

VIII Longevity Forum addresses Covid-19, active ageing, solidarity and public policies

In its eighth edition, the Forum organized by ILC-Brazil benefited from the participation of experts from Brazil and five other countries.

2020 was a difficult year. The Covid-19 pandemic left all sectors of the population on alert. In Brazil alone, until the beginning of December, there were 6.4 million cases with a death toll of 173,000. One group of people was hit the hardest: older people. Considered a risk group, they were especially affected because they had to be isolated at home, apart from their family and their daily activities, including periodical medical visits. And many did not survive the disease. In this year of uncertainties, the International Longevity Forum, organized by the International Longevity Center - Brazil (ILC-BR), with support from Bradesco Seguros, Brazilian Society of Geriatrics and Gerontology (SBGG) and Unibes Cultural, had to point out how this situation affected the older population and to show that one must learn from mistakes, strengthen what was right and move on safely and responsibly. This is why the symposium was named “Ageing 2020, turning the page”.

ILC-BR president, physician Alexandre Kalache, also co-president of the ILC Global Alliance, opened the event addressing the challenges of the year and indicating that one must turn the page, but with caution, to ensure a safer and more active future for the older population. “This was a year all of us would like to leave behind, hoping for a 2021 filled with hope, solidarity and compassion, so that our longevity has a more promising future”, warned Kalache. He also reinforced that the World Health Organization (WHO) had launched the Decade of Healthy Ageing between 2020 and 2030, highlighting the

importance for society to prepare itself to meet the needs of this older population.

“In a short time reality changed us, exposing all our frailties. We must reinforce our health policies, which are absolutely necessary and undervalued. The same goes for the institutionalized older population, which is more vulnerable in the face of Covid-19 and would be neglected the most, were it not for civil society”, stated physician Karla Giacomini, ILC-BR vice-president, who also leads the National Front to Strengthen Long-Term Care Institutions for Older People (FN-ILPI), a civil society movement that emerged during the pandemic with the purpose of supporting these institutions.

For the first time, the Longevity Forum, in its eighth edition, was held online, over four meetings where



Alexandre Kalache, president of ILC - BR, opens the VIII International Longevity Forum

specific and essential matters for older individuals were discussed. The first was “The Decade of Active and Healthy Ageing”. The second focused on “Solidarity, Empathy and Compassion”. The third meeting addressed the “Social Impacts of the Longevity Revolution”, and the fourth looked ahead and discussed “How the Future Will Be”.

1. ACTIVE AND HEALTHY AGEING

The cause of healthy and active ageing is on the agenda not only in Brazil, but worldwide, stated physician Lely Guzman, of the Pan-American Health Organization (PAHO/WHO) office in Brasília (DF). According to her, WHO’s initiative to declare the decade 2020-2030 as the one of Active Ageing is essential to improving the health of the older population and to creating a plan for healthy ageing. Although twenty countries of the Americas have declared they have a policy or strategy in place for the health of older people, one sees that ageing is not a priority in that region. This is why Lely reinforced that we are in a race against time. “The rate of ageing in the Americas is rising much more than the global average. In 2030 we will have a greater number of older people per 100 youths under 15 years of age. In the world, this should occur only in 2055”, she stated. Thus, the importance of preparing the population. “We want our countries to be sensitized to their needs and see that age group not as a problem but as an opportunity”, said the PAHO representative. This initiative is based on four pillars:

- changing the way we think, feel and act about age and ageing;
- ensuring that communities provide activities that enhance older people’s capabilities;
- offering comprehensive care services and primary care suitable to older people;
- providing long-term care access to older people who need them.

In his address, Kalache reinforced that the term “healthy” does not refer to physical health only, but to a broad array of aspects that include mental, social, and financial health. “You must know about ageing, you must be prepared to learn throughout your life, to strengthen social relationships with family and friends, and to plan

your life financially. The sooner you begin, the better”, he explained.

Healthcare systems

Considering that healthcare is one of the pillars of the WHO initiative and the Covid-19 scenario, the Forum pointed out the importance of healthcare systems. International studies have shown that it makes a difference to have a universal healthcare system to face major pandemics, and also for the overall provision of healthcare. For Marilia Louvison, of the São Paulo University School of Public Health, healthy ageing depends on this system. This is why health policies should consider providing services to everyone. “The healthcare system should not consider the treatment of diseases only, but should expand the conception of its role to aim at reducing inequalities”, said Marilia. Therefore, one cannot think about healthy ageing without considering public health policies. According to Marilia, being active or having good health is not an individual matter, because even if the older person has made good choices over his life, he or she must have the opportunities to put them all into action – whether through an age friendly city or a healthcare system capable of supporting a specific demand, as in the Covid-19 case, providing not only a hospital bed or a medical consultation, but the possibility of adequate confinement and access to soap and water for handwashing, and alcohol for sanitization.

