



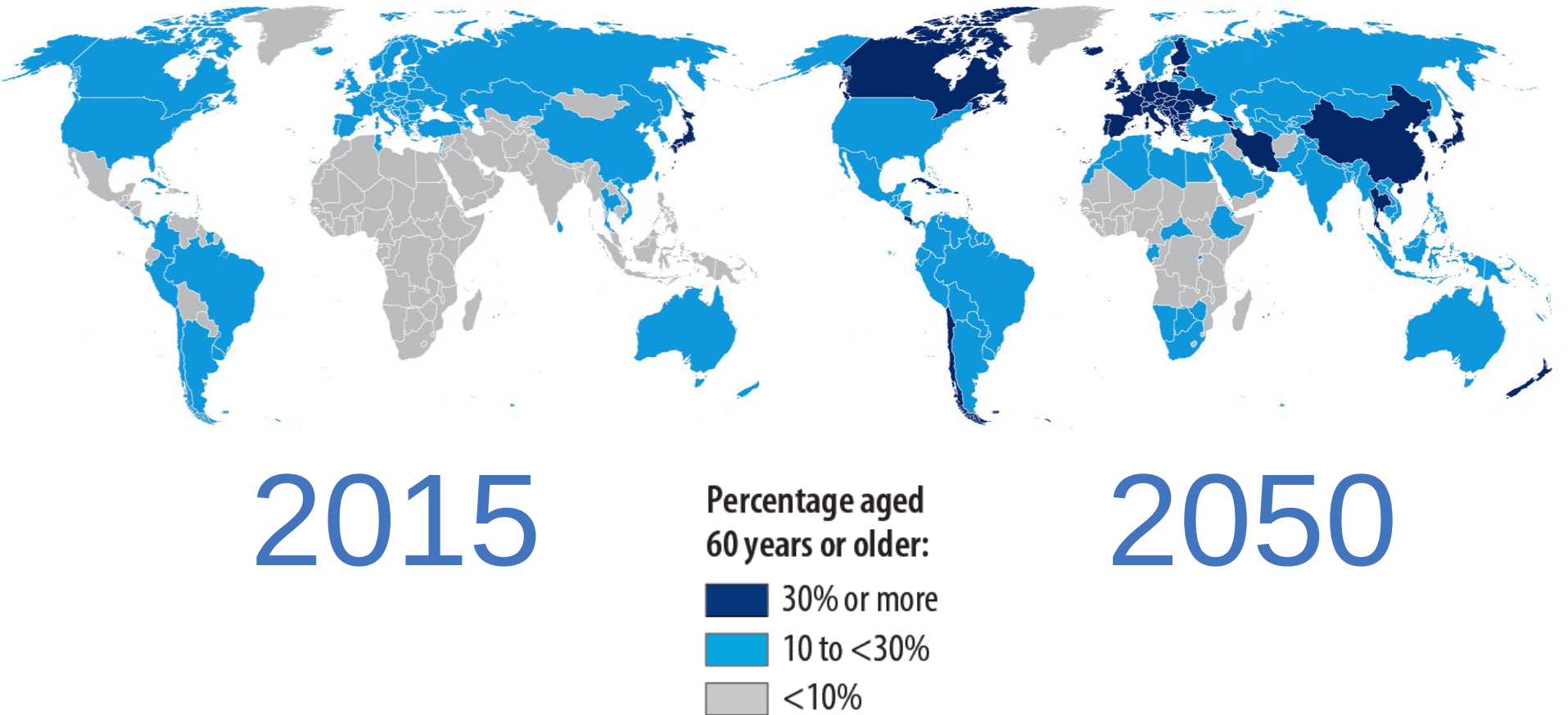
WORLD
REPORT
ON
**AGEING
AND
HEALTH**

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World Report on Ageing and Health

