinghouse on information.
- Ethical issues in an aging society permeate the entire range of public policies. The Program will focus most of its attention on two fundamental topics. The first, in the domain of clinical ethics, on the issue of informed decision-making chiefly around decisions of quality of life and choices of medical intervention in the care of the dying; the second, in the domain of social ethics, on the issue of respect and justice between generations. Population aging, along with advances in medical technology and the movement towards privatization and decentralization of both resources and decision-making, ensures that the issue of intergenerational equity will receive frequent public discussion.

## **5. PAHO's Regional Strategies for Healthy Aging and Development**

The proposed plan of action for 1999-2002 follows the conceptual framework articulated in the previous section.

### **5.1 *Goal: To Promote Successful Aging***

The plan of action seeks to promote health and well-being of older persons (60 years of age and over) by developing and strengthening national and local programs and services. The plan seeks to encourage initiatives to create health promotion and disease prevention interventions for older persons; creative roles for older people in society; and supportive environments for disabled older persons and their families.

### **5.2 *Key Programmatic Components (see table)***

While the activities of the plan of action are intended to ultimately benefit older persons in the Region, the focus of the plan is on developing the infrastructure and the capability within the countries to address the needs of older persons and their families. This involves organizational capacity-building and the development of human resources with the training, tools, and opportunities to work effectively within these structures and programs.

The key institutions for initiating country activities and for generating national-level investments of human and financial resources are the ministries of health and the national programs on aging. The ministries of labor, social welfare, justice, education, and social security; local governments; NGOs working directly with older persons; universities and research institutes; retirees' organizations; mass media; insurance companies and other private sector organizations working with older persons are some of the partners that are needed to commit to the plan of action through participation in collaborative projects, research grants, expert advisory groups, training programs, and workshops. The development of relationships between countries of the Region through horizontal collaboration will continue to be used as a highly effective operational strategy. Collaboration with other PAHO programs and divisions will be essential for the implementation of the plan of action and will continue to be developed.

### **5.3 *Plan of Action 1999–2002***

#### **5.3.1 *Information Base Strengthening and Research***

PAHO will seek to provide its Member States with reliable information and data on aging-related issues, including the development of collaborative research initiatives throughout the Region. PAHO-sponsored research will be guided by the following questions:

### Strategies for PAHO's Key Programmatic Components

<b>Programmatic Components</b>	<b>The health of older persons.</b> Focus on health services, caregiving issues, and community alternatives to institutional care.	<b>Older persons as agents of change.</b> Focus on networks of retired persons and inter-generational programs.
<b>Research</b>	Multicenter study on health conditions of older persons. Epidemiological and longitudinal focus. Joint projects with universities and collaborating centers.	
<b>Dissemination of information</b>	Guidelines, manuals, research instruments and methodology for aging research, position papers, media messages.	Guidelines and training manuals for the development of community based social and therapeutic programs for older persons, career training, talent banks, intergenerational programs, volunteer and income-generating programs.
<b>Advocacy</b>	Multisectoral networks; use of the media and training of retired health professionals as advocates.	Educational materials for World Health Day and for the International Year of Older Persons. Network of Universities of Third Age.
<b>Human resource development</b>	Curriculum guidelines for teaching gerontology, clinical instruments for primary health care workers and caregivers. Multiplier courses, distance education, network of centers of excellence.	Educational materials for training older persons as health promoters.
<b>Policies, plans, and programs</b>	National programs and multisectoral collaboration. Guidelines and training manuals for program development. Instruments for evaluating primary health care services, community programs and long-term care in diverse settings.	Guidelines for gerontological projects in healthy municipalities and indicators of supportive environments for older persons and their families.
<b>Resource mobilization</b>	Grant proposals. Intersectoral and interagency collaboration and work with regional collaborating centers.	Work with retiree organizations, national social security programs and ministries of health.
<b>Direct technical collaboration</b>	Develop networks of national and regional consultants.	Develop networks with national and regional consultants.

- How healthy is the 60-and-over population in the Region? What kinds of ailments do they suffer from, and how does this vary by income, gender, and educational category and by rural-urban location? How is the health status of older persons likely to change as income and education grow?
- What are determinants of healthy aging? What health promotion interventions contribute to active aging?
- Given the changing needs and values in the family, what kinds of community-based programs are more effective in avoiding unnecessary institutionalization and promoting independent living and a dignified old age?
- What facilities and services do older persons use and how do these vary by income, gender, and education of consumers, by price and availability of facilities, and by rural-urban location?
- How does population-aging affect the behavior of health insurance systems? What special problems exist for the poorest old? What financing mechanisms will avoid these problems in public and private schemes?

The PAHO research agenda needs to be developed in collaboration with PAHO/WHO Collaborating Centers such as the U.S. National Institute on Aging, with universities and research institutes, with international financing institutions such as the World Bank and the Inter-American Development Bank, and with other agencies of the United Nations system.

