

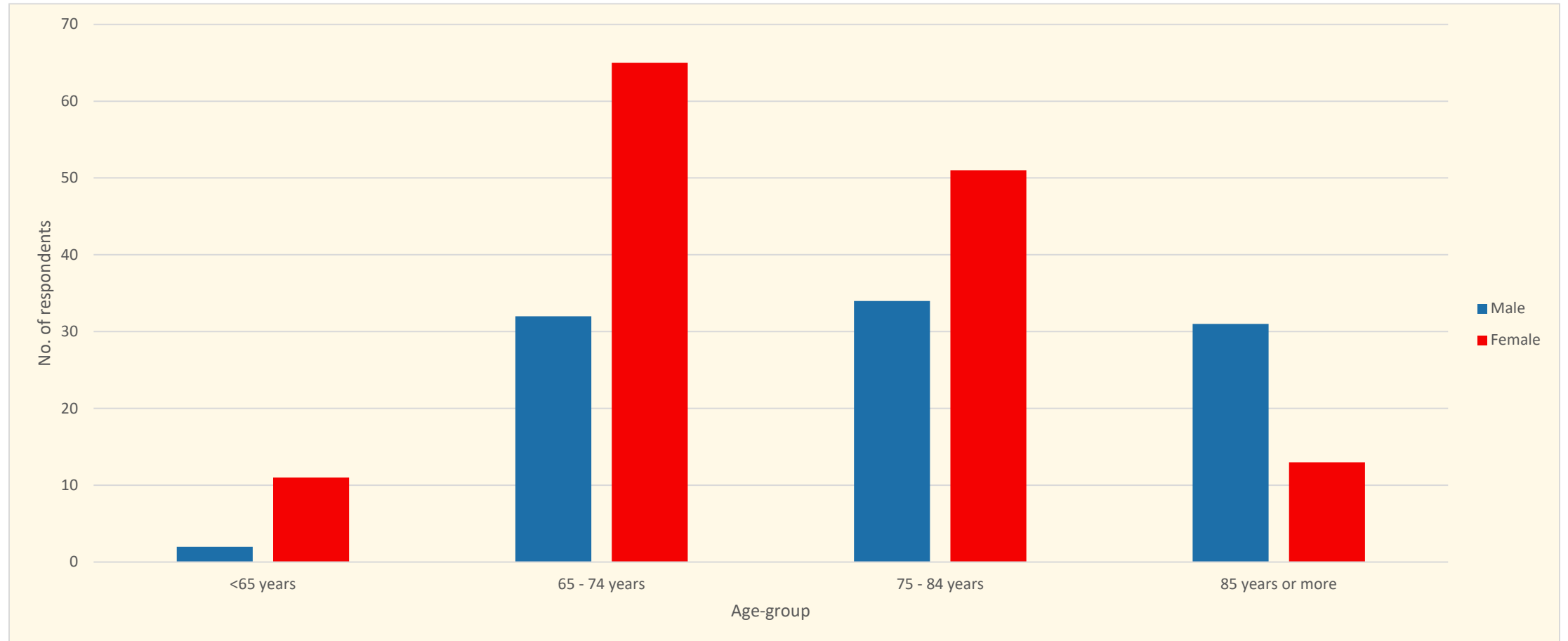
The background of the slide features a large, stylized graphic of a human head in profile, facing right. The head is composed of several concentric, overlapping layers in shades of teal, light green, and yellow, creating a sense of depth and movement. The text is centered within the head's outline.