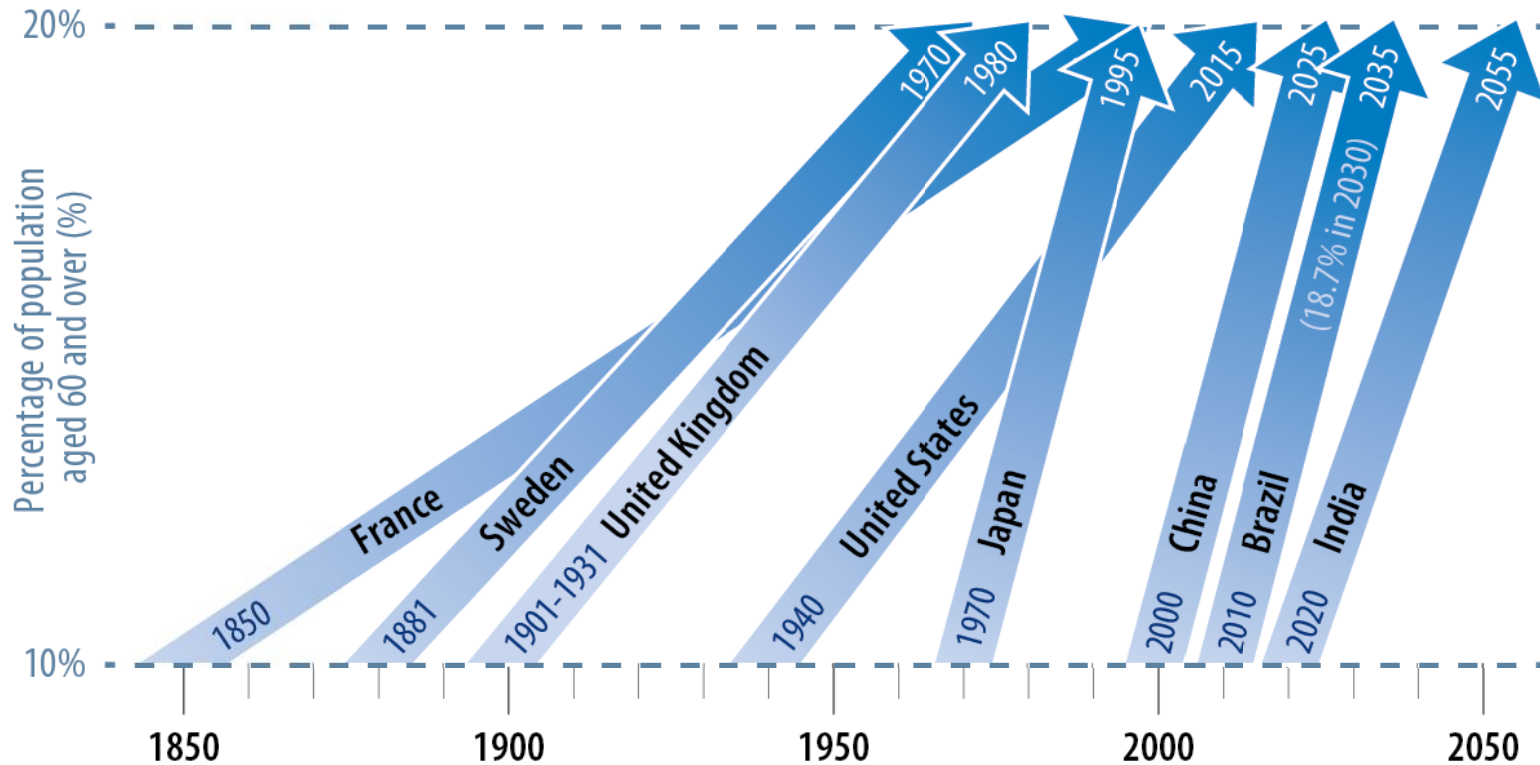
- Summarizes the best available evidence
- Outlines a framework for action around a new concept of functional ability

Populations are getting older



Population ageing is happening much more quickly than in the past

Time for percentage of population older than age 60 to double



- We know that populations are getting older overall.
- The number of people aged 60 years or older will rise from 900 million to 2 billion between 2015 and 2050 (moving from 12% to 22% of the total global population).
- These two maps show how populations are changing in different countries around the world.

- We also know that population ageing is happening much more quickly than in the past.
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- For example, while France had almost 150 years to adapt to a change from 10% to 20% in the proportion of the population that was older than 60 years, places such as Brazil, China and India will have slightly more than 20 years to make the same adaptation.

