AGING & HEALTH IN AMERICAS
CHALLENGES & OPPORTUNITIES

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In 2006, just over 50 million of Latin America’s and Caribbean population was 60 or older, in less than 20 years the amount will be more than 100 million. In 2050, 24% of the population—some 200 million people—will be older adults.

The Caribbean is the oldest region in LAC.
Aging in Latin America and the Caribbean: Aging Population IS NOW
Aging in Latin America and the Caribbean

FAST PROCESS

% population aged 65 years and over

year

France Mexico

Pan American Health Organization
Regional Office of the World Health Organization

110 1902 - 2012
Aging Index: Puerto Rico 2011

Indice de Envejecimiento, 2011
Selecciona un país para interactuar

Canada
Guinea
Puerto Rico
Martinique
Barbados
United States of America
Guadeloupe
Uruguay
Netherlands Antilles
Chile
Argentina
Trinidad and Tobago
Bahamas
Brazil
Costa Rica
Jamaica
Saint Lucia
Saint Vincent and the Grenad.
Mexico
Panama
Guyana
Grenada
El Salvador
Suriname
Ecuador
Colombia
Venezuela (Bolivarian Rep.)
Peru
Dominican Republic
Paraguay
Bolivia
Ecuador

Indice de Envejecimiento y cambio porcentual respecto al 2000, Puerto Rico

2000
2005
2010
2015
2020
0%  120.6%  218.4%

Indice de Envejecimiento en Puerto Rico

Año (a 1 Julio) 2011

Intervalo
Indice de Envejecimiento
15.8
126.4

Américas, 2011

Pob_60+ 127,563
Pob_75+ 38,670
Prop Pob 60+ 13.4
Razon 60+ vs <15 0.65
Razon 75+ vs < 5 0.51

Puerto Rico, 2011

0-4 256.4
Pob<15 790.8
Pob_60+ 802.1
Pob_75+ 248.8
Prop Pob 60+ 20.0
Razon 60+ vs <15 1.01
Razon 75+ vs <5 0.97

Tendencia de Grupos de Población seleccionados, Puerto Rico

Grupos de población

Fuente: World Population Prospects 2008, UNPD
Autores: Tamir Martin et al., martinr@emailp.org (PAHO)

Pan American Health Organization
Regional Office of the World Health Organization

110 1902-2012
The more important increase, in the oldest old.
THE POPULATION AGING
SOCIAL & PUBLIC HEALTH RESULT
THE REAL CHALLENGE IS NOT AGING
SOCIAL DETERMINANTS OF HEALTH

- Around 50% of those surveyed in the SABE study said that they did not have sufficient resources to meet their daily needs.
- 33% of the elderly in urban areas and 50% in rural areas live in poverty. One-third of persons 65 or older do not have retirement benefits, pensions, or gainful employment.
- Older adults have levels of schooling lower than the rest of the population, with very high levels of illiteracy that reach 80% in rural areas in some countries.
ESPECTANCY OF LIFE & MORBILITY
EXPECTED SCENARIOS

JF Fries Aging, natural death, and the compression of morbidity.
How healthy we will live?
The reality: Today, we grow old without health
ESPECTANCY OF LIFE & MORBILITY
EXPECTED SCENARIOS

JF Fries Aging, natural death, and the compression of morbidity.
In the United States only 22.7 percent of people over 65 and only 32.2 percent of those 75 and older, report having fair or poor health.

In Latin America the majority report having fair or poor health: 58% of women and 51% of men.

In Latin America women reported worse health and poor health status.
THE DISABILITY BURDEN
## Prevalence of Some Chronic Diseases in Older Persons

