

## **The Challenge of Aging Societies**

*United States-Israel cooperation in health was celebrated at the Fourth Binational Symposium, The Challenge of Aging Societies, held at the National Institutes of Health in Bethesda, MD, November 15-17, 1987. These meetings were held to exchange health information, strengthen links between the scientific communities of both countries, and identify opportunities for collaboration. Sponsoring the conference were the Ministry of Health of Israel, the Office of International Health of the U.S. Department of Health and Human Services, and the National Institute on Aging of the U.S. Public Health Service.*

*Six plenary session papers and summaries of the five workshops held at the Symposium appear in this issue of Public Health Reports. The conference participants are listed below.*

### **Participants in the Fourth Binational Symposium:**

#### **The Challenge of Aging Societies—United States-Israel Cooperation in Health**

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## Epidemiology and Services for the Aged

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"THE CHALLENGE OF APPLYING epidemiological methods to the study of aging is a far more difficult one than applying them to a disease," wrote Adrian Ostfeld after the pioneer research conference on the Epidemiology of Aging, 15 years ago (1). His words have proved to be prophetic, but he could point to some progress, mainly from cross sectional studies, at the second conference 5 years later (2). By 1983, the WHO Scientific Group on the Epidemiology of Aging (3) was able to cite many contributions of epidemiology to the care of the elderly, with most of these having been made by clinicians and service providers rather than professional epidemiologists. The momentum has continued, and the most recent review of geriatric epidemiology (4) encompassed more than 450 recent references on demographic trends and causes of mortality, morbidity, and disability in the elderly. The implications of these studies for policy are many and varied but there are, as yet, no data from intervention trials that would enable us to base operational decisions on a firm scientific footing.

As Ostfeld envisaged, one of the major stumbling blocks for epidemiologists is the absence of

clear definitions of outcome. We are used to teasing out the effects of antecedents and risk factors, as well as of intervention, on precise events, such as incidence of disease or mortality from a specific cause. In this age of new medical technology and our concern for quality of life, age at death is a problematic end point for epidemiologic studies, while the ascribed cause of death in old age is frequently obscure. The proposal that maintenance of individual autonomy is the desirable goal of the health and social services (3) is an attractive one, and the loss of that autonomy could serve as an end point for epidemiologic studies (5,6).

Unfortunately, operationalization of this concept has so far proved a daunting task (7,8). Other end points, such as the individual's breakdown in the community and the need for admission to an institution, have been used by British clinicians (9), but the usefulness of these milestones is very much a function of the philosophy and organization of the health care system (10). For the present, we shall have to use proxy measures such as those of the activities of daily living (ADL) and the expected years of active life for the optimal end point (11).

### How to Measure Needs

The needs of the elderly and of those who plan services for them cannot, however, wait for the methodological breakthrough, and planners have used the tools that are available. Like the man in Molière's play, "Le Bourgeois Gentilhomme," who