



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



SUBCOMMITTEE ON PLANNING AND PROGRAMMING OF THE EXECUTIVE COMMITTEE

29th Session, 1-2 December 1997

Provisional Agenda Item 5

SPP294 (Eng.)
21 October 1997
ORIGINAL: ENGLISH

HEALTH OF THE ELDERLY **Aging and Health: A Shift in the Paradigm**

For the 21st century, the health of older adults will be a key element for the social and economic development of the countries of Latin America and the Caribbean. One of the major successes of the 20th century has been increased longevity and improved health in every country in the Region, contributing to a demographic transition of unprecedented rapidity.

Since the 27th Directing Council in 1981, 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 Plan of Action on the Health of the Elderly has not been revised since 1985. The development of a new plan of action provides PAHO a valuable opportunity to discuss and adopt a new conceptual framework for addressing the challenges of population aging.

There is a new paradigm of aging which presents older people as active participants in society and requires a new approach in the area of health promotion. Thus, it is proposed that the Subcommittee on Planning and Programming evaluate the progress of the Plan of Action and discuss its future approach; endorse a new conceptual framework for aging, health, and development; and provide support to the search for national and international resources that will allow for appropriate implementation of the Plan of Action for the period 1998–2001.

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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 1981, the 27th Directing Council adopted Resolution CD27.R16, expressing concern over the lack of adequate programs serving the elderly and urging Member States to establish such programs. Since then, PAHO has made significant advances in promoting development of national policies, plans, and programs on aging.

Since 1996, PAHO's Division of Health Promotion and Protection has been carrying out the Plan of Action with its own resources, but support from extrabudgetary funds will become essential for the implementation of this Plan of Action. The primary focus of the 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 the elderly. 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.

This document describes PAHO's regional strategy for healthy aging and development for the next four years, analyzes the operational guidelines, and establishes a new plan of action for the period 1998-2001.

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 Subcommittee on Planning and Programming:

- evaluate the progress of the Plan of Action and discuss future approaches;
- 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;
- review the Plan of Action 1998–2001.

1. Introduction

The health of older adults is a key element for the social and economic development of the countries of Latin America and the Caribbean. In the early 1950s, average life expectancy at birth was 51 years in the region. At present it is more than 68, and in several countries it is already 75. This type of change represents a major challenge for public health. The persistence of poverty combined with aging in countries still dealing with basic problems of development has no precedent in the history of mankind (5). 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.

Older persons have more costly medical problems—chronic diseases such as heart disease, osteoporosis, cancer, Alzheimer’s—that require costly hospitalization and/or long term care. Thus, population aging will have a major impact on health care expenditures, on the kinds of health care and social institutions and facilities that will be needed, and on the optimal design of health care systems. Yet many countries are now designing or redesigning their health care systems without the necessary data regarding the health conditions of older persons and the patterns of utilization of different types of health interventions.

The Denver Summit of the Eight (G8) acknowledged that “successful population aging policies and programs must reflect the dependence of all citizens’ welfare on the overall strength of our economic, health, and social systems” (1). The new direction of the Family Health and Population Program shifts attention from a paradigm of aging and disease to a vision of aging and health.

Incorporating older persons into the health promotion agenda, building the infrastructure for promoting positive roles of older person, and developing programs to support families in their caregiving roles is a solid investment in the future for Member States. PAHO has a unique opportunity and a major responsibility to take a leadership role in this area of family health and population.

2. Scope of the Challenge

The aging process has a significant impact on a number of dimensions that affect 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 status and health conditions of older persons (3). The relative importance of each of these aspects is variable and dependent on peculiarities of the demographic regimes and the institutional idiosyncrasies of countries.

However, the gradual impairment of physical and mental health conditions that often accompanies the individual aging process, the resulting reduction in the expected years of active and healthy life expectancy, the reduction or complete cessation of participation in the labor market, and the increased dependency on income transfers from various public and private sources, all dictate that the growth of the aging population should lead to increasing tensions in the development of countries in the Region unless it is properly addressed in the public health and economic agendas of the countries.

