



**AFSM PAHO/WHO Report  
on the  
AGEING SURVEY**

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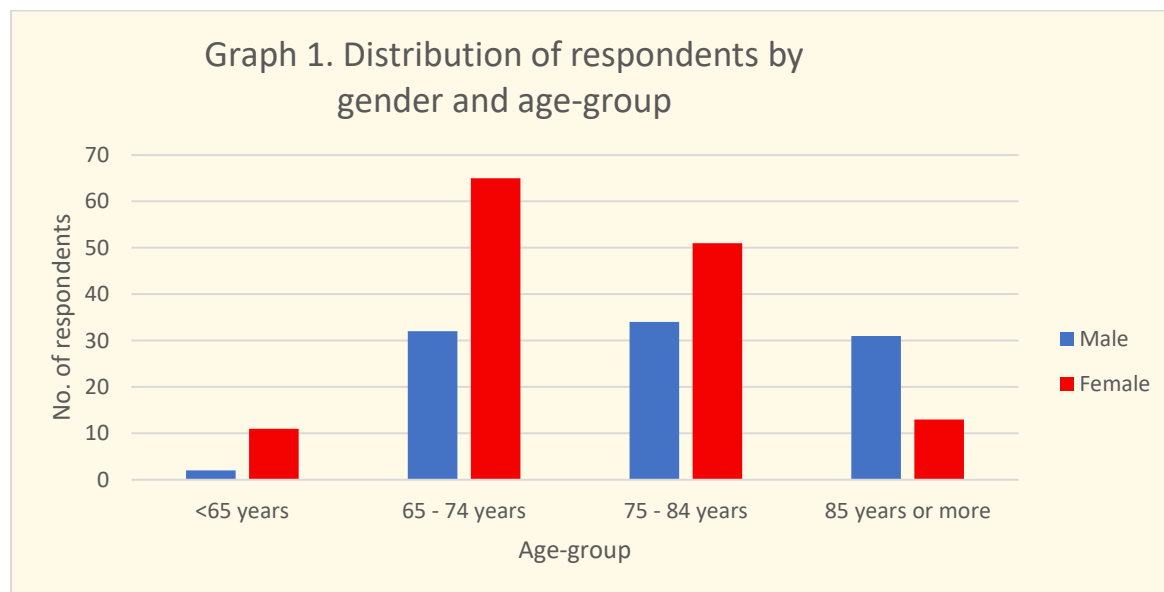
**8 September 2021**

In support of the United Nations Declaration of this Decade of Healthy Ageing, the AFSM PAHO/WHO decided to conduct a Situation Analysis to assess how former PAHO/WHO staff members were ageing with the view to identifying different ways to support this process that affects us all. Since the UN has asked WHO to lead in its implementation, AFSM's participation is to support PAHO with good information and a plan for interventions.

To this end, former staff members were surveyed via a Google Forms questionnaire (**Appendix 1**) which was completed online. The questions sought to determine the extent to which the most common chronic conditions were prevalent among this population and the degree of functionality of its members related to how well they performed normal activities of daily living as they aged.

Of 554 questionnaires sent out, 243 responses were received to yield a response rate of 43.8%. Most responses were from the United States of America (56%), followed by Colombia and Brazil (6% and 5% respectively) (**Table 1.**)

There were more female respondents than male (58% vs. 42%) overall and within all age-groups except for the group aged 85 years or more. This may be a reflection of the pattern of hiring practices rather than of survival (**Graph 1**).



The majority of respondents lived with someone (71%) while a little more than one in four (29%) lived alone.