# PAHO/AFSM Ageing Survey

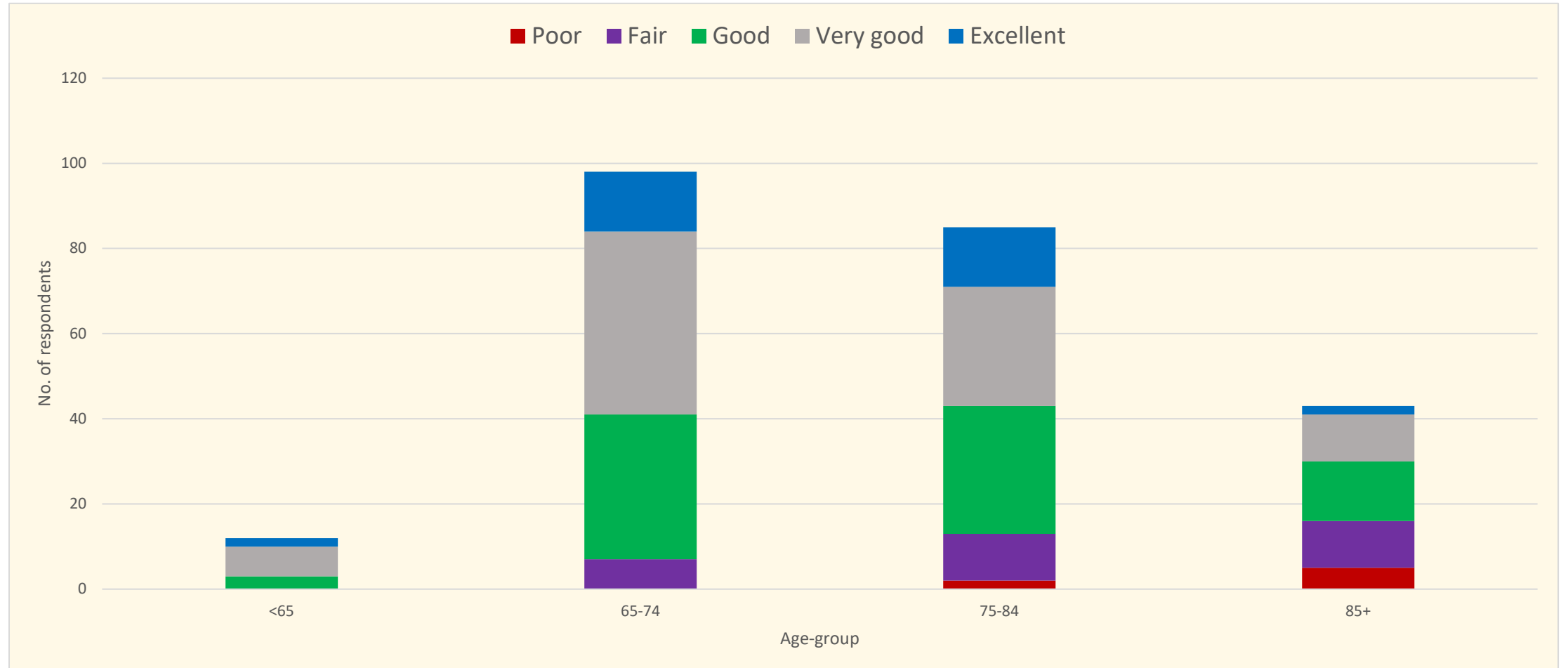
# General description of respondents

- Response rate of 44% (243 replies of 554 questionnaires sent)
- 56% from USA
- 30% from Latin America (mostly Brazil, Colombia and Peru)
- 10% from the English-speaking Caribbean
- The majority live with someone; 29% don't