2.1 Demographic Dimensions

Like the momentum for natural growth, nations also contain a momentum for the natural growth of their older population. The Latin American and Caribbean demographic experience of the past 50 years fixes lower bounds for the growth of this population of such magnitude that it should awaken immediate public concern. By the end of 2000 the proportion of the population 60 and older will be 8.1% of the total population, representing 42 million older persons in the region. In 20 years, Latin America and the Caribbean will have 12.4% of the population 60 and over, representing 82 million older persons (6). While only three countries in the region have 15% or more of the population 60 and over, by 2025, 21 countries will have reached this level of population aging.

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 youngest 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, those 75 and over. In 1990, this group of the elderly represented 21.5 million persons, and the number of 75 and over will more than double every 20 years. Thus, by 2020 there will be a total of 45.9 million persons 75 and over (9).

Another way to highlight the graying of Latin America and the Caribbean is by examining the aging index in Brazil, Cuba, and Mexico (the aging index represents the proportion of persons 60 and over to every 100 persons under 15): Brazil will see an index increase from 23.8 in 1995 to 58.1 in 2020; Cuba's index of 53.9 in 1995 will reach 107 by 2020; in Mexico the index will grow from 17.3 in 1995 to 47.0 by 2020. In most countries of the region the aging index will double in the next two decades—an unprecedented population shift (9).

2.2 *Epidemiological Dimensions*

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 persons 65 years of age or older (3). In 1996, almost 25% of all deaths in the United States were in females over the age of 80; in France, 43% of all deaths among females occurred in women over age 85. These figures are clearly the patterns which will be observed in almost every country in the Region within the next 20 or 30 years.

With population aging, prevailing disease patterns are changing. Data from Chile exemplify the typical epidemiological shift:

Ranking of the Six Leading Causes of Death in Chile: 1966 to 1992

<u>1966</u>	<u>1980</u>	<u>1992</u>
1. communicable diseases	diseases of circulatory system	diseases of circulatory system
2. diseases of circulatory system	all other diseases	neoplasms
3. all other diseases	neoplasms	all other diseases
4. conditions originating in the perinatal period	external causes	external causes
5. neoplasms	communicable diseases	communicable diseases
6. external causes	conditions originating in the perinatal period	conditions originating in the perinatal period

Source: PAHO, Health Statistics of the Americas.

As the proportion of older persons increases, there is an increase in the proportion of the population who experience chronic illnesses and disability; more health resources are required for chronic care while acute or curative care costs remain rather constant. However, 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 (1); this achievement may be attributed to many factors, including changes in lifestyles, environmental improvements, and greater access to health care. Reliable baseline data and longitudinal studies in the Region are essential to establish the health conditions and functional status of older persons and to be able to identify the factors that will improve the health status among the Region's aging population.

2.3 Socioeconomic Dimensions

The socioeconomic dimensions of population aging in the Region are 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. National economic development strategies, from work force participation to consumer demands, require consideration of population aging.

Urbanization is another force affecting the well-being of older persons. 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 is 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 (8).

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 involves 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 inequalities in the quality of life and well-being of older persons from different socioeconomic classes will become even sharper 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 (5).

Second, gender differentials have to be recognized, since males and females experience different mortality regimes and are affected by significantly different health problems. Women, 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 (3).

The growth of the older population will be accompanied by significant cohort differences. Past exposure to diseases, accidents, behavior practices, and health care at earlier ages all affect subsequent health conditions. 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 inequities in the health conditions of people at all ages.

3. PAHOWHO History of 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 the elderly and urging Member States to establish effective programs.

In June 1981, PAHO's Executive Committee, after considering the issue of health care of the elderly at its 86th Session, adopted Resolution CE86.R30, which recommends that Member States promote the health and welfare of the elderly, 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 September 1981, the Directing Council adopted the Plan of Action for the implementation of regional strategies for achieving the goal of health for all. The Plan emphasized the need to improve available data on aging-related factors, to develop human resources, and to develop programs and services vital to the well-being of older people.

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 Plan of Action for 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

During the past decade the Health of the Elderly Program has been carrying out the Plan of Action primarily with its own resources. 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 developed a model legislation for comprehensive care of older persons in 1986. In the past five years PAHO has conducted five workshops for legislators, professionals, and advocates in the Region and has made over 15 presentations on various aspects of aging and health from a policy perspective.

At least 16 nations in the Region have developed national programs on aging and are actively involved in various aspects of advocacy and program development.