However, for a public system to work, there needs to be more financial investment; stronger integration among city, state and federal levels, and regulation of the public-private healthcare system, not in the interest of medicalizing ageing, but of helping to promote strategies consistent with the needs of the public system. One should have a specific focus on the older individual and think about the development of age-friendly cities and public policies, so that people can grow old in the best possible way.

The importance of primary care

Family physician Eberhart Portocarrero-Gross, who works in Rocinha, a favela in Rio de Janeiro, emphasized the importance of a strong primary care system that

meets the needs of older people and is person-centered, in order to forge a relationship of trust and commitment. Primary care is the initial care a patient receives for his medical problems so that they can be resolved quickly, before getting worse and requiring more specialized care. According to Portocarrero-Gross, about 80% to 85% of health problems can be resolved in primary care. In his panel presentation, he highlighted the four essential primary care attributes, particularly concerning older people:

1. **Access:** the patient must have easy access to care. They must be seen promptly and have their complaints resolved without having to go to a hospital or an emergency department.
2. **Comprehensiveness:** the doctor must see the patient as a whole, considering their biological, psychological and social aspects. Their life history, daily habits and beliefs have an influence over the disease and should be considered in the treatment.
3. **Continuity:** primary care presumes that the patient will be followed up over time with the same doctor and the same medical team. This means that the person will be followed by practitioners who know them well and with whom they feel comfortable to share their problems and issues.
4. **System coordination:** is the organization of care for each patient considering their particularities and checking their return visits, if they need further or more specialized care. The system also checks for integration of care, if the patient needs to be seen by more than one specialist, which is common for older people.

2. THE ISSUE OF SOLIDARITY AND EMPATHY

How can we develop solidarity, empathy and compassion after the Covid-19 turmoil older people had to face in 2020? With this provocative question physician Alexandre Kalache opened the second meeting of the 8th International Longevity Forum.

To address this question, he invited Margaret Gillis, ILC-Canada president, to share the experience of that country during the pandemic. For her, even though Canada has set an example in terms of healthcare and is considered one of the best countries in the world to

live in, this is not necessarily true when one considers the care of older people. And with Covid-19, prejudice against older people became even more evident. Older people were placed in separate groups, some were left in hospitals or long-term care facilities; and there were those who did not even have access to medical care. Just to give an idea, until November 2020, 95% of Covid-19 deaths in Canada were of older people.

“Our mortality rate is low compared to other countries, but if we consider only the older population, it doubles”, Margaret said. She explained that many older people died alone, due to dehydration and malnutrition, which are basic care, showing a tremendous lack of compassion and empathy of Canada for its older people. This shameful situation, as ILC-Canada has qualified it, indicates the need of a human rights response for these people and the end of age discrimination. In this regard, according to her, the UN needs to work toward a global Convention to protect the rights of older people, as it is an opportunity to build a more compassionate and protective world for this population.

For Kalache, the experience the Canadian speaker shared indicates that even in countries with high quality of life, Covid-19 showed that the more vulnerable persons are the ones that are hurt the most. “We have to learn the lessons because this will not be the last pandemic. There will be others and we must be prepared to deal with people with more empathy and solidarity”, he warned. In turn, psychologist Laura Machado, HelpAge International Board member, highlighted the importance of discussing the rights of older people and give voice to this group. “The pandemic shed light on the fact that age discrimination is still a grave problem and reinforced the fact that older people are the most vulnerable population. What has become clear is the post-pandemic world will be more egalitarian for the older people if there is more solidarity, empathy and compassion”, said Laura.