### 5.3.2 *Dissemination of Information*

An important role for the PAHO Aging and Health Program is the strengthening of networks in the Region to serve as a clearinghouse for information on aging and health. PAHO's home page on aging and health on the World Wide Web not only will serve as a depository of information, but also will survey and receive input on different issues and trends related to the development of plans, programs, and services on aging. However, PAHO is only too aware that the increasing availability of information via the Internet has the potential for widening the gap of disadvantage between those who have and those who do not have access to technology. Therefore, the use of more traditional tools such as printed materials, and audio- and videotapes will continue to be important means for dissemination of information.

### *5.3.3 Development of Social Communication and Advocacy*

Social communication and the mass media are powerful tools for promoting change. The new paradigm of active aging has to be understood by the health communicators and educators in the Region in order to promote it across the life span. The mass media can help change the images of aging and assist in the creation of a culture of intergenerational solidarity in support of the demographic changes occurring in the Region. PAHO proposes to develop videos, public service announcements, and communication strategies for messages on healthy and active aging. In addition, PAHO will develop regional workshops for health educators and the media to strengthen their capacity to convey promotional messages for healthy aging.

### *5.3.4 Human Resource Development*

The need to invest in human capital for an aging society is critical. The education and training curriculum of primary health care professionals has emphasized the health care of children and mothers; information on how to identify and manage health problems related to aging is missing from the inventory of course materials and continuing education programs for most professions. PAHO will develop a network of centers of excellence on aging and health in the Region. These centers will have responsibility for: (a) developing guidelines for the multidisciplinary teaching of gerontology and geriatrics at both the undergraduate and graduate levels; (b) developing practical guides, teaching modules, and other educational resources targeting the primary health care worker; (c) promoting the development of guidelines for teaching healthy aging through the healthy school curricula; and (d) encouraging lifelong learning among older adults.

Partnerships with private foundations will be developed to design a regional initiative for faculty development and train-the-trainer programs using a combination of technologies for distance learning and short intensive group meetings.

### *5.3.5 Development of Policy, Plans, and Programs in the Region*

As the demand for regional technical collaboration increases, PAHO will address this need by strengthening the capacity of a regional ad hoc public policy network of advisors and by ongoing training activities.

The development of programs and services needs to focus on three specific areas: (a) comprehensive community-based programs providing a range of environments for healthy aging and programs designed to support family caregiving, protection of the dignity of older persons, and avoidance of the unnecessary institutionalization of frail older persons; (b) programs designed to strengthen the capacity of the primary health care

level to improve the quality of care provided to older persons and thus prevent the more expensive utilization of crisis care in the emergency room of public hospitals; and (c) programs designed to provide incentives for encouraging autonomy, socially productive activity and income-generating programs for older persons.

### 5.3.6 *Mobilization of Resources*

To implement the plan of action, the Program needs to build linkages with other PAHO programs; mobilize regional, national, international, and private resources to supplement the basic allocation of funds dedicated to the Program; and develop a network of collaborative centers with expertise in health and aging.

Member States need to mobilize sufficient resources to implement national policies, to plan and develop a health and social services infrastructure, and to develop the necessary workforce for population aging.

PAHO is expected to mobilize resources from outside institutions to work on several key areas of aging and health. Partnerships are anticipated with private foundations such as Novartis and Kellogg for the development of human resources; collaboration with the World Bank and the Inter-American Development Bank for research and demonstration projects in the building of the health and social infrastructure for aging populations in the context of sustainable development; and collaboration with universities, collaborating centers, and research institutes throughout the Region for the mobilization of technical cooperation.

## 5.4 **Projected Budget for 1999-20002, Program on Aging and Health\***

<b>Programmatic Area</b>	<b>Regular Funds</b>	<b>Extrabudgetary Funds**</b>	<b>Total</b>
Personnel: Technical	440,000		440,000
Support	120,000	120,000	240,000
Research	80,000	520,000**	600,000
Dissemination of information	40,000	240,000	280,000
Advocacy	20,000	20,000	40,000
Human resource development	20,000	800,000	820,000
Policies, plans, and program development	20,000	300,000	320,000
Resource mobilization	20,000	**	20,000
Direct technical collaboration	100,000	**	100,000

\* The budget reflects only regionally managed resources

\*\* The extrabudgetary amount does not reflect the in-kind contributions of collaborating centers and volunteers involved in the work of the Program

## 6. Action Requested of the Executive Committee

The Executive Committee is requested to evaluate the plan of action, discuss the ways in which the policy and action framework can be enhanced; and recommend to the Pan American Sanitary Conference that it support the search for national and international resources that will allow for appropriate implementation of the plan of action for the period 1999-2002.

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