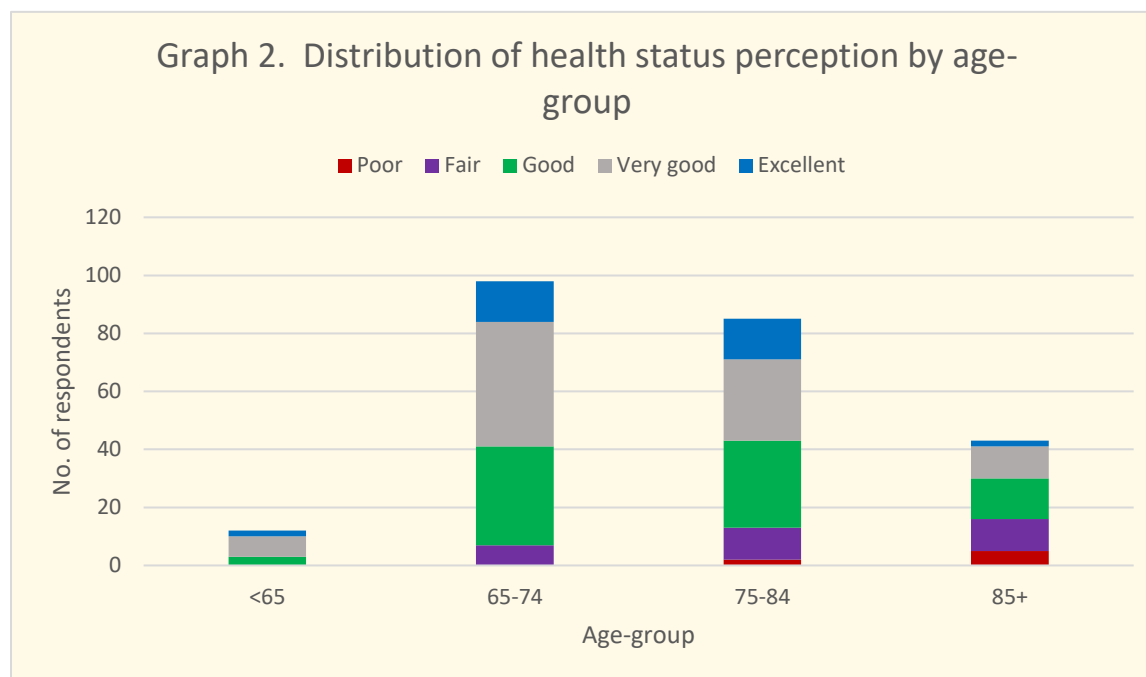
**Table 1. Distribution of responses by country**

<b>Country</b>	<b>#</b>	<b>%</b>
<b>North America</b>	<b>138</b>	
United States of America	136	56.42
Canada	2	0.83
<b>Central America (incl. Dominican Republic)</b>	<b>17</b>	
Dominican Republic	3	1.24
El Salvador	1	0.41
Guatemala	5	2.07
Mexico	4	1.66
Nicaragua	2	0.83
Panama	2	0.83
<b>South America</b>	<b>57</b>	
Argentina	8	3.32
Bolivia	2	0.83
Brazil	12	4.98
Chile	2	0.83
Colombia	14	5.81
Ecuador	4	1.66
Paraguay	1	0.41
Peru	10	4.15
Uruguay	4	1.66
<b>Caribbean (incl. Belize and Guyana)</b>	<b>24</b>	
Antigua and Barbuda	1	0.41
Barbados	2	0.83
Belize	5	2.07
Guyana	1	0.41
Jamaica	2	0.83
Saint Christopher and Nevis	1	0.41
Saint Lucia	1	0.41
The Bahamas	2	0.83
Trinidad and Tobago	9	3.72
<b>Europe</b>	<b>3</b>	
Belgium	1	0.41
France	1	0.41
Spain	1	0.41
<b>Other</b>	<b>2</b>	
Angola	1	0.41
Indonesia	1	0.41
<b>Missing</b>	<b>2</b>	

## Health status

Half of respondents (50%) thought that their health was excellent or very good, just over a third (35%) rated it as good, while 15% considered it fair (12%) or poor (3%). How this changes as former staff members age can be seen in Graph 2 as the percentage of those not in good health increased from 0% among the youngest through 7% and 17% to 37% in the oldest age-group.