Ageing inequalities and race

In addition to age discrimination, the second meeting also addressed racial discrimination and inequalities in ageing. The panel was chaired by Professor Alexandre da Silva, Ph.D. in public health from the São Paulo University (USP), who reinforced the importance

of talking about this issue, and then thinking about possibilities of solidarity. Although they are considered a minority, the older black population is not a small or unrepresented group. According to him, more than half of the Brazilian older people are black, despite the difficulties they have to survive, which include racism and also other structural problems, such as social, financial and physical vulnerabilities and different kinds of violence. “Racism affects black people even before they are born – the prenatal care of black women is already different. In childhood and adolescence, they are subjected to different types of rejection, such as esthetic, have less possibilities of education and leisure or are frisked by the police with violence. One sees the consequence of their life journey, and how the lack of formal education and the conditions they have lived have affected their lives”, Silva explained.

In times of Covid-19, this inequality became even more evident. According to the Pontifical University of Rio de Janeiro (PUC-Rio)’s Core Department of Health Operations and Intelligence (NOIS), mortality from the disease is higher among black and brown persons of all age groups. For Professor Silva, this is also the consequence of socioeconomic conditions and structural racism, which is revealed by the lack of respect and by the neglect in dealing with racism and its consequences, by the poor access to quality policies and scarcity of resources, among other factors.

To exercise solidarity and increase empathy for this group means to provide the conditions for them to have a better life, have more learning opportunities, better access to the health system, more social and leisure activities targeted to the older black population. “One positive feature one can mention is a stronger social cohesion where they live, with NGOs and communities that help shield and protect these people”, Silva said.

3. SOCIAL IMPACT OF THE LONGEVITY REVOLUTION

Life expectancy in Brazil increased significantly over the last decades, rising from 43 years for men and 48 years for women in 1940 to 73 years and 80 years respectively in 2019, according to data from the Brazilian Institute of Geography and Statistics (IBGE). Such an increase changes society and forces authorities and society to think about the importance of active ageing. It is no longer

possible to consider retirement as the ending of life. It is currently another stage that still imposes responsibilities for the older person, including supporting the family.

This is the landscape against which the third meeting of the VIII International Longevity Forum discussed the social impacts of longevity and how society must be prepared to embrace – with health, knowledge, right to participate in society, and safety – the older individuals. “For that, we must focus on the economic aspects, life-long learning and working opportunities”, Kalache explained.

Ana Amélia Camarano, of the Institute for Applied Economic Research (IPEA) and member of the ILC-BR board, showed the economic importance of older people for Brazilian families. According to IBGE’s National Household Sample Survey (Pnad), 35% of Brazilian households have an older person living with the family. And more, among the non-older individuals – people between 21 and 60 years of age –, more than half did not work. The survey also revealed another important piece of data: in households with older people, older persons contribute almost 71% of the family budget, mainly from social welfare payments, either a retirement pension or another sort of financial benefit given by the government. In the face of the pandemic, this scenario took a turn for the worse, because 600,000 older individuals had to leave their occupational activities, and 605,000 more lost their jobs. In addition to the loss of income, one must also consider the deaths of older people from Covid-19; all of this left the families financially helpless, causing a tremendous economic impact. Kalache commented that older people do not want to live with their family but close to their family. Until some decades ago, the option of sharing a home with children and grandchildren was only considered if the older person could not remain autonomous. Today it is the other way around. The families need the older person to live in the same home and help with the expenses.

Furthermore, as addressed at the two first meetings, the pandemic has increased age discrimination. In some countries, older people were forbidden to go out on the streets, which may have harmed mental health and made pre-existing conditions worse. “The pandemic showed the importance of Social Security policies, the need of social inclusion of older people and of a national policy on care”, emphasized Ana Amélia.

But if the older person is the family breadwinner, there should be jobs in the market for them, they should have the conditions to work and remain active. The problem is that ageism is the norm in Human Resources departments, that consider people over 50 too old for a job. According to Mórri Litvak, founder of Maturi, a work-opportunity platform for mature people and that also train older people who want to have their business, only 3% of people in that age-group are employed. He warns that companies want to have younger professionals, particularly when taking into account the digital transformation, and reject the more mature individuals, believing they cannot catch up with the new developments. But this is a wrong perception. “We worked with companies to raise awareness of the social and strategic importance of having age diversity at the workplace. Companies are now for gender and race diversity and LGBTs, but the problem is that such diverse people are of the same age. It is essential to be intergenerational”, Morris emphasized. This means the age issue is overlooked in the corporate world.