In July 1997 a public policy forum on population aging was held in Montevideo. The

forum was inaugurated with the presence of the First Ladies of Chile and Uruguay, the Vice President of Uruguay, parliamentarians, three ministers of health and social security, the President of the Latin American Parliament, directors of national programs on aging, NGOs, and advocates for the elderly from eight countries in the Region. After two days of deliberation, the group adopted the Declaration of Uruguay with recommendations to be brought to the attention of the governments in Latin America and the Caribbean.

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.

Recognizing the importance of having information on the health conditions of older persons in the region, PAHO in 1984 developed a cooperative study on the needs of older persons in 13 countries: Argentina, Barbados, Brazil, Chile, Colombia, Costa Rica, Cuba, El Salvador, Guyana, Honduras, Jamaica, Trinidad and Tobago, and Venezuela. Each country developed its own sampling design and collected its own data, so the study was not able to provide comparable data of the health conditions of the elderly in the region. However, the study served well for advocacy and stimulated the development of policies and programs in many countries.

In 1994 a study to determine the prevalence of dementia among the elderly was done in Buenos Aires, Havana, and Santiago. The results of these studies suggest that cognitive impairment may be higher than expected in the region.

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 regimes 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 BIREME a bibliographic study is being done on research and information on aging published in or by Latin American and Caribbean authors.

A review of collaborating centers in the Region with expertise on aging and health was done and revealed the need to develop a relationship with universities and with research institutes in areas of health policy and aging, epidemiology, and education and training. Two new collaborating centers were established: the University of the West Indies, Department of Psychiatry and Community Medicine in Jamaica, and the Institute of Geriatrics, Pontifical Catholic University of Rio Grande do Sul in Brazil. A third collaborating center, the Center on Aging, Florida International University in the United States, has been proposed and is under consideration.

4. Future Directions

The development of a plan of action on aging provides a valuable opportunity for PAHO to discuss and adopt a new conceptual framework for addressing the challenges of population aging. Until recently, the field of aging has been dominated by a pessimistic view of the many irreversible losses that occur with advanced years. A country's attitude toward its older population is mirrored in its policies and legislation. In the past, most countries have emphasized protection and support for the vulnerable elderly, often within the framework of institutional care as a solution of last resort. In recent years, however, there has been increased recognition of the importance of encouraging government policies and programs to promote active aging, including initiatives to integrate older people into the social and economic fabric of society.

Studies in Canada, Europe, and the United States provide data to show that the disability rate among persons 65 and older has been declining during the last three decades. Canadian data, for instance, show that from 1986 to 1991, disability-free life expectancy at birth increased by 1.2 and 0.6 years for males and females, respectively (10). While there are no definitive explanations of the factors that have contributed to the decline in disability, there is good reason to be optimistic that, even in developing nations, the future of aging will not have to be equated with disease and disability. PAHO's challenge is to understand and promote the lifestyles and social and environmental conditions that contribute to a healthier old age.

Research on longevity provides 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 (7). A summary of research on risk factors contributing to frailty suggests that some risk factors can be modified by individual action or by changes in their immediate environment. The stage is thus set for a new approach to health promotion for healthy aging.

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. Therefore, the Family Health and Population Program must provide to policymakers and educators accurate information on healthy aging, recognizing the different needs of each age group.
- 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 facing health problems. Successful aging requires emphasis on lifelong education, creative uses 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 programs 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. 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 will identify effective strategies to address the mental health of older persons and serve as a clearinghouse on information (7).

- Ethical issues in an aging society permeate the entire fabric 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 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 1998-2001 follows the conceptual framework articulated in the previous section and is based on lessons learned from experience and gerontological research.

5.1 Goal: To Promote Health and Well-being

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 and by promoting initiatives to create healthy environments for older persons within the Region through collaboration with other regional programs, Member States, and NGOs.

5.2 Key Programmatic Components

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 organizations 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. Considering the priorities of the nations of the various subregions, activities will be organized to provide opportunities to learn from differences and similarities among them. Collaboration with PAHO programs and divisions will be essential for the implementation of the Plan of Action and will continue to be developed.