People are living longer

60 years

+20 years



How these extra 20 years can be spent...

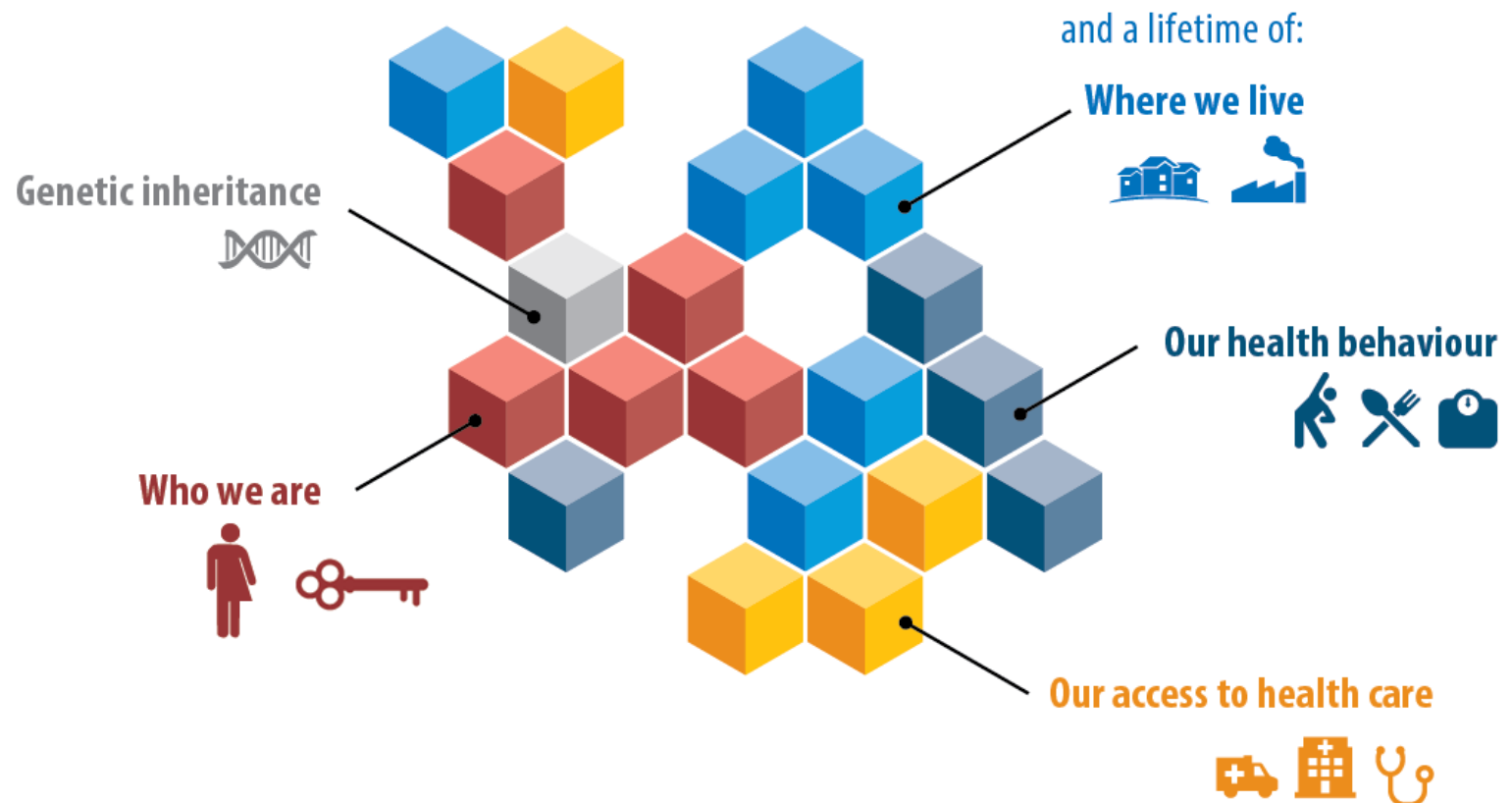


... It all depends on HEALTH

- A longer life brings with it opportunities, not only for older people and their families, but also for societies as a whole.
- Additional years provide the chance to pursue new activities such as further education, a new career or pursuing a long neglected passion.
- Older people also contribute in many ways to their families and communities.
- Yet the extent of these opportunities and contributions depends heavily on one factor: health.

