Cross Cultural Perspectives on Longevity:

Global Aging

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Overview

- Global Population Aging
  - Demography
  - Biodemography
  - Epidemiology
- Exemplars from less developed countries
- Why should we care?
Demographic Transition: Global Perspective

More Developed

WORLD

Less Developed
Speed and Magnitude of Population Aging

What is ‘old’?

115 years

21 years
Biodemography of Aging

The chart illustrates the percentage of the total population for different age groups from 1960 to 2050. The data shows an increase in the percentage of the population aged 65-79 years and 80+ years from 1960 to 2050, while the percentage of the population aged 0-14 years decreases.
## Epidemiological Transition

### The 4 stages of the health transition

<table>
<thead>
<tr>
<th>Phases</th>
<th>Socio-economic development</th>
<th>Life expectancy</th>
<th>Change in broad disease categories</th>
<th>Change within broad disease categories (proportionate mortality)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Age of pestilence (infection) and famine</td>
<td>+</td>
<td>~30</td>
<td>Infections, Nutritional deficiencies</td>
<td>CVD: 5-10% related to nutrition/infection (e.g. RHD, Chagas)</td>
</tr>
<tr>
<td><strong>2</strong> Age of receding pandemics</td>
<td>++ (developing countries)</td>
<td>30-50</td>
<td>Improved sanitation: ↓ infections, ↑ diet (salt), ↑ aging</td>
<td>CVD: 10-35% Hypertensive heart disease, stroke, sequel of RHD and CHF</td>
</tr>
<tr>
<td><strong>3</strong> Age of degenerative and man-made diseases</td>
<td>+++ (countries in transition)</td>
<td>50-55</td>
<td>↑ aging, ↑ lifestyles related to high SES (diet, activity, addiction)</td>
<td>CVD: 35-65% Obesity, dyslipidemias, HBP, smoking → CHD, stroke, often at early age; PVD (first in ↑ SES)</td>
</tr>
<tr>
<td><strong>4</strong> Age of delayed degenerative diseases</td>
<td>++++ (western countries)</td>
<td>~70</td>
<td>↓ reduced risk behaviors in the population (prevention and health promotion) and ↑ new treatments</td>
<td>CVD &lt;50% (delayed ↓ total CVD due to aging population &amp; ↑ prevalence due to better treatment)</td>
</tr>
</tbody>
</table>
Epidemiological Transition: More and Less Developed Countries
Non-Communicable Diseases

Prevention and Control in Low-Resource Settings
goals

• Compress morbidity
• Promote quality of life

require

• Early detection
• Early intervention

and

• Knowledge, attitudes, practices
• Resources and services
NEW EPIDEMICS OF OLD AGE AND
THE AGING OF OLD EPIDEMICS
Study 1. Cognitive Disorders [MCI] in India

**Problem:** 4.3% prevalence MCI & 15% conversion rate = 9 million cases by 2030

**Purpose**  Formative

**Research Question:** How do older Indians with MCI, their caregivers and health care providers interpret and act on symptoms of memory loss?

**Theory:** Social cognitive theories of health behavior

• Illness perceptions / Explanatory models

**Method**

• Qualitative: Focus Groups / In-depth Interviews

• Triangulation of patient, caregiver and physician or traditional healer

**Substance**

• Understanding how culture and context affect symptom interpretation and help-seeking
Study 2. HIV / AIDS Testing in Botswana

**Problem:** Prevalence 23% aged 50+ rising with ART. Older women least likely to be tested.

**Purpose:** Establish rates/correlates of testing

**Research Question:** Effects of HIV knowledge and attitudes on free, local, voluntary/confidential testing

**Theory:** Help-seeking; health services use; livelihood insecurity

**Method:** BAIS-IV (2013)

**Substance:** Advance knowledge on factors and processes that encourages older adult testing in context
Study 3. Social Isolation and NCDs in Mongolia

**Problem:** Sparsely populated; widely dispersed services; high rates of NCD

**Purpose:** Develop/adapt and validate minimum indicators for screening and intervention at Gerontology Center

**Research Question:** Translate, validate and evaluate 2 versions of Lubben Social Network Scale (LSNS)

**Theory:** Protective function of social supports / social networks on health

**Method:** Translation and back-translation. Psychometric testing 6-item & 18-item

**Substance:** Measurement for research and practice
Why should we care?

- Globalization
- Humanitarian impulse
- Collaboration, mutual learning and capacity building in the profession
Thank You!