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Subjects to be discussed

- I. Sociodemographic aspects of elder population in Brazil
- II. Public Health implications of ageing population
- III. Main causes of hospital admissions among elder population
- IV. Main causes of death among elders
- V. Elders as a source of resources
- VI. Strategies to promote an active and healthier aging process in Brazil
- VII.Intergenerational programs, research, practice and theories
- VIII.Where are we?

ACTIVE AND HEALTHY AGEING FROM AN INTERGENERATIONAL PERSPECTIVE I-Sociodemographic aspects of elder population in Brazil

Total Population of Brazil 2010 = 190.755.799

Elder population (60 and over) = 20.590.599 (11.0%)

	Elder Pop.	Male	Female
Illiteracy rate	27,69%	25,77%	29,21%

Source: IBGE 2010

Gini index Brazil = 0.539 (2009)

Source: world Bank Report 2010 2010

I-Sociodemographic aspects of elder population in Brazil

Life expectancy at birth in Brazil from 1991-2010					
		Year			
Gender	1991	1995	2000	2009	2010
Male	63.2	64.7	66.7	69.6	69.7
Female	70.9	72.5	74.4	77.1	77.3
Both	66.9	68.5	70.4	73.3	73.5
Life expectancy at the age of 60 in 2010					
Male	79.6				
Female	82.9				
Both	81.3				
Source: IBGE 2010					

II-Public Health implications of ageing population

- Increasing prevalence of chronic decease
- Elders require more health attention
- The number of hospital admissions for elderly is bigger than for other age groups
- The length of stay in hospital is higher
- The costs are higher
- The prevalence of hospital infection is higher
- Advance of technology is fast but the access is limited
- Increasing disability and dependency

II-Public Health implications of ageing population

But what is related to dependency?

- Genetic factors
- Chronic deceases
- Food intake
- Alcohol
- Smoking
- Social, cultural, psychological and economic factors.

II-Public Health implications of ageing population

Determinant factors of functional status among the elderly (N= 964)

Level of dependency is associate to:

- ➤ Level of education illiterates have 5 times more chance to develop dependency
- Working status -Retired people and housewives- 8 times more chance
- Marital status- Widows 3,3 more chance
- Living arrangements elders living with grandchildren 2 times more chance

III-Main causes of hospital admissions among elder population	%
Cardiovascular deceases	30
Respiratory deceases	18
Gastric decease	11
Cancer	9
Infectious deceases	6
External causes	6
Other causes	20
Total	100

III-Number and costs of Hospital Admission for femur fracture in the elders 2008

Number of admission	Cost of stay (USD millions)	Cost of medication (USD Millions)	Total cost (USD Millions
30,000	28.80	12.38	41.18

Source: Brazilian Health Ministry 2010

III-Number of Hospital admissions of elders by age group - Jan to Nov 2011

Age groups	Admissions
60 - 69	901.753
70 - 79	769.530
80 years and over	523.226
Total	2.194.509

Source: Source: Brazilian Ministry of Health – National Health System SUS

IV-Main cause of death among elders by age groups- Jan-Nov 2011				
Causes of death	Age groups and total of deaths			
	60-69	70-79	80 and over	Total
Cardiovascular deceases	235.481	213.934	136.670	586.085
Respiratory deceases	117.515	76.699	37.886	232.100
Cancer	102.766	69.612	28.622	201.000
Other causes	445.753	409285	320.048	1.175.0.86
Total	901.735	769530	523.226	2.194.509

Source: Brazilian Ministry of Health – National Health System SUS

"It is easier to prevent death than to prevent chronic deceases and disability related to them"

(OMS-WHO, 1984).

- The interventions on the disability are less effective than the prevention of such disability
- The prevention is not only more effective but also cheaper.
- The prevention causes less distress
- The prevention could be joyful activities such as intergenerational activities!

 The data described seems to suggest a need of strategies to improve the quality of ageing process is urgent

"Social support and networks are associated with a variety of heath outcomes, including cardiovascular disease (CVD), cancer, stroke, and all-cause mortality".

Kawachi et al.1996; Kawachi & Berkman 2000. Hemingway & Marmot 1999

V- Elders as a source of resource

Are the elders only a source of concern?

- Is demographic transition only a problem?
- ➤ Is The ageing Population a desirable phenomenon?
- > Could the elders be a source of resources?
- Could the elders and young people be seen as actors for a better society?

V-Elders as a source of resource

- > 23% of the elder in Brazil are the head of their households. Source IBGE 2010
- ➤ 6.2 million -The number of grandparents whose grandchildren younger than 18 lived with them in 2007.
- ➤ 2.5 million- The number of grandparents responsible for most of the basic needs (i.e., food, shelter, clothing) of one or more of the grandchildren who lived with them in 2007. These grandparents represented about 40 percent of all grandparents whose grandchildren lived with them. Of these caregivers, 1.6 million were grandmothers, and 932,000 were grandfathers.