Despite this overall perception of good health by the majority of respondents, four of five former staff



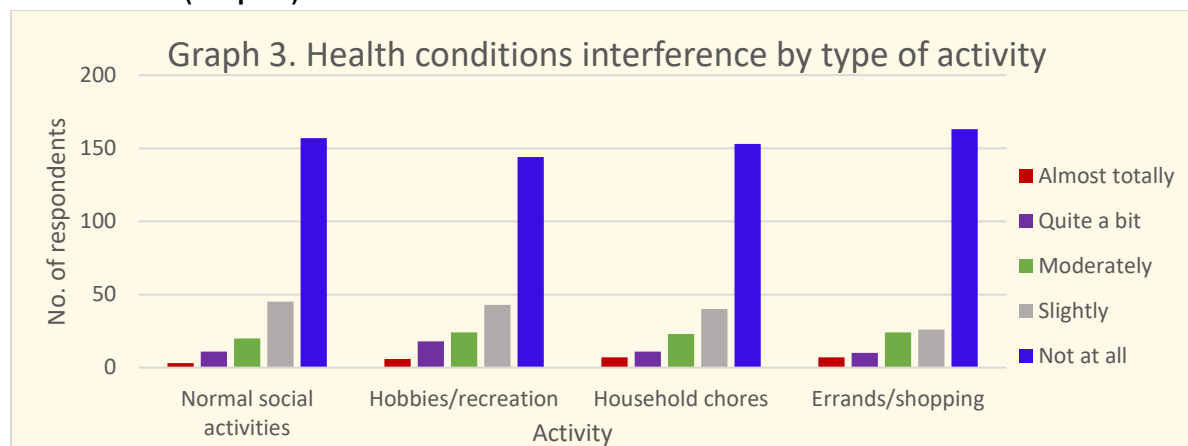
members had at least one of a variety of chronic health conditions with one of those four suffering from three or more conditions. Most prevalent were high blood pressure (43%) and arthritis/arthrosis (35%) (Table 2).

**Table 2. Distribution of 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
Other	61	25.10

Other conditions included elevated cholesterol (13), osteoporosis/osteopenia (13), hypothyroidism (9), other circulatory disorders (7), eye problems including glaucoma and cataracts (7), musculoskeletal disorders ((5), benign prostatic hypertrophy (5). There were 49 persons (20%) with no health issues.

These conditions did not interfere with the ability of the majority (approximately 60%) of respondents to conduct normal social activities, engage in hobbies and recreational activities, perform household chores, and run errands. The number of respondents who were challenged by their health condition to undertake these activities (i.e. moderate, quite a bit or almost total interference)) ranged between 33 and 48 persons, less than 20% (**Graph 3**).



### Exercise

Nearly three-quarters of respondents (73%) exercised for at least 20 minutes per day, three times a week, the exercise being mainly walking or gardening.