Health in older age is not random

What makes us age differently?



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- Health in older age is not random.
 - Only a small proportion is due to genetic inheritance. Most is due to ongoing interactions between broader characteristics of individuals and the environments they inhabit.
 - Our personal characteristics include factors such as our sex and ethnicity, as well as our occupation, educational attainment, and wealth. These contribute to our social position and to our ability to access resources.
 - Our environments include our home, neighbourhood and community. Factors that influence ageing include where we live, our transportation options, and the health-care systems and long-term care systems that we can access.

- The relationship we have with our environments varies according to many personal characteristics, including the family we were born into, our sex and our ethnicity.
- The influences of environments are often fundamentally skewed by these characteristics, leading to differences in how people age, and where these are unfair and avoidable, to health inequities.
- Importantly, these factors start to interact with each other and to influence ageing from childhood, onwards. Indeed, a significant proportion of the vast diversity of capacity and circumstance that we see in older age is likely to be underpinned by the cumulative impact of person-environment interactions across the life course.

There is no “typical” older person



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- Biological ageing is only loosely associated with a person's age in years.
 - Some 80 year-olds have physical and mental capacities similar to many 20 year-olds.
 - Others experience declines in physical and mental capacities at much younger ages.



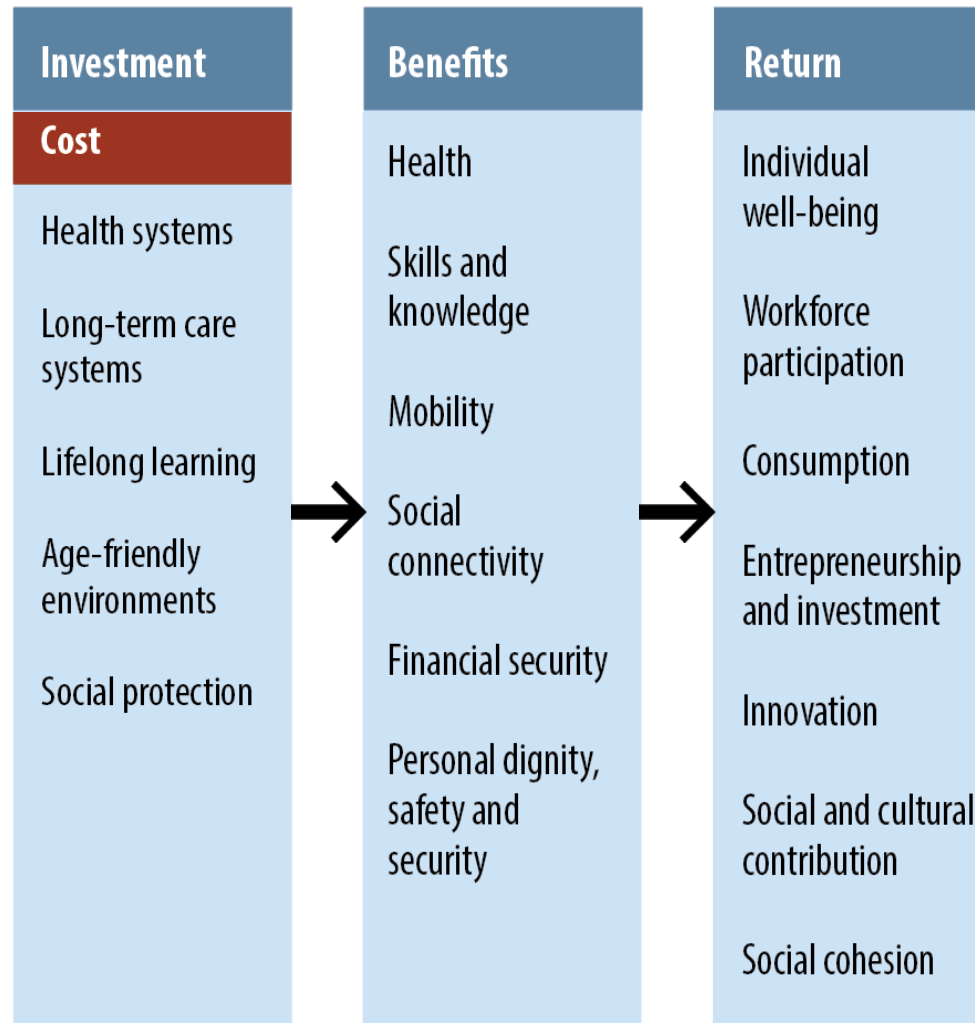
Barriers to *Healthy Ageing*

- Outdated and ageist stereotypes
- Inadequate policies
- Lack of accessibility
- Inadequate or absent services
- Lack of consultation and involvement

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- Although there is no typical older person, society often views older people in stereotypical ways that can lead to discrimination against individuals or groups simply on the basis of their age.
 - This has been labelled ageism, and this may now be an even more pervasive form of discrimination than sexism or racism.
 - One widespread ageist stereotype of older people is that they are dependent or a burden.
 - This can lead to an assumptions during policy making that spending on older people is simply a drain on economies and to emphasize costs containment.

- Lack of accessibility to housing, transportation, social facilities all limit older people's ability to participate.
- Inadequate or absent service are widespread barriers.
- For example health systems are often designed to cure acute conditions or systems and manage health issues in disconnected and fragmented ways, that lack coordination across care providers, settings etc.
- Long-term care systems in many countries do not exist placing an unsustainable burden on families – mostly women.
- There is often a lack of consultation and involvement of older people in the decisions that affect their lives.

Healthy Ageing is an investment, not a cost



- In reality, older people make many positive contributions to society; and health and social care expenditures for older people are an investment rather than a cost.