Source: 2007 American Community Survey

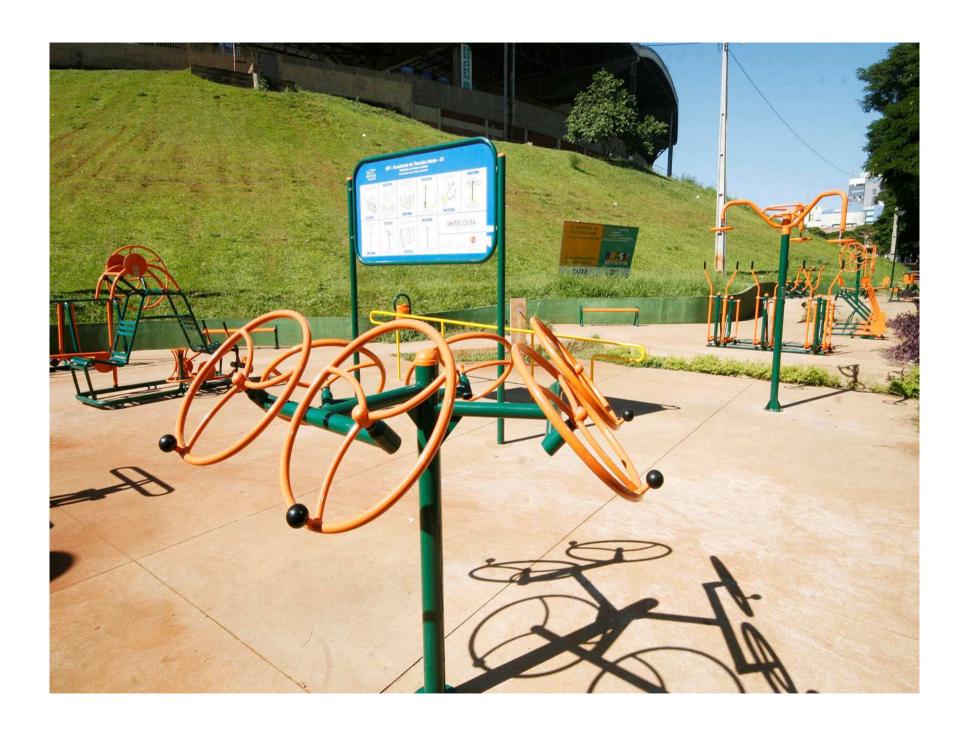
- "Elders share their life stories with students and give lessons of participation"
 Source: Correio Braziliense 2004
- ➤ 30 years of experience in intergenerational programs, reserch theory and practice.

Source: Saly Newman University of Pittsburgh personal contact 2012 (Newman et al. 1997)

VI. Strategies to promote an active and healthier aging process in Brazil

1-Government initiatives

- National policy for the elderly people (Law 8842/ 1994- Coordinating action of the Ministries of Health, Education, Social Well Being and the Justice to reach the needs of the elder population.
- Inclusion of elders' life stories at schools of all levels
- -inclusion of Geriatrics and Gerontology as a subject in the health courses at the universities.
- The National council of the elders Space for discussion and evaluation of the government initiatives
- > Social Statute of elders (Law 10.741/2003) Improved the previous one
- Academia das cidades. Oficial document 719/2011 -Public space for practice of exercises with an intergenerational perspective
- (A playground for adults)
- Education program for adults- Strong campaign was launched last year



















VI. Intergenerational programs, research, practice and theories

The intergenerational programs as a means of health promotion: The case of Brasilia

Objectives

- To implement an intergenerational programme in the city of Ceilandia, DF, Brazil
- To use quantitative data to analyse the relationship between intervention (exposure) and the outcome variables.
- To use qualitative data and Grounded theory analysis to test the assumption that the intergenerational intervention influences perceptions and attitudes of the participants.
- To conduct process observation to monitor and evaluate the implementation of the intervention.

