TRANSFORMING THE FUTURE OF AGEING IN EUROPE

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TRANSFORMING THE FUTURE OF AGEING IN EUROPE

AGENDA

➢ Challenges of Ageing Societies
➢ The New Dynamics of Ageing
➢ Framework for a New Approach to Ageing
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KEY MESSAGES

• The burden of ageing is the common starting point for policy makers and the media.

• While ageing presents challenges to society, research shows how we could respond to them, what is missing is political motivation.

• The changing dynamics of ageing demand that we fundamentally rethink what it means and the public policy approach to it.

• A new social policy on ageing should embody a positive vision of later life and promote active ageing across the life course.
AGEING CHALLENGES

➢ The Unprecedented Longevity Trajectory
➢ Shrinking / Ageing Labour Forces
➢ Fiscal Sustainability of Pensions / Health Care
➢ Multimorbidity
➢ Rising Need for Long-term Care
➢ Need for New Forms of Social and Political Citizenship
➢ Structural Lag
THE TWO FACES OF AGEING

NEGATIVE
➢ Economic Doom
➢ Burden of Dependency
➢ Demography of Despair
➢ Intergenerational War

POSITIVE
➢ Ageing is Social and Economic Progress
➢ Success of Public Health Systems
➢ Emergence of Balanced Populations
➢ Use of Neglected Resources
BAD NEWS STORY

The ‘silver tsunami’ that threatens to overwhelm US social security system.

World faces age of dependency.

Over-65s outnumber young.

The timebomb is ticking.

Prepare now for the great pensions crash.

The day-tripping pensioners who are costing local councils dear.

Britain must urgently take steps to prepare for the seismic impact of a rapidly ageing population.

THE NEW DYNAMICS OF AGEING

➢ Longevity Revolution
➢ Improved Health and Functioning
➢ Higher Average Incomes
➢ Extended Working Lives
➢ Cultural Shift
➢ New Science of Ageing
THE NEW DYNAMICS OF AGEING RESEARCH PROGRAMME

www.newdynamics.group.shef.ac.uk
MOPACT RESOURCES

http://mopact.group.shef.ac.uk/
RE THINKING AGEING: FRAMEWORK FOR A NEW APPROACH

➢ Overcoming the Structural Time Lag

➢ Replace Burden Thinking and the Deficit Approach with Active Ageing
CONFRONTING STRUCTURAL LAG

• Short term Time Horizons of Policy Makers.
• Faster Responses to Research Evidence.
• Over-reliance on Extrapolations.
• Persistence of Traditional Life Course Model Despite New Dynamics of Ageing.
OVERALL AAI SCORES FOR EU28, 2014

Source: Zaidi; 2018
ACTIVE AGEING INDEX – DOMAINS AND INDICATORS

The Active Ageing Index (AAI) is a tool to measure the untapped potential of older people for active and healthy ageing across countries. It measures the level to which older people live independent lives, participate in paid employment and social activities as well as their capacity to actively age.

### Domains

#### Employment
- Employment rate 55-59
- Employment rate 60-64
- Employment rate 65-69
- Employment rate 70-74

#### Participation in society
- Voluntary activities
- Care to children and grandchildren
- Care to older adults
- Political participation

#### Independent, healthy and secure living
- Physical exercise
- Access to health services
- Independent living
- Financial security

#### Capacity and enabling environment for active ageing
- Remaining life expectancy at age 55
- Share of healthy life expectancy at age 55
- Mental well-being
- Use of ICT
- Social connectedness
- Educational attainment

### Actual experience of active ageing

### Capacity to actively age

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ACTIVE AGEING IN EUROPE

➢ Active ageing has been on the rise in the European Union countries despite the fact that many countries have experienced economic downturn and austerity.

➢ Higher inequality in active ageing in those countries where active ageing is lower on average (e.g. Central European countries).

➢ Policy efforts are required to improve social engagement of older people (to increase independence and reduce loneliness) and pension income adequacy while addressing financial sustainability concerns of the European welfare states.

➢ Czechia: excellent educational attainment and low poverty risk but low female employment, life expectancy and physical exercise.
FRAMEWORK FOR A NEW APPROACH TO AGEING

➢ Linking pension ages to HLE.
➢ Supporting extended working lives with age management policies (micro, meso, macro).
➢ Urgent new focus on HLE.
➢ Need to realise potential of ICTs.
➢ Step-change in LTC.
➢ New Forms of Citizenship for Older People.

ACTIVE AGEING ACROSS THE LIFE COURSE
SUSTAINABILITY GAPS UNDER DIFFERENT WORK CAREERS

Proximity of death included in care need

- No change in careers
- Current retirement rules
- Retirement age reform

ETLA 6.2.2014 /VvB/k06v

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Policies aimed at working longer through financial incentives are of very limited success if not strategically linked to workplace related HR-policies.

In ‘late mover’ (Eastern European) countries health, skills and working conditions are the most significant influences. In ‘early mover’ countries (e.g. Germany) external incentives and support (e.g. legal incentives, professional advice) are priorities.

Within organisations the concepts of workability and employability provide the best basis for designing policies and measures. The concepts of age-management and life-cycle oriented HR policies need to be adopted.
URGENT NEED TO RE-FOCUS POLICIES ON HLE

➢ Increases in HLE not keeping pace with the rise in life expectancy.