- These investments bring benefits to older people and returns for society as a whole.



**The goal:
maximize
functional
ability**





- The goal of healthy ageing is to help people develop and maintain the functional ability that enables well-being.
- This goal is relevant for every older person.
- Functional ability requires efforts to build and maintain the physical and mental capacities across the life course and into older age and to provide the support a person needs to compensate for losses in these capacities that will likely occur over time.
- Investing in both of these areas - maximizing capacity and ability— will enable older people to continue to do the things that are important to them. Maximizing functional ability is the primary goal of policies to promote healthy ageing.

Priority areas for action



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- Comprehensive public-health action on ageing is urgently needed.
 - Although there are major knowledge gaps, we have sufficient evidence to act now, and there are things that every country can do, irrespective of their current situation or level of development.

Four priority areas for action can be identified:

1. Aligning health systems with the needs of the older populations they now serve.
2. Developing systems for providing long-term care.
3. Creating age-friendly environments.
4. Improving measurement, monitoring and understanding.



1. Align health systems

- Place older people at the centre of health care
- Shift the care focus from managing diseases to optimizing what people can do
- Develop the health workforce

Health systems need to be realigned to the needs of the older populations they now serve. **How have older populations they changed why are they different ?**

Most health systems around the world are ill-prepared to address the needs of older people, who often have multiple chronic conditions or geriatric syndromes. **What are the problems here ? Why are health systems unprepared ?**

Systems must be capable of providing older person-centred and integrated care, and focus on maintaining capacities as people age. **How can these systems be implemented? Challenges?**

1) The starting point will need to be to put older people at the centre of health care. This will require focusing on their **unique needs and preferences**, and including them as **active participants** in care planning and in managing their health states. **Complex**

2) But changes are needed to systems, too. Health services have to be **better integrated** between levels and across specialist groupings. Much **better coordination** is needed with **long-term care systems**, and possibly formal integration as well. Case management, **support for self-management**, and support for ageing in place need to be woven into the fabric of health care for older people.

Time/cost?

- Focusing primarily on older people's **physical and mental capacities, and maximising their ability to do the things that are most important to them**, is more effective than prioritising the management of specific chronic diseases.
- This is not to reject the worth of disease management, but rather to underscore that it is an older person's physical and mental capacities that should be the targets of, and entry points for, health interventions. **Medical V Social**
- Approaching older people through the lens of intrinsic **capacity and the environments in which they live** helps ensure that services are oriented towards the outcomes that are most **relevant to their daily lives**.