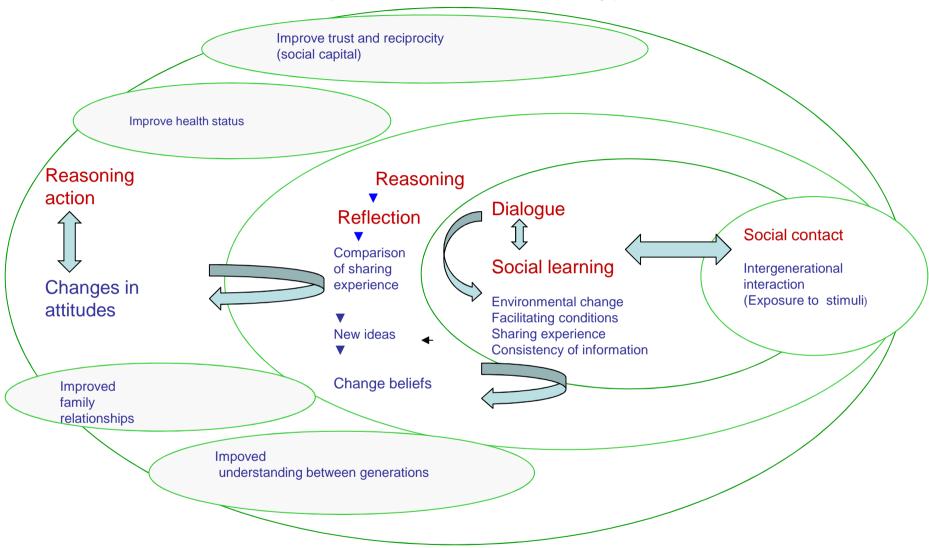
Method

Schematic model of the study

Triangulation

Post intervention data collection for comparison **Students** Sample Baseline data Intervention N = 25314 Intergenerational Collection Sessions Population of Selection Ceilandia, FD-Brazil 111 students Control and 32 elders Experimental groups Elders Process observation Sample N=266 14 Focus groups post intervention study

Conceptual frame work and hypothesis



This model incorporates the concepts of Social Learning theory (Bandura 1969) Theory of Reasoning Action, (Ajzen & Fishbein 1980) and the Social learning theory of dialogical method (Freire1973/1994)

Intervention

Preparation

- Contact to the school master and the head of health center
- Meeting with teachers and health professional
- Chosen of volunteers
- Meeting with elders- Presentation of the program and invitation
- Meeting with students -Presentation of the program and invitation

Intervention

Over four months, 111 students aged 12 to 18 years and 32 met weekly at the school totalling a mean 14 sessions of two hours each, to share their memories.

Planned joint activities:

1. Memories sessions

- Childhood (school days, plays and games)
- Adulthood (job, courting, marriage, migration to Brasília)
- Workshop of old toys (fabric dolls, socks ball)

2. Celebrations

- Elders' and Adolescents' birthdays
- Elders' and adolescents' National day (Picnic at the Botanic Garden)

3. Products

- Posters, cartoons, little books related to the stories of elderly people
- Exhibition

Beginning of first session





End of first session

Intergenerational reminiscence session









Results of quantitative data

For the elderly people the results suggested a positive effect of the intervention on the variables related to family relationship improvement and perception of social support.

Table 1- Summary of significance analysis between the intervention and the outcome variables (elders sample)

Variables	p value	Odds Ratio	95% C.I.
Self perception of health status	> 0.05	-	-
Attitudes towards young people	> 0.05	-	-
Neighbors are helpful	0.026	2,76	1,129 - 6.765
People in general are honest	0.011	3.33	1.325 - 8.371
Family relationship	0,003	5,69	1,793 - 18,085

Results of quantitative data

The preliminarily findings with the adolescent sample suggested a positive effect of the intervention on self rated health status and on attitudes towards elderly people.

Table 2- Summary of significance analysis between the intervention and the outcome variables (young people sample)

Variables	p value	Odds Ratio	95% C.I.
Self perception of health status	0,007	2,84	1,338 – 6,037
Attitudes towards elderly people	0,01	6,60	1,378 -31.639
Neighbors are helpful	> 0,05	-	-
People in general are honest	> 0,05	-	-
Family relationship	> 0,05	-	-

Results of qualitative data

For the elders the interaction was positive for many reasons including, perception of social support, family and people recognition and a sense of wellbeing.

"At home they (family) used to call me useless old man and things like that. Now they noticed I have been valued." G 14: 531-533.

- "...We felt useful, at ease, **bigger** and better. For this reason I enjoyed coming here because we were valued." G12: 473-476)
- "I was with my nephew severely ill nearly dying, I could not share it with anybody. But here I could share this situation. It was a relief for me." G13:160-161).

The negative aspect was related to the small number of elders

"You should increase the number of elders because with a bigger number we could teach them better." G11:91-92).

("I think you should increase the number of elders, but also have more young people because they also teach us many things." G11:107-108).

Results of qualitative data

The adolescents, by reflecting on the elders' experience, improved their feelings of solidarity and also improved their relationship with parents and grandparents and also changed their attitude towards elders.

"Now I value my grandfather. I consider his opinions and choices. I became more patient and more sympathetic with him." G6: 268-269)

The adolescent also reflected and started valuing what hey got.

..."We did not value our school that is close to our place. In the past they had to walk on foot miles away to go to school, it was very difficult but they did. We do not value what we have at home, now we are learning..." G: 63-66).