Once companies are open to older people, integrating four or more generations in the same workplace – something that is already taking place and it is unparalleled in history –, they will gain tremendously. Firstly, because the company will be able to better reach consumers or clients over 50 years, which, in Brazil, comprise more than 50 million people. Secondly, because older people add value to the company with commitment, less turnover (because professionals of that age group are not interested in constant job-changing), responsibility, and quality work. “Why does a manager only want to hire a professional no older than 35 years? We must eradicate the myths that form age discrimination, such as portraying older people as stubborn, technologically outdated, lacking in nimbleness or too expensive for the company. It is not age that defines these characteristics, this has to do with the individual”, stated the founder of Maturi. To conclude, he warned: “To end age discrimination is a responsibility that falls on all of us, particularly the labor market. If we are living longer, we have to work more and have more jobs”.

Lifelong Learning

On the other hand, the older person must be prepared for continuing learning, either to get a job or to do business as entrepreneurs. “The older person must be qualified, retrained, whatever their field of activity. Although the Older Persons Protection Law of Brazil ensures the right of older individuals to work, if they do not continue learning, they will be jobless. We must think of public policies that allow the older population to recreate themselves”, Litvak added.

In turn, Daniele Vieira, of the Federal University of Pernambuco (UFPE), recalled that lifelong learning has been the subject of discussions by international bodies, and that it is one of the pillars of active ageing. “When one talks about this type of learning, one must forget the logic of the past, the classroom model, when the person went to school, then to the university, got a job and retired. The future shows that there will be many interspersed activities. The person works, studies, then has a different job, takes a different course. They are always immersed in some type of learning, at any stage of life”, taught Daniele.

What is missing, however, is the lack of engagement of older people in lifelong learning. According to Professor Vieira, there are many learning policies targeting young adults who do not have a degree, or people who want to develop themselves professionally or who are unemployed or immigrants, but no one targets people over 50 years. The two sides of the coin are the lack of learning opportunities and the lack of will of older people for an ongoing education. “The thing with learning is that it involves not only the professional aspect, but other aspects that help improve the older individual’s quality of life, such as raising awareness on issues such as healthcare, prevention, rights, safety”, said Daniele. For her, older individuals should be the target of activities that foster active learning. Once again, one goes back to diversity. “When we think about vulnerable groups, what comes to mind are children in at risk situations, immigrants, ethnic groups, those who are digitally excluded, and others. But how about the older people? They must also be included, as well”, she emphasized.

4. HOW THE FUTURE WILL BE?

After addressing the importance of solidarity regarding older individuals, of the social aspects of longevity, and of

healthy and active ageing, the focus of the fourth meeting of the VIII International Longevity Forum was the future. How it will be? How to prepare society to care for the older individual? How to deal with intergenerational solidarity? How to address culture and social aspects? These were some of the issues raised.

“We have a focus on education to longevity, because we believe it will be instrumental to change the future”, said Michelle Queiroz Coelho, of the Rede Solidariedade, in Belo Horizonte (MG), and ILC-BR’s director of institutional development. This is why ILC-BR developed a training model to prepare people and companies to face the longevity revolution. There are four pillars that support it: health, lifelong learning, active participation, care and protection. “We do not want just to live longer; we want to live better. Thus, we have to think about the present to prepare for the future”, said Kalache.

Intergenerational relationship

In the discussion on education for longevity, Alanna Armitage, chair of the United Nations Population Fund (UNFPA) at Istanbul, Turkey, gave an address on intergenerational solidarity. This term is defined by the UN as social cohesion between generations – how people of different ages can relate to one another and how one does depend on the other in society. What happens is the conflict between generations is still too evident, and a good relationship depends on an understanding of all parties. Alana Officer, senior technical advisor of WHO’s Ageing and Health Program, underscored the

negative perspectives that exist in the intergenerational relationship, and that both parties, the young and the old, must look at one another differently for it to improve.

But there is some good news. Based on good examples that occurred during the pandemic, Alanna Armitage believes that changes will occur to eliminate the stereotypes around intergenerationality. “We have seen young people mobilizing themselves in many countries to break the isolation of older people; they spent time with them, helped them in their daily chores. Many older persons benefitted from these initiatives. And we see in them an opportunity to display solidarity among generations and to disseminate this message around the world”, said Alanna. These actions, although they are regional, help prepare society for the future, when intergenerational problems will no longer exist. “The pandemic had a very important role showing the best way to support older people and that different generations can help one another”, stated the speaker.