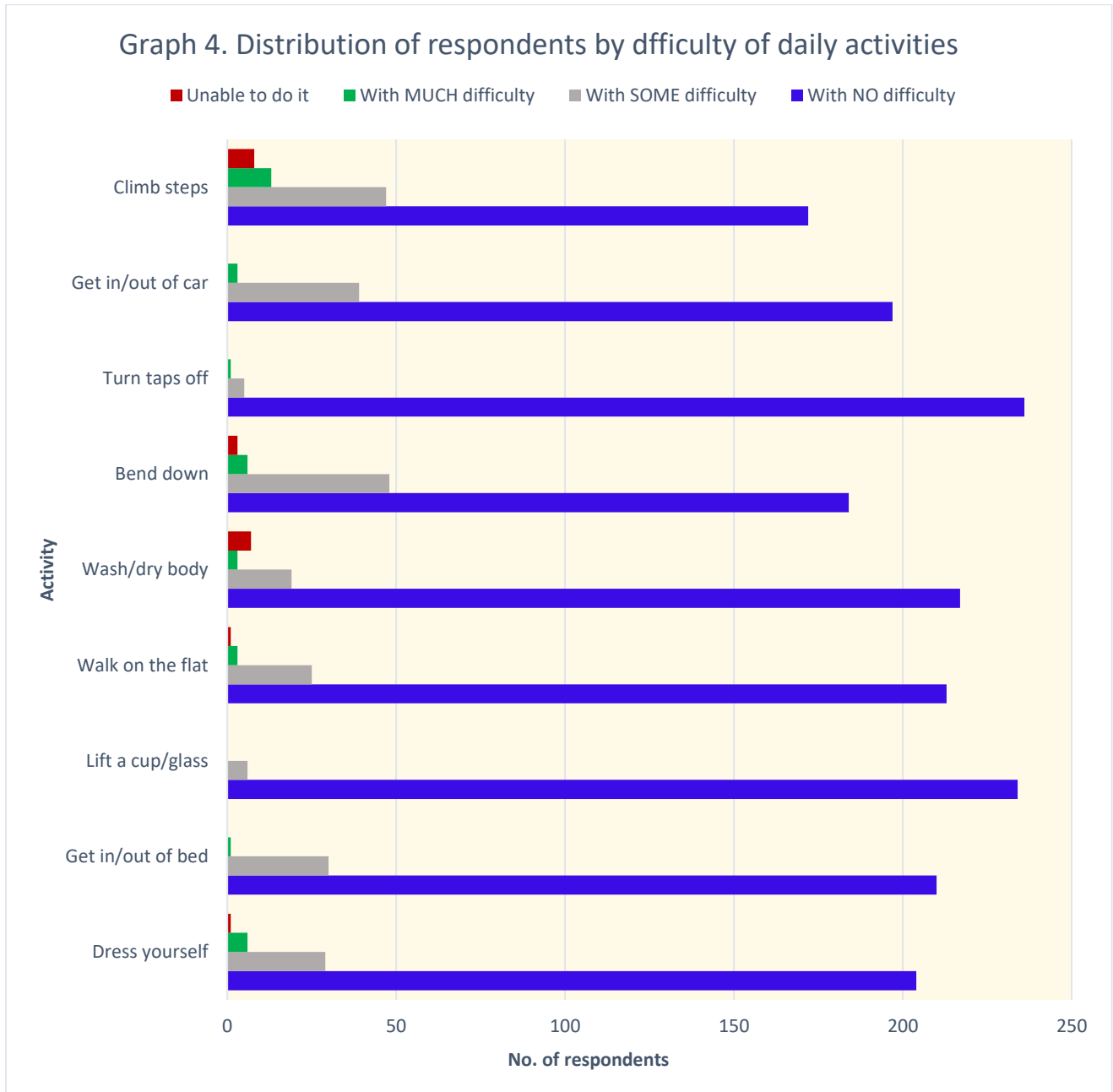
**Table 3. Distribution of respondents by type of exercise**

Activity	No.	%
Walking	94	38.68
Gardening	25	10.29
Exercise (incl. with machines and weights)	15	6.17
Pilates	9	3.70
Gym	8	3.29
Aerobics	7	2.88
Treadmill	6	2.47
Yoga	6	2.47
Swimming	5	2.06
Running/jogging	5	2.06
Housework	5	2.06
Zumba	4	1.65
Dance	4	1.65
Cycling	4	1.65