<table>
<thead>
<tr>
<th>City</th>
<th>D</th>
<th>H</th>
<th>A</th>
<th>HD</th>
<th>PD</th>
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<tbody>
<tr>
<td>Bridgetown</td>
<td>22</td>
<td>48</td>
<td>47</td>
<td>12</td>
<td>4</td>
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<tr>
<td>B. Aires</td>
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<td>53</td>
<td>20</td>
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<td>56</td>
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<td>22</td>
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<td>10</td>
<td>10</td>
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<tr>
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<td>14</td>
<td>45</td>
<td>48</td>
<td>24</td>
<td>9</td>
</tr>
<tr>
<td>Santiago</td>
<td>13</td>
<td>52</td>
<td>32</td>
<td>34</td>
<td>13</td>
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<tr>
<td>Sao Paulo</td>
<td>17</td>
<td>53</td>
<td>32</td>
<td>20</td>
<td>13</td>
</tr>
</tbody>
</table>

D: Diabetes   A: Arthritis   PD: Pulmonary Disease   HD: Heart Disease   H: Hipertensión

Source: SABE/2000 – PAHO
Seniors with at least one treatable chronic condition

Source: SABE/2000 – PAHO
Seniors with the report of at least one disabling conditions

Source: SABE/2000 – PAHO
HEALTH SELF REPORT AND CHRONIC CONDITIONS IN SENNIORS

Source: SABE/2000 – PAHO
Chronic Disease and functional status in Seniors. Havana, Cuba 2000


<table>
<thead>
<tr>
<th>Nro de enfermed.</th>
<th>Edad</th>
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<tbody>
<tr>
<td>Ninguna</td>
<td>60-74</td>
<td></td>
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<tr>
<td></td>
<td>75 y más</td>
<td></td>
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<td>1 a 2</td>
<td>60-74</td>
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</tr>
<tr>
<td></td>
<td>75 y más</td>
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<tr>
<td>3 o más</td>
<td>60-74</td>
<td></td>
</tr>
<tr>
<td></td>
<td>75 y más</td>
<td></td>
</tr>
</tbody>
</table>

(Haga clic sobre el gráfico para actualizar los restantes.)

Adultos mayores según edad y limitación en algunas actividades básicas de la vida diaria. Chile.

<table>
<thead>
<tr>
<th>Actividad</th>
<th>Edad</th>
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<tbody>
<tr>
<td>Alimentarse</td>
<td>60-74</td>
<td></td>
</tr>
<tr>
<td></td>
<td>75 y más</td>
<td></td>
</tr>
<tr>
<td>Lavarse</td>
<td>60-74</td>
<td></td>
</tr>
<tr>
<td></td>
<td>75 y más</td>
<td></td>
</tr>
<tr>
<td>Movilidad</td>
<td>60-74</td>
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<tr>
<td></td>
<td>75 y más</td>
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</tr>
<tr>
<td>Utilizar el sanitario</td>
<td>60-74</td>
<td></td>
</tr>
<tr>
<td></td>
<td>75 y más</td>
<td></td>
</tr>
<tr>
<td>Vestirse</td>
<td>60-74</td>
<td></td>
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<tr>
<td></td>
<td>75 y más</td>
<td></td>
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</tbody>
</table>

Adultos mayores según edad y limitación en algunas actividades instrumentadas de la vida diaria. Chile.

<table>
<thead>
<tr>
<th>Actividad</th>
<th>Edad</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Compras</td>
<td>60-74</td>
<td></td>
</tr>
<tr>
<td></td>
<td>75 y más</td>
<td></td>
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<tr>
<td>Manejar dinero</td>
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</tr>
<tr>
<td></td>
<td>75 y más</td>
<td></td>
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<tr>
<td>Preparar comida</td>
<td>60-74</td>
<td></td>
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<tr>
<td></td>
<td>75 y más</td>
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</tr>
<tr>
<td>Quehaceres ligeros</td>
<td>60-74</td>
<td></td>
</tr>
<tr>
<td></td>
<td>75 y más</td>
<td></td>
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<td>Quehaceres pesados</td>
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<tr>
<td></td>
<td>75 y más</td>
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</tr>
<tr>
<td>Tareas</td>
<td>60-74</td>
<td></td>
</tr>
<tr>
<td></td>
<td>75 y más</td>
<td></td>
</tr>
</tbody>
</table>
HEALTH EXPEND AND NUMBER OF CRONIC DISEASE

Source: Medical Expenditure Panel Survey, 2006; Adapted from Anderson G. Chronic Conditions: Making the Case for Ongoing Care, February 2010, Robert Wood Johnson Foundation.
WHO CARE OLDER PERSONS?