There was no improvement in the perception of trust

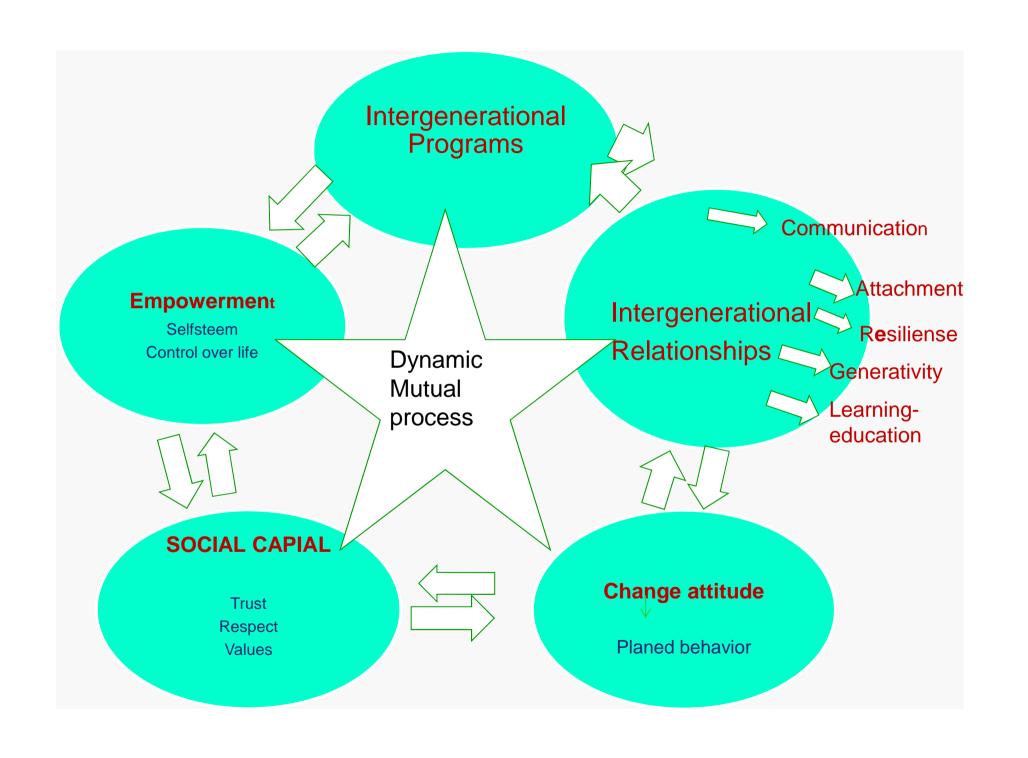
From the participants' point of view the most negative aspect of the project was its short duration, which did not allow them to go in depth in the subjects.

Other negative aspects were related to organisational factors and the small number of elder participants.

ACTIVE AND HEALTHY AGEING FROM AN INTERGENERATIONAL PERSPECTIVE

WERE ARE WE?

- > The number of IPs are increasing
- ➤ There is great number of ongoing projects around the world.
- ➤ It is becoming fashionable It is matter of concern.
- ➤ If it is good for selling product it is possible that is also good for activities.
- ➤ A theoretical framework to explain the process of intergenerational relationships is an urgent need.
- > What have we be done so far?



ACTIVE AND HEALTHY AGEING FROM AN INTERGENERATIONAL PERSPECTIVE

CONCLUSION

- Active and healthy ageing is possible
- Intergenerational activities seems to be an strategy to promote an active ageing process.
- > It needs more government and stakeholders involvement
- ➤ It deserves well planned practice and more research to show effectiveness.
- ➤ It claim for more civic society mobilization to gain the status it deserves.
- Research might be sponsored by the public and private sectors

REFERENCES

- ➤ De Souza, E.M Intergenerational integration, social capital and health:a theoretical framework and results from a qualitative study. *Ciênc. saúde coletiva*,16, (3):1733-1744,2011.
- Kawachi I. Colditz GA. Ascherio A, et al. A prospective study of social networks in relation to total mortality and cardiovascular disease in men in the USA. J Epidemiol Community Health.1996;50:245–251. [PMC free article] [PubMed]
- Kawachi I. Berkman LF. New York: Oxford University Press; 2000. Social epidemiology.
- Hemingway H. Marmot M. Evidence based cardiology: Psychosocial factors in the aetiology and prognosis of coronary heart disease. Systematic review of prospective cohort studies. *BMJ*.1999;318:1460–1467. [PMC free article] [PubMed]
- [OMS] Organización Mundial de la Salud.
 Aplicaciones de la epidemiología al estudio de los ancianos: informe.
 Ginebra; 1984. (OMS Serie de Informe Técnicos, 706).
- ➤ Newman et al. Intergenerational programs, past present and future.Routledge, Taylor and Francis Group New York/London 1997

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Muito obrigada! Thank you very much!!!

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