# Respondents by sex and age-group



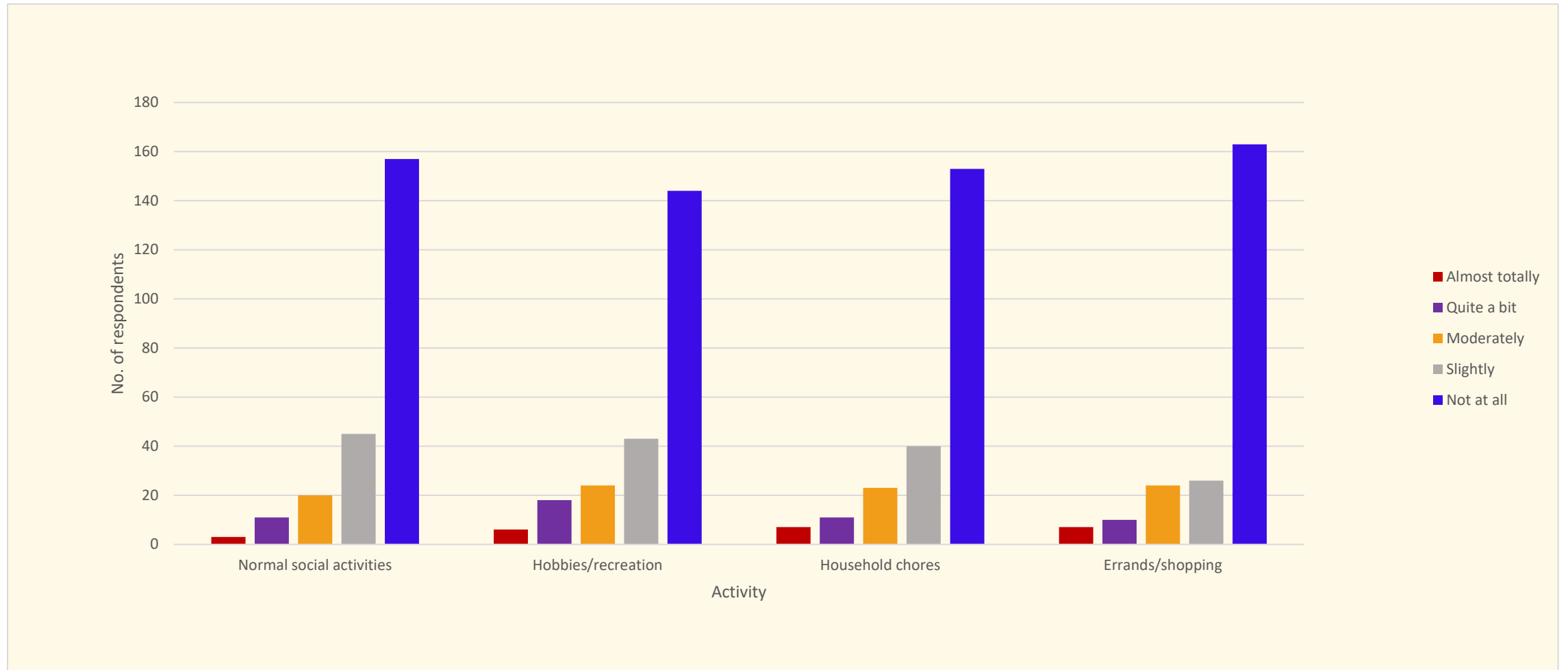
# Health status perception by age-group



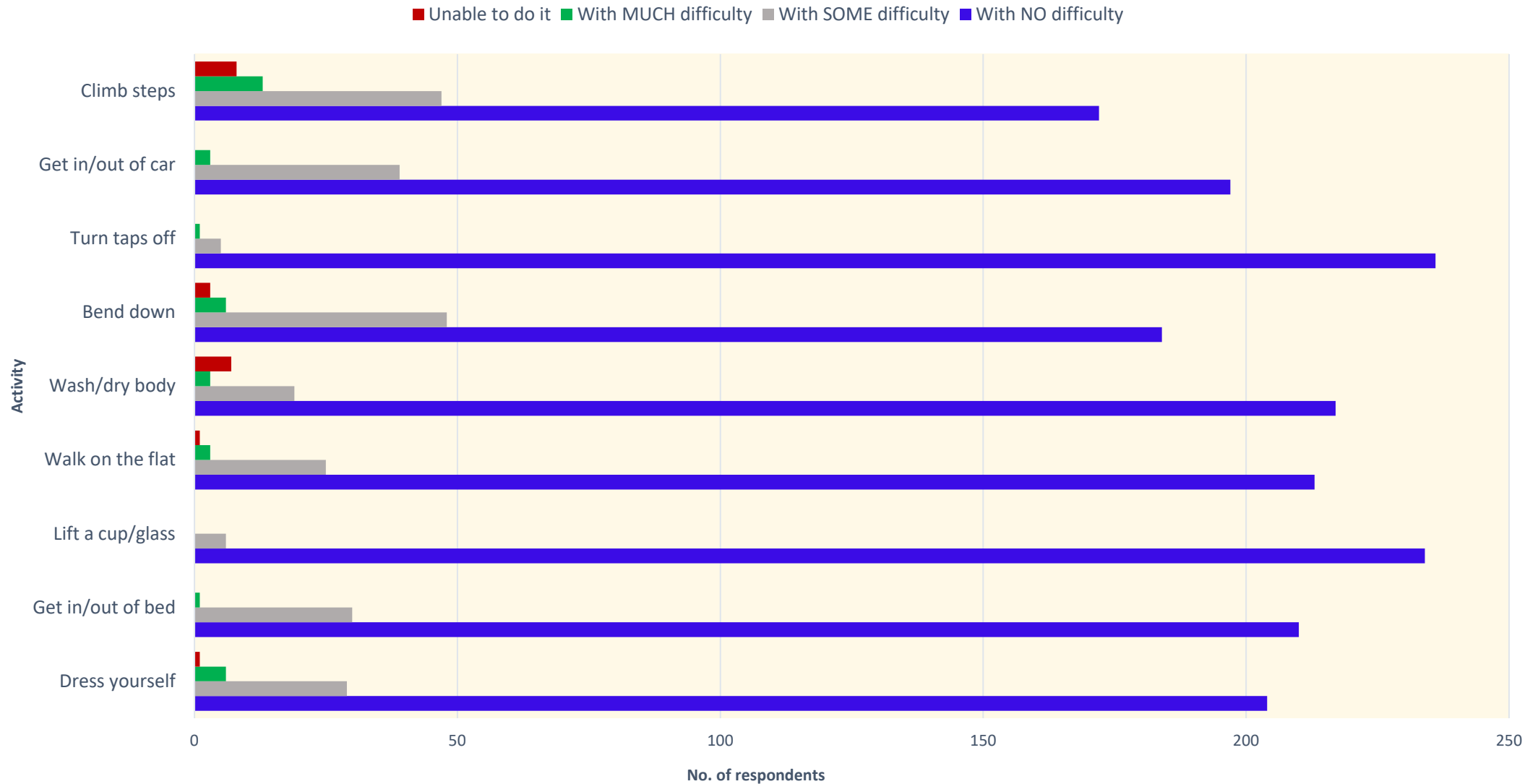
# Respondents by reported health conditions

Condition	No.	%
Arthritis/arthrosis	85	34.98
Cancer incl. survivors	29	11.93
High blood pressure	104	42.80
Heart disease	24	9.88
Kidney disease	9	3.70
Diabetes	33	13.58
COPD/EPOC and asthma	11	4.53
Dementia/Alzheimer's	4	1.64
Depression/Sadness/Anxiety	18	7.41
Obesity	27	11.11
Osteoporosis/osteopenia	13	5.35
Cholesterol	13	5.35