3) The health workforce needs to be better prepared to deliver older **person-centred and integrated care**. They need basic knowledge and skills in geriatrics, and they need to know how to work in integrated systems of care.

On the surface these changes appear to be both affordable and sustainable. Although much of the **debate on population ageing assumes it will be associated with an unmanageable increase in the demand for services,(COST)**. The evidence suggests it will be a much less significant driver of inflation in health-care costs than factors such as new technologies and changes in clinical practice.

The integrated and person-centred approaches outlined in the World Health Report have been shown to not only have better outcomes for older people but also to be no more expensive than traditional services.



Develop long-term care systems

- Establish the foundation for a functioning system
- Develop the long-term care workforce
- Ensure the quality of long-term care

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1. In the 21st century, **all countries need an integrated system of long-term care.** In low- and middle-income countries, **the challenge may be to build a system where one does not already exist.** In these settings, the responsibility for long-term care has often been left entirely to **families.** Socioeconomic development, population ageing and the **changing roles of women** mean that this practice is no longer sustainable or equitable.
 2. Regardless of the setting, comprehensive systems of **long-term care will be essential** to meet the needs of older people, **reduce inappropriate dependence on acute health services,** help families avoid catastrophic care expenditures, and free women to play broader social roles.



1) **Only governments can establish and steward long-term care systems** as a whole. But this does not mean that they need to do everything. Each country will need to take stock of its unique situation to identify the best system for its context.

2) As with health systems, it will be **crucial to develop a sustainable and appropriately trained workforce to provide long-term care**. A crucial strategy for **ensuring a sustainable workforce in the future** will be to provide paid caregivers with the **status and recognition** that their contributions deserve.

3) The quality of long-term care can be improved by moving away from **notions of long-term care as a minimal and basic safety net** that provides **rudimentary** support to older people who can no longer look after themselves, towards a more **positive and proactive agenda**. Systems and caregivers need to look at how they can optimize both the older person's capacity, and **compensate for losses of capacity**, in a way that maximizes **dignity and choice**.



Create age-friendly environments

- Combat ageism
- Enable autonomy
- Support Healthy *Ageing* in all policies

We need to ensure everyone can grow old in age-friendly environments.

Creating environments that are truly age-friendly requires action in many sectors – health, long-term care, transport, housing, labour, social protection, information and communication – by many actors – government, service providers, civil society, older people and their organisations, families and friends. It also requires action at multiple levels of government.

- 1) **Addressing ageism** must lie at the core of any public health response to population ageing. Although this will be **challenging**, experiences combating other widespread forms of discrimination, such as sexism and racism, show that **attitudes and norms can be changed**.
- 2) **Autonomy** has been shown to have a powerful influence on older people's dignity, integrity, freedom and independence, and has been repeatedly identified as a **core component of their general well-being**. Fundamentally, older people have a **right to make choices and take control** over a range of issues including where they live, the relationships they have, what they wear, how they spend their time and whether they undergo a treatment.
- 3) Finally, if the goals of *Healthy Ageing* are to be achieved, all government sectors need to consider their contribution to and impact on *Healthy Ageing*. National, regional, state or municipal ageing strategies and action plans can help to guide this intersectoral response, and ensure a coordinated approach that spans multiple sectors and levels of government.



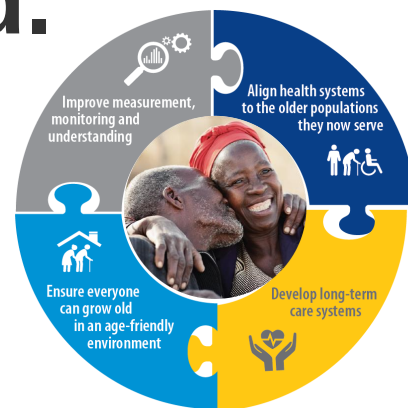
Improve measurement, monitoring, and understanding

- Agree on metrics, measures and analytical approaches
- Improve understanding of the health status and needs of older populations
- Increase understanding of ageing trajectories and what can be done to improve them

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- Making progress on *Healthy Ageing* will require a far **better understanding of age-related issues and trends**. Many basic questions remain to be answered.
 - As a first step towards answering these, **older people must be included** in vital statistics and general population surveys, and analyses of these information resources should be disaggregated by age and sex. Appropriate measures of *Healthy Ageing* and its determinants and distributions will also need to be included in these studies. But research will also need to be encouraged in a range of specific fields related to ageing and health, and this will require agreement on key concepts and how they can be measured.

