

**George A. O. Alleyne**  
**Director, PAHO ·**  
**7 June 2000**

---

**MESSAGE TO THE CONFERENCE ON RURAL AGING**  
**(Charleston, West Virginia) \*\***

---

First, let me offer my regrets and sincere apologies for not being with you in this important Conference, but the exigencies of my position, and the responsibilities that I must discharge elsewhere, made it physically impossible. I look forward to seeing the proceedings and I am sure that Dr. Martha Peláez will be a most able representative of the Pan American Health Organization.

I had particularly wished to be with you because the topic you are addressing brings to the fore one of the major social issues of our time. It is well known that as a result of improved economic and social conditions and the appropriate application of technology, life expectancy is increasing in most countries of the world. There are more older adults. It is clear to us that this is an issue of universal concern and must enter the calculus of both the developed and the developing countries. But within the developed countries themselves there are significant differences and you know only too well that averages for the USA do not reflect the reality in every State. Many of the problems you face in terms of the health and social conditions of the older adult are familiar to those who make policy in the developing countries of the Americas.

The older populations in resource poor countries are at a disadvantage. When we examine the health of the elderly population, and that is our main area of focus in the Pan American Health Organization, we see immediately the predominance of the chronic diseases whose treatment is almost by definition expensive and prolonged. Thus the elderly in resource poor countries or areas of countries are at a disadvantage in terms of access to the expensive services they need.

But in the context of this Conference there is yet another consideration. The rural areas in general have less access to the kinds of services that are available in the urban areas. Thus the aging population in rural poor situations are likely to be doubly disadvantaged. They suffer because they are poor and old, and also because they live in rural areas.

---

**\* Pan American Health Organization, Pan American Sanitary Bureau, Regional Office for the Americas of the World Health Organization.**

**\*\* Presented by Dr. Martha Peláez at the International Conference on Rural Aging (ICRA-2000) on behalf of Dr. George Alleyne. Charleston, West Virginia, 7-11 June 2000.**

But this fact should not obscure that there are appropriate measures to be taken—at least in relation to health. The health sector cannot assume responsibility for the geographical or economic situation, but there are measures that can be taken to improve or maintain the health of the older adult. There are many aspects of healthy living that can be adopted in any setting. The avoidance of health damaging behavior such as smoking or excessive use of alcohol are applicable anywhere. Some of the strategies of health promotion that should be applied from an early age are relevant everywhere. There is some indication that the community spirit and participation that are crucial to health promotion may find better expression in rural areas, and you certainly have the capacity to influence policy. The value of the older adult in terms of transmission of the cultural norms of the society is as crucial here as in any urban setting.

I hope the Conference will focus on some of these issues and through debate arrive at some ideas of possible solutions that are feasible. Again, please accept my apologies and I wish you a very successful Conference.

George A.O. Alleyne