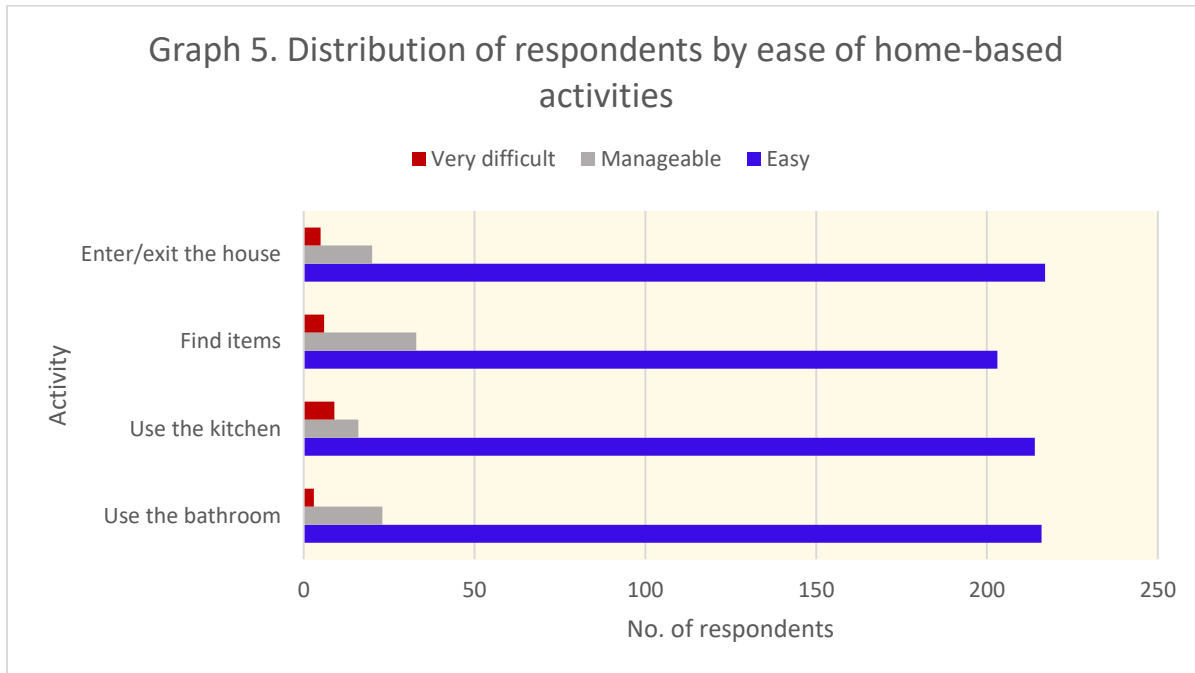
Other activities included golf (3), hiking (3), tennis (2), stair climbing (2), and body-building and Tai Chi, one each.

### Functioning ability

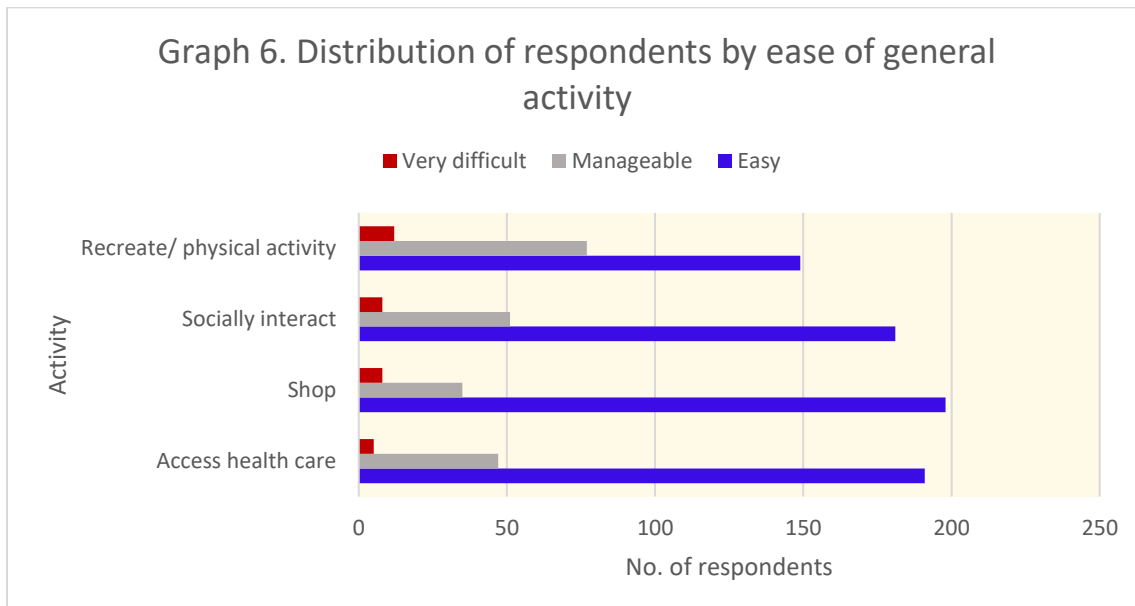
Again, most former staff members could perform everyday living tasks with little or no difficulty (**Graph 4**). Climbing steps and bending down were the daily activities with the least responses for no difficulty while climbing steps and washing/drying the body had the most responses for “unable to do it” (eight and seven respectively). Nearly everyone could turn faucets on and off and could lift a cup or glass.



