

Active Aging

An Interview with Dr. Alexander Kalache

The World Health Organization's Aging and Health Program places health care for the elderly in a social, cultural and economic context. Organized as the Health of the Elderly Program in 1979, the program has evolved to encompass quality of life issues, including home care, self-help and community-based care. *CommonHealth* Editor Barbara Ruben talked with Aging and Health Program Director Alexander Kalache, MD, about the main issues facing an increasingly aging society and WHO's work to promote its goal of active aging, which focuses on a holistic view of the aging process.

On a global scale, what are some of the common issues the elderly face? Do you see a different set of issues in developed and developing nations?

KALACHE: If we look at what will happen in the next 25 years, you see very fast aging of populations of nations with neither the preparation nor the policies to cope with it. There's a big contrast. Those countries that already have substantial numbers of elderly in North America and Western Europe and Japan benefitted from 100 years or even longer to see a doubling of those over 65. In China and Brazil, this same doubling will occur in only 26 or 27 years.

When you look at the richer countries and how they're dealing with aging, even they're a bit lost. Aging is seen as a problem, not as an achievement, as if it's something bad for society. In WHO's Aging and Health Program, we see age as something great. We want to see people age in good health with a high quality of life.

If you put this growing aging population and this Western attitude of aging as a problem into the context of Eastern Europe or the former Soviet Union, you've got quite a challenge. Not only are the numbers of elderly growing much more rapidly, there is an absence of resources that are there for Germany or France. Aging is competing with a whole host of other issues that need to be solved, from political restructuring to growing infant mortality.

How has the upheaval accompanying the transition to democracy in the NIS and CEE affected the elderly?

KALACHE: The situation from all accounts is dramatic. These people had tough lives, but always without exception they were taken care of by the state in old age. But today, for example, we have the largest gerontological center in Ukraine faced with the choice of paying staff salaries or feeding patients.

When you have an average pension in the region of \$60 to \$80 a month, you can either keep your house reasonably warm in the winter or eat. I see photos of older women, lonely and poor. They're in the streets selling the very little they have to sell in order to keep going.

What's emerged is that there's no clear political agenda for caring for the elderly. The elderly are last in the queue.

There is a large gender gap when it comes to aging. What are some of the issues you see emerging from this?

KALACHE: There are vastly more women than men over age 65, especially in Russia. Most of the attention has focused on the often terrible conditions older women live in for 20 or 30 years after their husbands die. But at the same time, the problems of older men have been

very neglected. Older men are just as likely as women to have arthritis, to be depressed. Their quality of life goes to rock bottom. But there's a gender difference in how we react to health problems. In most cultures, we are raised to believe males have to be incredibly strong, that we don't have health problems. So when men seek medical attention it is often too late. Breast cancer has gotten much more media coverage than prostate cancer. In the US, prostate cancer kills three times more men over the age of 75 than breast cancer kills old women. That reflects this attitude of expecting men to die sooner.

There has always been a tradition of the children taking care of their parents as they grow old. Do you see that eroding with all the social and economic changes in the NIS and CEE?

KALACHE: There has been a lot of talk about how the younger generation doesn't care. But that's a fallacy. The basic support is still provided by families, but not in the same way as in the past. Older people wish to live on their own. When they have problems, children--especially daughters--offer the bulk of care. But today these daughters have outside jobs, not like in the past.

Although the family continues to be the main source of support, very often families can't provide enough or are geographically far from parents. With urbanization and more freedom to travel, younger family members are leaving the elderly behind in rural areas. But if they don't find jobs in the city and remain there, they are neither close to their parents to provide day-to-day physical support nor can they send money.

But we don't have a lot of data to support this change. There are studies that show how deeply unhappy older women are who don't have the means to keep living alone. They are depressed not by choice, but because of a lack of choices. This is increasingly happening in Eastern Europe, and in the NIS it's even worse. There's a shortage of housing, and married children are going to live with their parents. Suddenly the older individuals feel invaded.

How is WHO working to address these problems?

KALACHE: We are working toward a goal of active aging, that is not just to be physically well, but to be engaged with life, to be active in the community and to be mentally alert. If we could ensure all that, we could have people with better health. The Aging and Health Program supports developing countries in formulating health policies for their aging populations through a series of workshops for policy makers. We also work with governmental agencies, NGOs and the media on an advocacy strategy to encourage community support and programs for healthy aging.

The UN has declared 1999 to be the Year of the Older Person. We have been preparing for that in a number of ways. This December there will be a meeting of WHO experts on aging. Our policy for the next decade will be based on the report of that meeting. But we don't just want a group of 300 talking heads. We want to stimulate debate and interest.

World Health Day in April 1999 will focus on healthy aging. Then on October 1, we'll launch a global movement for active aging on the International Day of Older Persons. In 1997 we had two rehearsals for what we hope to achieve. In Geneva, Switzerland and Rio de Janeiro, Brazil--my hometown--we had walkathons with people of all ages. In Rio, we had two musical bands walking toward each other on the beach. One was young and one was old. As they met, they played the same tune to symbolize the harmony between generations. It was really something to see, this band of musicians, who were all older than 70, getting more than 30,000 people to dance the samba.

In 1999, we will spread this idea around the world, through the healthy cities movement, so we have the same sort of event in cities everywhere. The plan is to have the event start in

New Zealand, which is the first country after the international dateline. Then an hour later, an event will start in Australia and so on so that anywhere in the world at noon there will be something happening to celebrate aging. And it's no coincidence all this is on the eve of the 21st century, when aging will be the biggest demographic issue we face.