



Cross Cultural Perspectives on Longevity: Global Aging

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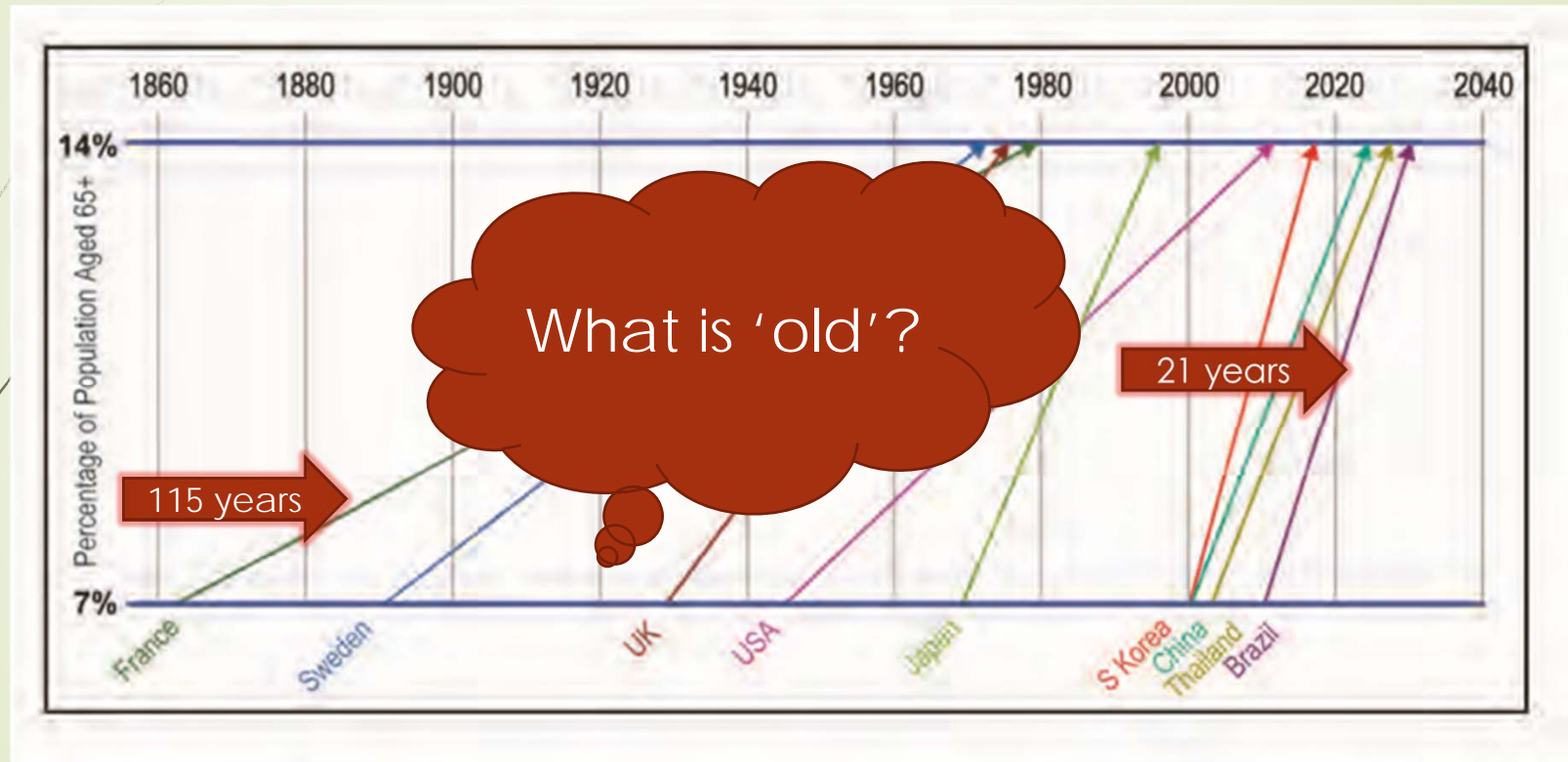
Overview