- Health care professionals without training in the medical care of older persons
- Community health workers without the supervision or the tools to care for older adults
- Family caregivers without the support of the community
Forty percent of those surveyed by SABE who suffered from hypertension had not had a primary care consultation in the last 12 months.

Only 27% of women reported having had a mammogram in the last two years.

80% of respondents reported having unmet dental needs.

According to the research, 69% of older adults were not vaccinated against influenza.

Only 2% of the countries have health promotion goals for people over 60 years of age.
HEALTH SERVICES AND AGE


<table>
<thead>
<tr>
<th>Grupos de edad</th>
<th>Servicios ambulatorios</th>
<th>Hospitalización</th>
<th>Quíntico normal</th>
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<td>60.0</td>
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<td>40.0</td>
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<tr>
<td>60-69</td>
<td>10.0</td>
<td>0.5</td>
<td>0.4</td>
</tr>
<tr>
<td>70 y +</td>
<td>10.0</td>
<td>0.5</td>
<td>0.4</td>
</tr>
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</table>


<table>
<thead>
<tr>
<th></th>
<th></th>
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<tr>
<td>18-29</td>
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<tr>
<td>60-69</td>
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<td>0</td>
</tr>
<tr>
<td>70 y +</td>
<td>200</td>
<td>0</td>
</tr>
</tbody>
</table>

Fuente: World Health Survey (WHS).
- In the region, it is families, and especially women (90%), that provide most of the care for older people.
- Caregivers, usually over 50, are subject to very high levels of stress, with 60% of them saying that they “cannot do any more.”
- More than 80% reporting problems “meeting expenses.”
THERE IS A GREAT DISPARITY IN THE REGION BETWEEN THE AVAILABILITY AND ALLOCATION OF TECHNICAL AND HUMAN RESOURCES BETWEEN AND WITHIN COUNTRIES
Still we are forming more Pediatricians than Geriatricians in the Medical School and in Family Medicine Residence Program, the students receive 24 more learning time in pediatrics than in geriatric issues.

60% of managers who head aging programs on the National level have not received previous preparation in aging issues and 45% have not received any training in public health.

Less than 3% of today's medical students take even a single course in geriatrics.

Residency and fellowship training standards for geriatrics still do not exist in 3/4 of the specialties important to older people.

It is estimated that by 2030, 3.5 million additional health care professionals and direct-care workers will be needed in the United States.

What is the United States doing to prepare for the increased demand for geriatricians in the United States?

Is the Ministry of Health working to increase the number of schools that offer gerontology courses?

Recommendation: Workforce efforts must focus on recruitment, training, retention and compensation of health care providers serving older adults.
PERCEPTIONS OF THE IMPLICATIONS OF AN AGING SOCIETY
A DEFICIT SITUATION

High needs, high costs

Low contributions
% DEL PIB EN PENSIONES PÚBLICAS, POR DEMOGRAFÍA Y GENEROSIDAD

World Bank Cotlear 2010
% DEL PIB EN SALUD PÚBLICA, POR DEMOGRAFÍA Y GENEROSIDAD

World Bank. Cotlear 2010
AN AGING SOCIETY COULD BRING BENEFITS AS WELL AS COSTS

Investing in a Balancing Act

Benefits

Challenges/needs
DISABILITY PROJECCION IN SENNIORS
USA

Manton and Gu, 2001
WHY NOW?

- Society has the unique development opportunity to take advantage of the increase of longevity.
- Today health and social investment can produce a maximum level of positive repercussions.
Could the world don’t consider the 2000 million that will take the world over?
HEALTHY & ACTIVE AGING
ACTIVE AGING

Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. It applies to both individuals and population groups.