Few respondents found home-based activities very difficult. The activity which generated the lowest response for ease was finding items and the greatest difficult response was using the kitchen. **(Graph 5)**.



Recreational/physical activity was the most challenging of all general activities while accessing health care and shopping were the least difficult. **(Graph 6)**



Just under half (49%) of respondents had a care plan, should they become incapacitated. Indeed, anecdotally, respondents said that the survey awakened their awareness of this need.

It would appear that at least three-quarters of respondents could perform the basic tasks of daily living with minimal difficulty. For those who did have some difficulty, the activities that posed a challenge (namely bending down, climbing steps, and engaging in physical activity) may well have been related to the prevalence of musculo-skeletal conditions, especially arthritis/arthrosis. One may surmise that the large percentage of respondents engaging in physical activity (73%) – walking, exercising, Zumba, swimming, etc. - has contributed to the finding that despite at least 85 persons complaining of these Musculo-skeletal conditions, only 21 found it very difficult or impossible to climb stairs, apparently the most challenging of all the activities surveyed.

### **Self-perceived failing health**

The 36 respondents (15%) who reported their health as not good, i.e. poor or fair, had several characteristics in common. More than half (56%) suffered from three or more conditions, compared to 20% of all respondents. 58% had high blood pressure, 42% had arthritis, 39% had heart disease, and 33% had diabetes, compared to 43%, 35%, 10% and 14% respectively among all respondents, with arthritis being the only condition similarly distributed in the general respondent population and this sub-population of persons whose health was not good. Most striking was the fact that one-third of all of the reported depression occurred in this sub-population, where one of six were depressed, compared to one in 15 of all former staff members. Nevertheless, many (half) exercised, mainly walking. Ironically, like the entire respondent population, half of these former staff members did not have a care plan.

### **The Elderly (85 years or more)**

There were 43 such respondents, more males than females, and 30% of whom lived alone. As shown earlier, the perception of their health status was poorer than the other age-groups. Nevertheless, nearly two-thirds thought that their health was good or better; 20 (47%) had high blood pressure, 12 (28%) had diabetes, 11 (26%) had heart disease and arthritis, and 8 had cancer. Half engaged in exercise.

For activities of daily living, there were rarely more than two responses of “unable to do it” and four of “with much difficulty”, the exception being climbing steps where there were eight responses of “unable to do it” and five of “with much difficulty”. No more than four persons found it very difficult to manoeuvre their home environment or general environment. Just one person had difficulty accessing health care. Not surprisingly, the persons who found it difficult to perform most of the activities of daily living, suffered from depression. Yet more than 1/3 had no care plan, though they did live with someone. The 1/3 who lived alone, had a care plan should they be incapacitated.

### **Summary**

Although former staff members appear to be in reasonably good health, the study identified a few areas for possible interventions. Musculo-skeletal conditions affected all groups, and with it, the ability to navigate the physical and social environment to varying degrees. The trifecta of high blood pressure, diabetes, and heart disease with attendant depression, increased with age. Interventions that would stave off the onset of these conditions, or at least mitigate their most severe consequences, would certainly improve the lot of former staff members. Finally, just as staff are encouraged to plan for retirement, so too should they be encouraged to plan for ageing and possibly failing health.