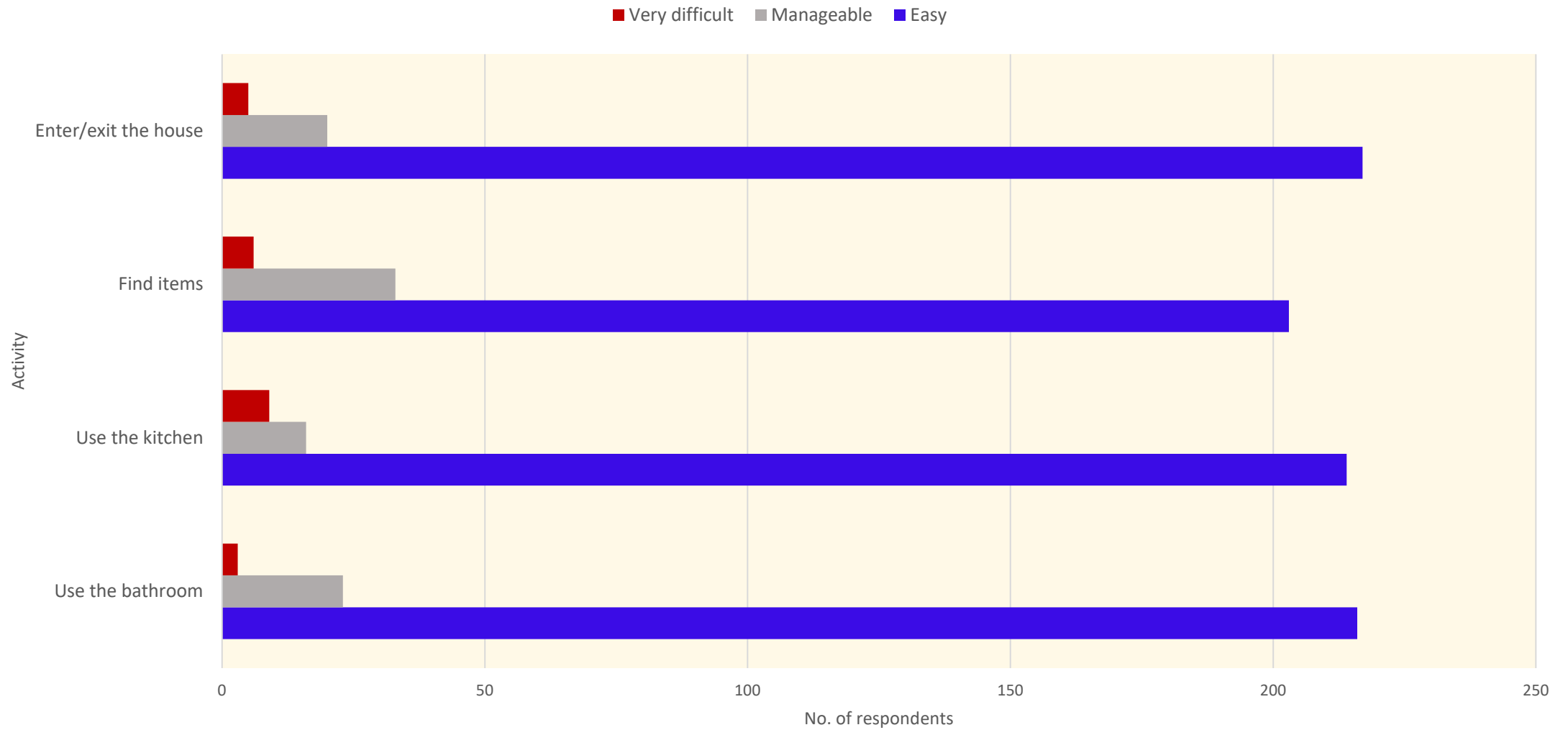
# Health conditions interference by activity