- 1) The current metrics and methods used in the field of ageing are limited, preventing a sound understanding of key aspects of *Healthy Ageing*. Often, appropriate methods do not yet exist. Sometimes, comprehensive approaches are used in other fields but not adapted to older populations. Consensus is needed on which approaches are most appropriate.
- 2) And, although general population-based research and surveillance need to place a greater emphasis on older people, specific population-based research about older people is also required.
- 3) Finally, fostering *Healthy Ageing* will require a much better understanding of common trajectories of ageing, including changes in capacity and ability over time.

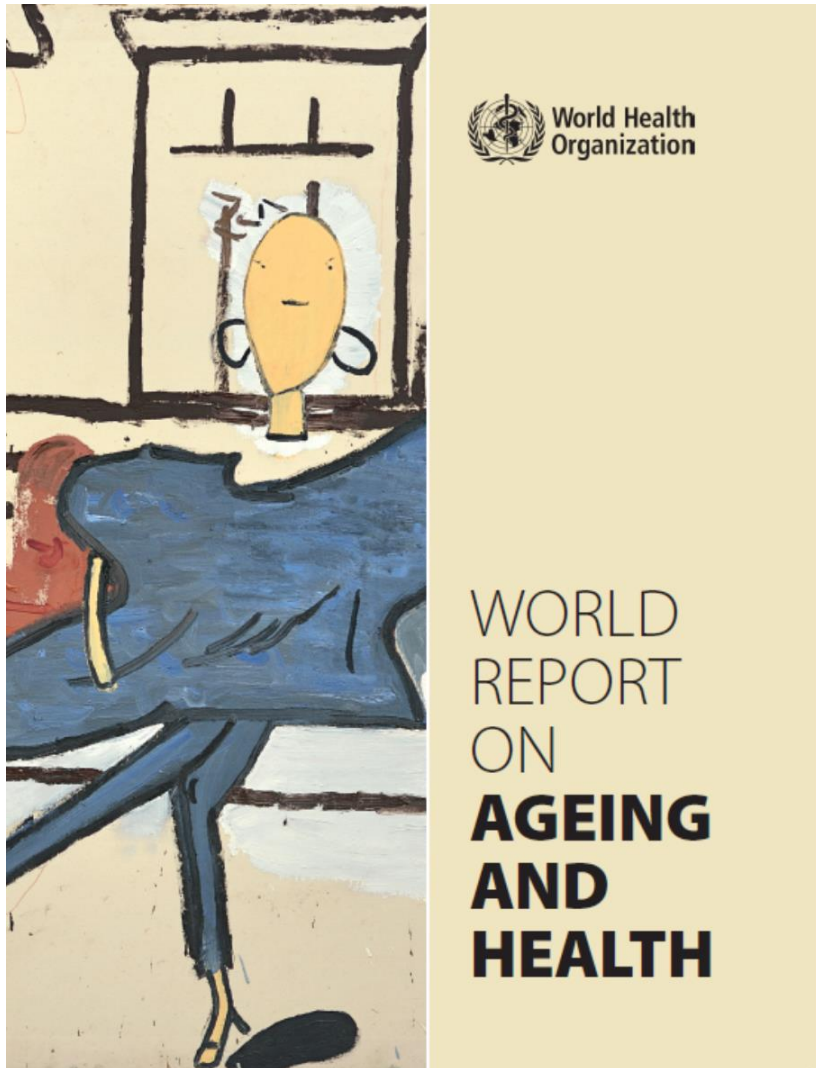
Investing in *Healthy Ageing* means creating a future that gives older people the freedom to live lives that previous generations could never have imagined.





In summary, healthy ageing can be promoted through action in different areas and investing in *Healthy Ageing* means helping to create a future that gives older people the freedom to live lives that previous generations could never have imagined

For more information



<http://www.who.int/ageing>