Further, it must be acknowledged that this survey was a first step, to gain an overall snapshot of the status of former staff members post separation from the Organization. The response rate was less than 50% of what should have been a census, and there is no knowledge of how representative the survey respondents were of the population of former PAHO/WHO staff members. There may be biases such as the increased likelihood that persons who are less incapacitated would complete the survey. Nevertheless, the survey described the respondent population, suggested some interventions to support PAHO/WHO retirees to better age, and pointed the way forward to some next steps which could include extending the study to other members of the UN family of former staff members as well as a more rigid and in-depth investigation into the issues via a survey of a smaller but representative sample of former staff.

**APPENDIX I – Questionnaire**

**PAHO/AFSM SURVEY ON AGEING**

*The Association is conducting this survey to assess the needs of retirees as they age and formulate interventions. We appreciate your cooperation if you would please click the appropriate box.*

1. Country of residence:
2. Age (years): 1.  Under 65 2.  65 – 74 3.  75 – 84 4.  85 and over
3. Sex: 1.  Male 2.  Female 3.  Other
4. Do you live alone or with someone else? 1.  Alone 2.  Someone else
5. In general, would you say your health is:
  1.  Excellent 2.  Very good 3.  Good 4.  Fair 5.  Poor
6. Has a health professional told you that you have any of the following conditions? *Click all that apply.*

<input type="checkbox"/> Arthritis	<input type="checkbox"/> Cancer	<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Heart disease	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Diabetes
<input type="checkbox"/> COPD	<input type="checkbox"/> Dementia	<input type="checkbox"/> Depression
<input type="checkbox"/> Obesity	<input type="checkbox"/> Other .....	
7. a. **During the past week**, did you engage in any activity for at least 20 minutes that caused you to sweat and increased your heart rate? 1.  Yes 2.  No
  - b. If yes, what was the activity? .....
8. During the past 4 weeks how much has your health interfered with ... (*Circle one*)

	Not at all	Slightly	Moderately	Quite a bit	Almost totally
a. Your normal social activities with family, friends, neighbours or groups?	0	1	2		4
b. Your hobbies or recreational activities?	0	1	2	3	4
c. Your household chores?	0	1	2	3	4
d. Your errands or shopping?	0	1	2	3	4

9.	<b>At this moment, are you able to:</b>	<b>Without ANY difficulty</b>	<b>With SOME difficulty</b>	<b>With MUCH difficulty</b>	<b>UNABLE to do</b>
a.	Dress yourself, including tying Shoelaces and doing buttons?	1	2	3	4
b.	Get in and out of bed?	1	2	3	4
c.	Lift a full cup or glass to your mouth?	1	2	3	4
d.	Walk outdoors on flat ground?	1	2	3	4
e.	Wash and dry your entire body?	1	2	3	4
f.	Bend down to pick up clothing off the floor?	1	2	3	4
g.	Turn faucets on or off?	1	2	3	4
h.	Get in and out of a car?	1	2	3	4
i.	Climb steps?	1	2	3	4

10.	<b>In your home environment, how easy is it to:</b>	<b>Very difficult</b>	<b>Manageable</b>	<b>Easy</b>
a.	Use the bathroom?	1	2	3
b.	Use the kitchen?	1	2	3
c.	See and find things you need?	1	2	3
d.	Enter and exit your home?	1	2	3

11.	<b>Generally, how easy is it for you to:</b>	<b>Very difficult</b>	<b>Manageable</b>	<b>Easy</b>
a.	Access appropriate health care?	1	2	3
b.	Shop for food?	1	2	3
c.	Engage in social interaction?	1	2	3
d.	Engage in recreation and physical activity?	1	2	3

12. If you become unable to care for yourself, do you have a plan for meeting your care needs?

1.  Yes      2.  No

***Thank you for your time and attention.***