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

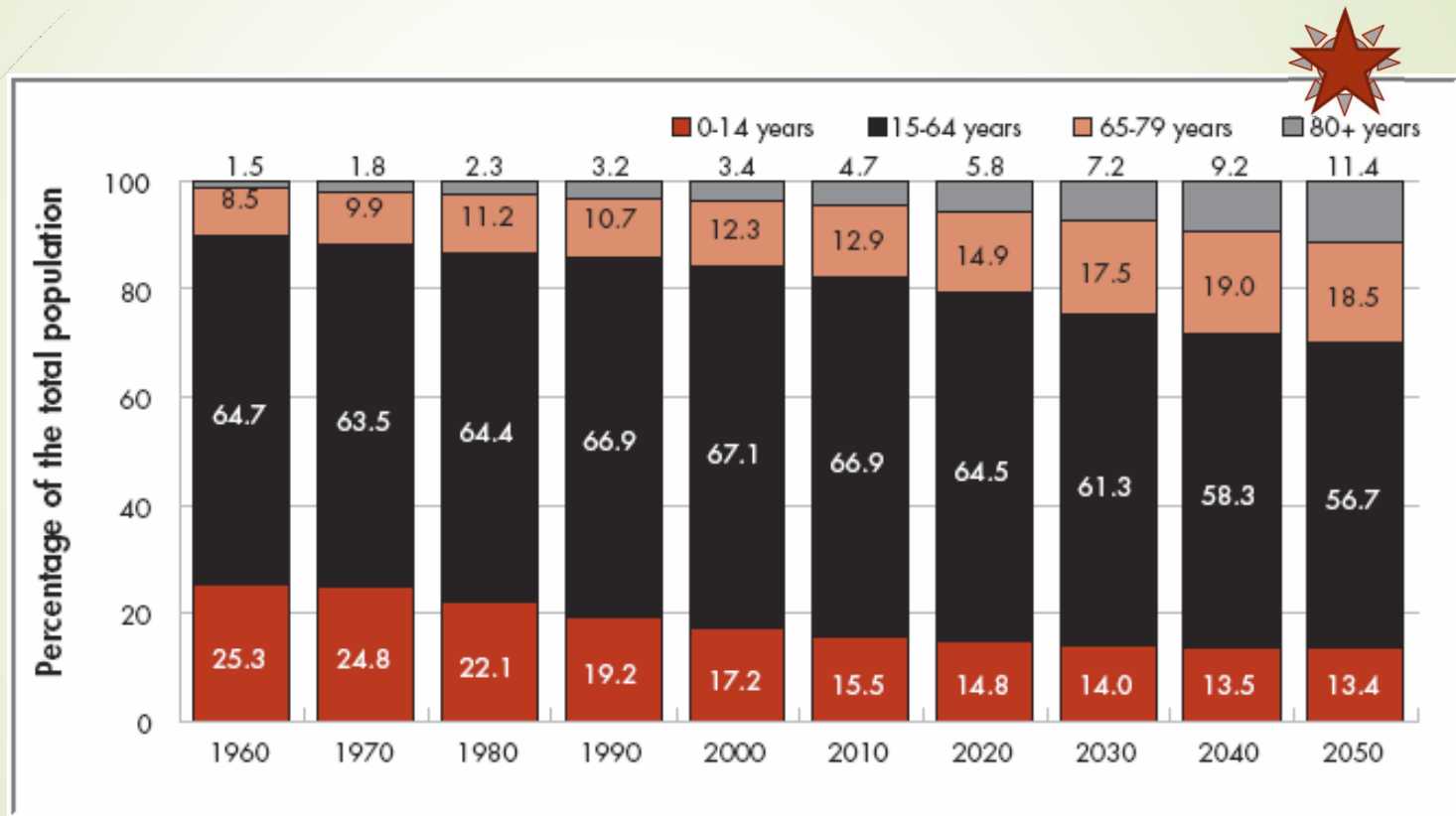
Demographic Transition: Global Perspective



Speed and Magnitude of Population Aging



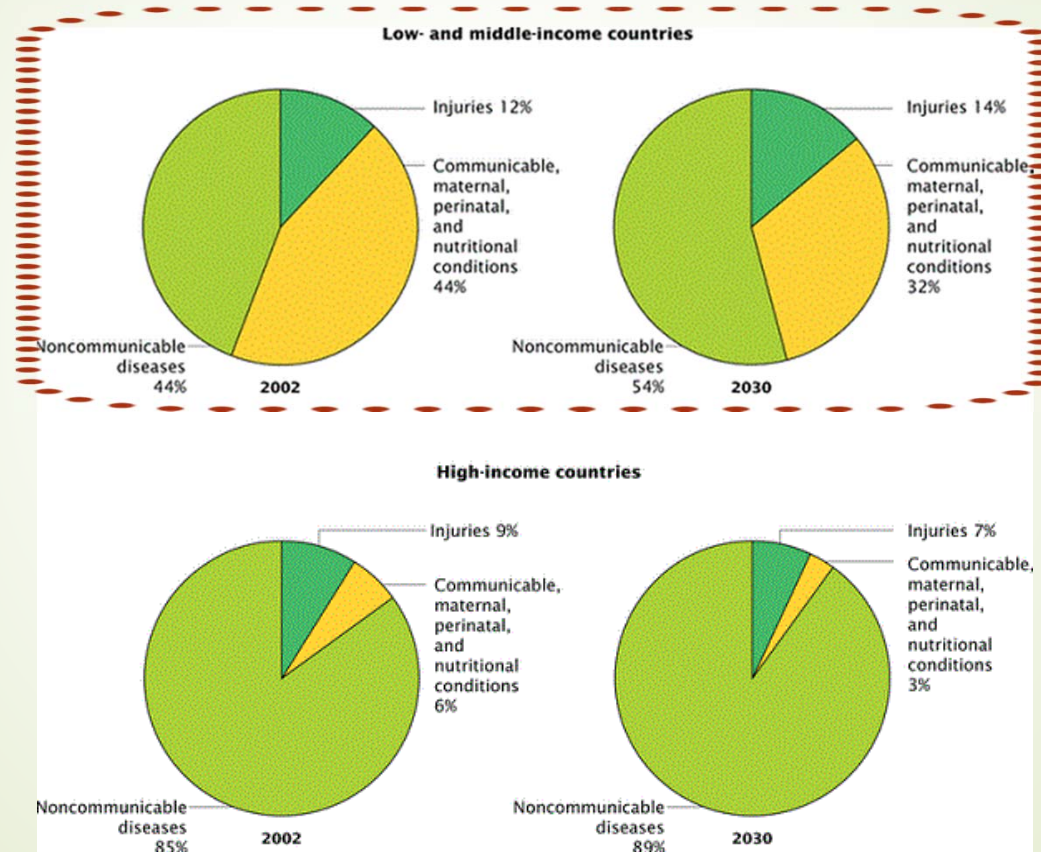
Biodemography of Aging



Epidemiological Transition

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

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



T h e o r y

M e t h o d

S u b s t a n c e

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!