WHO 2001
Figure 14. The three pillars of a policy framework for Active Ageing

Active Ageing

- Participation
- Health
- Security

Determinants of Active Ageing

United Nations Principles for Older People
Figure 8. The determinants of Active Ageing

- Gender
- Economic determinants
- Health and social services
- Behavioural determinants
- Social determinants
- Personal determinants
- Physical environment
- Culture
MAINTAINING FUNCTIONAL CAPACITY AND PREVENTING DISABILITY ACROSS THE LIFE COURSE

Sources: WHO, 2007; Kalache and Kickbusch, 1997
John Glenn (77 years old). Octubre, 1998, Space Shuttle Discovery's
Vitamin D Treatment for the Prevention of Falls in Older Adults: Systematic Review and Meta-Analysis

Rita Rastogi Kalyani, MD, MHS,* Brady Stein, MD, MHS,† Ritu Valiyel, MD, MHS,‡ Rebecca Manno, MD, MHS,§ Janet W. Maynard, MD, MHS,∥ and Deirdre C. Crews, MD, ScM∥

OBJECTIVES: To systematically review and quantitatively synthesize the effect of vitamin D therapy on fall prevention in older adults.

DESIGN: Systematic review and meta-analysis.

SETTING: MEDLINE, EMBASE, Cochrane Library, LILACS, bibliographies of selected articles, and previous systematic reviews through February 2010.

CONCLUSION: Vitamin D treatment effectively reduces the risk of falls in older adults. Further studies should investigate whether particular populations or treatment regimens may have greater benefit. J Am Geriatr Soc 58:1299–1310, 2010.

Keywords: vitamin D; falls; elderly; randomized controlled trials; systematic review.

Physical Activity Over the Life Course and Its Association with Cognitive Performance and Impairment in Old Age

Laura E. Middleton, PhD,* Deborah E. Barnes, PhD,†† Li-Yung Lui, MS,§§ and Kristine Yaffe, MD,***

OBJECTIVE: To determine how physical activity at various ages over the life course is associated with cognitive impairment in late life.

DESIGN: Cross-sectional study.

SETTING: Four U.S. sites.

PARTICIPANTS: Nine thousand three hundred forty-six.

Use of the Internet to Assist in the Treatment of Depression and Anxiety: A Systematic Review

Alan G. Wade, MBChB

Objective: This systematic review aims to describe the Internet's potential role in assisting patients with depression and anxiety.

Data Sources: A MEDLINE search was conducted of articles published between 1998 and 2008 using the terms depression and anxiety and Internet, computers and depression.
Zuckerberg received Florence (101 years), the oldest Facebook member....

Facebook, users average age 40.5 years.
MAKING ACTIVE AGING WORK FOR OLDER PERSONS

Three challenges:
• Creating structural supports that help older adults become involved
• Creating flexibility to accommodate their changing needs
• Maximizing engagement – not just participation
WHAT DO OLDER US ADULTS CURRENTLY DO?

- 21% are in the labor force
- 21% are involved in volunteer work
- 20% participate in caregiving
- 25% reported having enrolled in a class in the previous 5 years

National Institute on Aging, Longitudinal Health and Retirement Study, 2008
(Source, last fact: AARP, for age 50+)
Aging and Health

Running against time
BUILDING A VISION OF HEALTH OF OLDER PERSONS

- I Regional Intergovernmental Conference for Latin America and the Caribbean (2003)
- II Regional Intergovernmental Conference on Aging in Latin America and the Caribbean (2007)
- Primary Health Care Declaration (2006)
- Plan of Action in Aging and Health (2009)
STRATEGIC APPROACH AND PLAN OF ACTION

Health sector’s response to the health needs of older persons

- Guided by the values of the UN Principles for Older Persons
- Country driven needs and appropriate responses
- Calling for a shift by the international community to tackle the new challenges
STRATEGIC APPROACH AND PLAN OF ACTION

FOUR PRIORITY STRATEGIC AREAS:

- Health of older person in public policy and its adaptation to international agreements & strategies
- Adapt health systems to population aging challenges and the health needs of older persons
- Train human resources necessary to meet the health needs of older persons
- Strengthen the capacity to generate the necessary information for executing and evaluating activities to improve the health of the elderly population
The next 40 years, the Region’s demographic situation will offer a window of opportunity. Only through adequate social and health investment will it be possible to achieve healthy and active longevity resulting in a lower economic burden in the future.