Age-friendly ecosystem

The creation of a system that protects older people was the theme addressed by American researcher Terry Fulmer, CEO of the John Hartford Foundation, of New York, USA. She explained how the age-friendly system works in her country and also how JHF works to implement similar longevity-focused actions in other countries.

She explained that the Foundation targets three priority areas, health, family and end of life – the latter being an

CULTURE AS A SOCIAL DIMENSION FOR THE OLDER PERSON

Knowledge acquisition and continuing education are different aspects of learning. One does not learn in the classroom, but with non-formal experiences as well. Culture is an important means of knowledge acquisition in the healthy ageing process. “Knowledge is the most valuable human capital in contemporary society; this is proved by the dissemination of contents over digital media during the pandemic”, said Bruno Assami, Uibes Cultural’s executive director.

Even so, the segment of culture is disproportional to the need. Less than 18% of Brazilian cities have a bookstore; 36% of the population live in a city

without a museum – not even to tell the story of the city itself –, 31% of the cities have no theaters; 40% have no movies; 19% have no radio station, and 15% have no internet provider. Therefore, there is a long way ahead. “It is interesting to see these indicators and think about the challenges society faces”, Assami warns.

In addition to contribute to knowledge acquisition, the cultural sector plays an important role for the older individual, being an entry gate for their insertion in the labor market. According to Assami, 11% of people who work in the creative industry are over 60 years.

issue that one should receive more attention, globally, – which for an age-friendly ecosystem, a social movement that is concerned with the care of older people. In her point of view, this ecosystem is necessary for the older person to be looked at with a consideration on prevention; the focus is not on the disease, but in one's quality of life. This is why it is based on four aspects: what actually matters to the older person, medication, mobility and mental activity. In addition, the age-friendly ecosystem strengthens solidarity and empathy actions, which benefits not only the older persons, but society at large.

The implementation of this model is complex and challenging, albeit important. “The ecosystem must operate as a whole. It is of no use saying that ours is an age-friendly city if its health system is not. Public policies must be on the same page, “speak the same language”, she underscored. To this end, different actions have been taken over the years by organizations such as WHO and the John Hartford Foundation, in order to prepare the countries to set up such a system. She informed that more than 40 countries, Brazil included, are taking part of the discussions to have a system in place.

Fighting ageism

One think about age-friendly ecosystem if ageism is still strong in society. To address this topic, Alana Officer, from OMS, chaired the panel “Ageism, the Last Major Taboo”. She explained that age, together with gender and race, is the feature people notice the most when they meet someone else. This is negative because it creates a group category and increases prejudice (what one feels), stereotypes (what one thinks) and discrimination (how does one act). If, on one hand, the pandemic has shown good examples of solidarity between generations, on the other it revealed that the prejudice against older people – which has been hidden for a long time – is socially accepted. “There are no public policies for this group. We went in the opposite way of what is considered the right thing to do, which is to allocate resources for those who need the most. This did not happen during the pandemic”, she punctuated.

Thus, one can perceive the prejudice is increasing. Alana Officer proposed that society unites to fight it. “We must change it over the next decade”, she challenged. She recalled that, at the end of 2021, WHO is to release a

global report with guidelines to end ageism. “I encourage that everyone has access to it, read it and work together to improve our society for the next years”, said the WHO advisor. For Silvia Perel-Levin, representative of the ILC Global Alliance's Committee of NGOs on Ageing, governments should develop legislation to fight ageism so that it can be rapidly eradicated.

To close the VIII International Longevity Forum, Gabrielle Kelly, from the Wellbeing and Resilience Centre of Adelaide, Australia, was invited to speak on the importance of resilience in the face of all we went through in 2020. She explained that people can improve over time, but that depends on each one to be willing to change and fight for a future they believe is best. “I prefer to say that we are at a time of resilience, and it is now that we will define how the coming years will be. Covid-19 has damaged human capital on a global level. We had deaths, suicides, mental illnesses, domestic abuse, financial problems, unemployment, bankruptcies, youths with no classes, stagnant careers, making the future even more uncertain than it was previously”, said the expert.

She believes the answer lies in the social context. “We must enjoy our time at home to think about what has been done in the past and that will not work in the future. It is a tremendous opportunity for leaders to take measures that will be scaled up and will rapidly impact life post-Covid.” In order to escape from the turmoil of problems, Gabrielle believes the best way is for one to develop resilience. “We must be grateful, strong and sympathetic, as that will help us overcome the discomforts and problems caused by the pandemic”, she concluded.

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