

Healthy Aging & Non-Communicable Diseases

Seniors and NCDs

For seniors, good health helps ensure independence, security, and continued productivity in the later years. But non-communicable diseases (NCDs) such as cancer, cardiovascular disease, and diabetes can diminish seniors' quality of life, raise health-care costs, and increase pressure on family members who are responsible for their care.

As the world's most rapidly aging region, the Americas face growing challenges from aging and NCDs. The Pan American Health Organization/World Health Organization (PAHO/WHO) is supporting efforts in its member countries to meet these challenges through policies and programs that strengthen prevention, increase early detection, and ensure sustainable and universal access to appropriate, quality care, including long-term care. PAHO/WHO's technical cooperation emphasizes cross-sector policy frameworks and integrated management of NCDs as well as a primary health care approach. Key goals are to develop financial mechanisms to support preventive health care, facilitate savings for long-term care, and create linkages between health systems, social services, and community resources. Also important is involving communities, employers, families, and individuals—especially older people themselves—in efforts to promote and protect seniors' health.

Key Facts

- Latin America and the Caribbean is a rapidly aging region. By 2020, the Americas will have 200 million older adults, almost twice the number in 2006, and more than half of them will be living in Latin America and the Caribbean.
- In the Americas, NCDs—including cancer, cardiovascular disease, chronic respiratory illness, and diabetes—are responsible for seven out of 10 deaths among people aged 70 and older, while causing suffering and disabilities for many more.¹
- In the United States, more than 90% of older adults have at least one chronic disease, and 73% have two or more.²
- The costs of treating seniors with chronic conditions are high and growing.³ These costs are borne by everyone: governments, families, and the elderly themselves. Out-of-pocket health costs are highest for people with chronic health conditions and functional impairment.⁴
- Pensions and health systems can become crippled by growing numbers of older people with NCDs, who often require costly and complicated care. Focusing on prevention, early detection, and healthy aging can help both health systems and pensions lower costs.
- About 50% of elderly people in Latin America and the Caribbean lack the financial resources they need to meet their daily needs. One in three has no retirement, pension, or paid employment. This has a tremendous impact on seniors' health.
- Two out of three older people lack any form of health insurance and therefore rely on public health clinics for care.
- Women live longer than men but are less likely to have access to social protection such as pensions or health insurance plans. This suggests that women should be a main focus of social protection interventions. Many women also face the double burden of suffering from an NCD while also caring for a family member with an NCD.



- Chronic conditions may lead to severe and immediate disabilities, such as hip fractures and stroke, as well as progressive disabilities that slowly diminish the ability of seniors to care for themselves.⁵ About 14% of people age 65 and over require assistance with bathing, dressing, preparing meals, or shopping.
- Healthy lifestyles and interventions to reduce key NCD risk factors—including tobacco use, unhealthy diet, harmful use of alcohol, and physical inactivity—can reduce the prevalence of NCDs by as much as 70%.
- Primary health care has been shown to be important for secondary prevention and treatment of NCDs, through management of risk factors and coordination of care and medications.⁷ PAHO/WHO encourages a primary health care approach and the incorporation of aging issues into national health planning.

References

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- 5 Fried LP, Guralnik JM. Disability in older adults: evidence regarding significance, etiology, and risk. *J Am Geriatr Soc* 1997;45(1):92-100.
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- 7 Macinko J, Dourado I, Guanais, F. Chronic Diseases, Primary Care and Health Systems Performance: Diagnostics, Tools and Interventions. Inter-American Development Bank 2011.

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