# Difficulty of daily activities

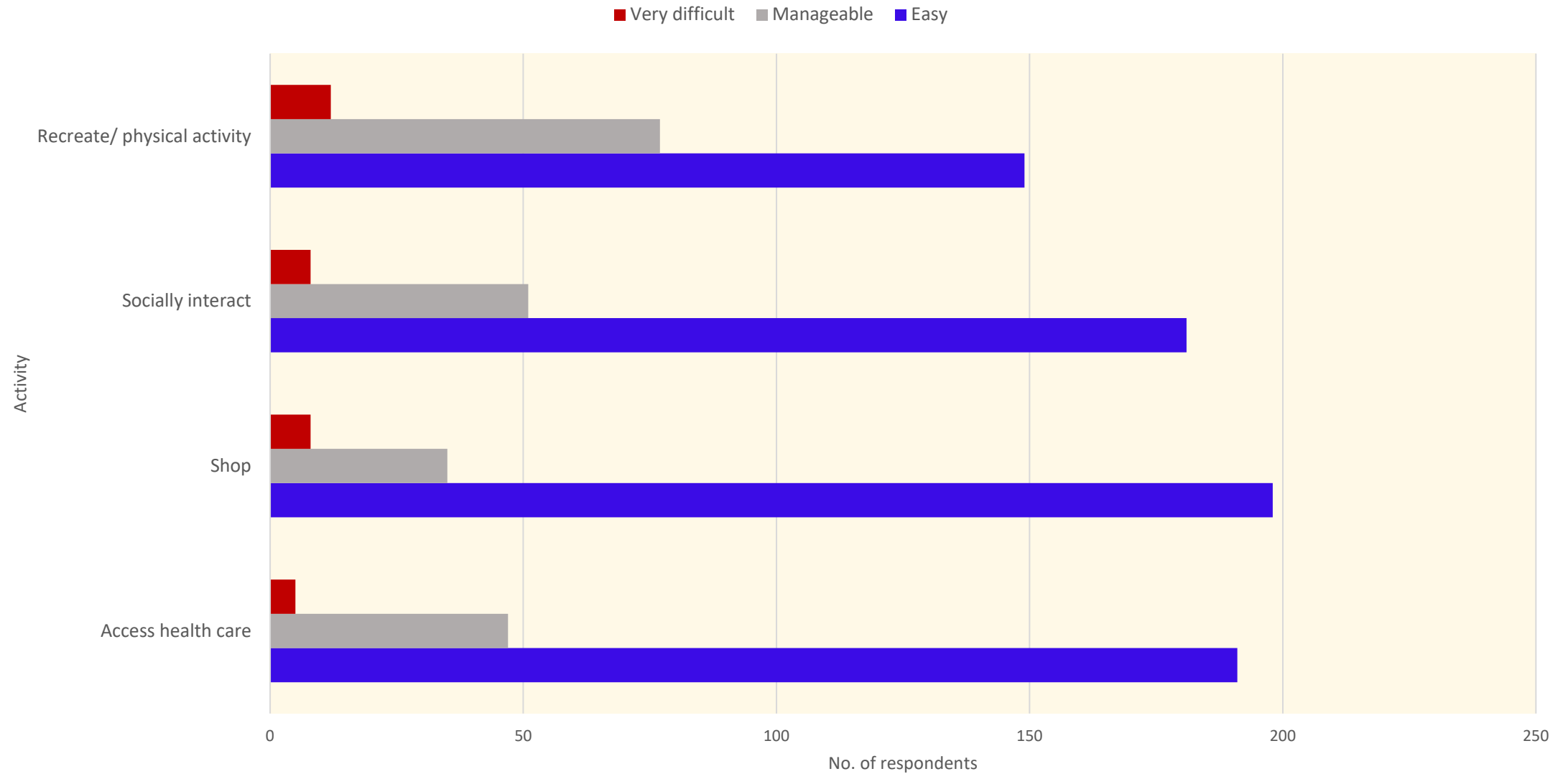


# Ease of home-based activities





# Ease of general activity



# Miscellaneous

- $\frac{3}{4}$  of staff exercise, mainly walking
- Climbing steps and bending down were the most challenging daily activities
- Little more than half of respondents had no care plan should they become incapacitated, even those with perceived poor health and especially those who lived with someone.

# Summary

- Staff members appear in reasonably good health, with access to health services
- Musculo-skeletal conditions affected all age-groups
- Compromised ability to navigate physical and social environment
- Trifecta of hypertension, diabetes and heart disease, with attendant depression, increased with age
  
- Caveat – representativeness of respondents not verified; hence the degree of ill-health could be under-reported.

# Next steps

- Need interventions that would stave the onset or mitigate the consequences of these conditions
- Staff be encouraged to plan for ageing and failing health
- AFSM could facilitate such planning by identifying/developing resources and making them available to members
- Collaborate with retirees of other UN agencies to aid retirees to better cope with the ageing process
- More in-depth study