Strategies for Key Programmatic Components

PAHO Strategies	The health of older persons. Focus on: health services, caregiving issues and community alternatives to institutional care.	Older persons promoting healthy environments and healthy life styles. Focus on: network of senior community organizations and community programs.	Older persons as agents of change. Focus on: education, volunteerism and advocacy.
Research	Multicenter study on the health conditions of older persons. Epidemiological and longitudinal focus. Joint projects with universities and collaborating centers.	Joint projects with universities and collaborating centers.	Expert groups.
Dissemination of information	Guidelines, manuals, position papers, multimedia.	Network of retired health educators and professionals. Guidelines for community programs.	Database of intergenerational programs, volunteer and income-generating programs.
Advocacy	Multisectoral networks; use of the media.	Guidelines for healthy municipalities and for celebration of World Health Day.	Network of universities of third age. Regional activities to celebrate the International Year.
Human resource development	Interdisciplinary approaches, public health care workers and caregivers. Multiplier courses, distance education, network of centers of excellence.	Models of education programs for training the elderly in health promotion.	Expert group. Manuals.
Policies, plans, and programs	National programs and multisectoral collaboration.	Models from healthy municipalities.	Interregional model building.

Resource mobilization	<p>Instruments for evaluation. Grant proposals. Intersectoral and interagency collaboration. Regional collaborating centers.</p>	<p>Retiree organizations. Collaboration between Social Security and ministers of health.</p>	<p>Mass media advocacy.</p>
Direct technical collaboration	<p>Program development with national and regional consultants.</p>	<p>Program development with national and regional consultants.</p>	<p>Program development with national and regional consultants.</p>

5.3 Plan of Action 1998–2001

5.3.1 Information Base Strengthening and Research

PAHO will seek to provide its Members 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:

- 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 categories and by rural-urban location? How is the health status of the elderly 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?
- What facilities and services are used by the elderly and how do these vary by income, gender, and education of consumers, by price and availability of facilities and by rural-urban location? How will utilization change as income and education grow? As cost of technology and care change? Given the costs of these services and the projected utilization rates, how will health care expenditures grow in the future as populations age?
- 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 National Institute on Aging; with international financing institutions such as the World Bank and the Inter-American Development Bank; and with other agencies of the United Nations network.

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 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 aging plans, programs, and services. 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, audiotapes, and audiovisual tapes 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. In addition PAHO must create tools to sensitize and educate local governments and older persons themselves on the importance of creating aging-friendly environments as part of the healthy municipalities movement. PAHO proposes to develop videos, public service announcements, and communication strategies for messages on healthy and active aging. In addition, PAHO proposes regional workshops for health educators and the media to strengthen their capacity to convey health promotion messages needed to promote healthy aging.

In collaboration with national programs on aging and the ministries of health and social security, PAHO will develop indicators for healthy and age-friendly municipalities, in preparation for the celebration of the International Year of Older Persons. PAHO will work closely with the Global Program on Aging in providing technical collaboration for regional and subregional programs to celebrate the International Year.

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 has begun an inventory of university and training programs teaching gerontology and geriatrics in the Region. With the findings of this search, 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 sector; (c) promoting the development of guidelines for teaching healthy aging through the healthy school curriculums; 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

National aging policy not only defines national priorities but also provides the framework for action, guides, and monitors and evaluates programs addressing the health and social needs of

older persons. During the decade of the 90's many nations addressed the increasing importance of the demographic transition with new legislation and policies. PAHO collaborated with the Latin American Parliament in the development of a model legislation addressing a multisectoral and comprehensive plan of care and opportunities for social integration of older persons. An inventory of existing policies and legislation in the Region has been initiated. The next step includes a series of case studies of nations that are at a crossroad with respect to population aging. This is important to enable countries to consider the rapid growth of population aging in their plans.

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 in three specific areas: (a) comprehensive community-based programs providing a range of environments for healthy aging and programs designed to support family caregiving, thus avoiding the unnecessary institutionalization of frail older persons; (b) programs designed to strengthen the capacity of the primary health care sector 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 social productive activity and income-generating programs for older persons.

5.3.6 Mobilization of Resources

To implement the Plan of Action, PAHO needs to invest in at least one full-time professional dedicated to building linkages with other PAHO programs and to mobilize regional, national, international, and private resources to supplement the basic allocation of funds dedicated to the program.

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 Norvatis 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 collaboration.

6. Action Requested of the Subcommittee

It is requested that the Subcommittee on Planning and Programming discuss the document and the ways in which it can be enhanced.

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