➢ Between 2007 and 2015 across the EU LE at age 50 increased significantly for both men and women, but HLE remained constant.

➢ At age 50, between 2007 and 2015, on average men could expect 12.2 HLYs and women 17.2 years.

➢ Focus efforts on the countries with the largest differences between LE and HLE: Estonia, Germany, Italy and Slovakia.
LE AND HLE AT 65, 2016

   Note: Data comparability is limited because of cultural factors and different formulations of question in EU-SILC.
   Source: Eurostat Database.
BIOGERONTOLOGICAL RESEARCH SHOWS THAT HLE CAN BE INCREASED

➢ Only 20-25% of HLE is predetermined by genes, it’s mainly lifestyle and environment.

➢ Start interventions targeting lifestyle early in life and with a life-course perspective.

➢ Classical strategies (e.g. nutrition, exercise, vaccination) require broad communication to public.

➢ Novel strategies (e.g. dietary interventions, novel drugs, stem cells) need successful translation from the understanding of molecular mechanism to animal models to clinic.

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STRATEGIES TO INCREASE HLE

1 Classical interventions: nutrition, exercise, vaccination, no smoking/alcohol/drugs

2 Novel interventions:
   • Dietary restriction
   • Clearance of senescent and damaged cells
   • Mitohormetics
   • Stem-cells
   • Drugs against inflammation
   • Rejuvenation factors from blood
   • Telomers
   • Epigenetic drugs
   • Chaperons and proteolytic systems

from López-Otín et al., Cell 2013

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AGEING IS INEVITABLE BUT VARIABLE AND MALLEABLE

Extrinsic

Intrinsic (Genetic)

Extrinsic

Extrinsic

Environmental

Environmental

Environmental

Environmental

AGEING ASSOCIATED WITH LOSS OF FUNCTION

Adapted from Grimley Evans (2004)
VARIABILITY IN AGING
ISCHAEMIC HEART DISEASE MORTALITY, 2015


Source: Eurostat Database.
SHARE OF ADULTS WITH DIABETES, 2017

Note: Age-standardised prevalence of population aged 18-99 with Type 1 or Type 2 diagnosed diabetes.
SELF-REPORTED OBESITY RATES AMONG ADULTS, 2000 TO 2014

PHYSICAL ACTIVITY SUBSTANTIALLY REDUCES THE RISK OF COMMON DISEASES

<table>
<thead>
<tr>
<th>Disease</th>
<th>Effect of physical activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronary heart disease</td>
<td>Moving to moderate activity could reduce risk by 10%</td>
</tr>
<tr>
<td>Stroke</td>
<td>Moderately active individuals have a 20% lower risk of stroke incidence or mortality</td>
</tr>
<tr>
<td>Type 2 diabetes</td>
<td>Active individuals have a 33-50% lower risk</td>
</tr>
<tr>
<td>Colon cancer</td>
<td>The most active individuals have a 40-50% lower risk</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>More active women have a 30% lower risk</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>Being physically active reduces the risk of later hip fracture by up to 50%</td>
</tr>
</tbody>
</table>

Sources: Chief Medical Officer’s report on physical activity and a range of published studies
MAINTAINING FUNCTIONAL CAPACITY OVER THE LIFE COURSE

- **Early Life**: Growth and development
- **Adult Life**: Maintaining highest possible level of function
- **Older Age**: Maintaining independence and preventing disability

Changes in the environment can lower the disability threshold, thus decreasing the number of disabled people in a given community.

Source: Kalache and kickbusch, 1997
NEED TO REALISE THE POTENTIAL OF ICT

- ICT-based assistive technologies within the fields of mobility, housing and health have a huge potential to support active ageing and offer many productive opportunities in the emerging ‘silver economy’.
- With regard to assistive technologies for older persons, European countries face large deployment gaps – the mismatch between R&D efforts on the one hand and both policy makers’ expectations and take up on the other.
- To unlock the potential of innovative ICT-based supports several critical barriers need to be addressed: especially lack of awareness and acceptance among potential users who lack financial support and evidence of efficacy.
- There are many good practices and social innovations in Europe that can help to overcome these barriers, in particular with reference to the issue of user acceptance.
- Differences among the European countries in terms of ICT-take up and literacy/skills provide the opportunity for policy learning and knowledge transfer, but also point to the need for more country-specific approaches. The MOPACT website lists examples of good practice.
NEW FORMS OF CITIZENSHIP REQUIRED

- The involvement of seniors in policy-making is mostly done through the creation of consultative bodies (ex. Seniors’ Councils or Seniors’ Forums), and mostly at the local level.

- In most cases, the views of seniors are represented by individual (elected or nominated) delegates or representative organisations. The direct engagement of senior citizens is an exception.

- Need to significantly increase the opportunities for seniors to be involved in the decisions about the delivery of services.

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Transforming the Future of Ageing in Europe – Policy Priorities

- Spread of Active Ageing but more policy effort required on inequality.
- Promising potential to extend working lives but urgent action needed on HLE.
- Major national and EU public health initiatives required to increase HLE.
- Great potential in ICT but familiar barriers.
- Sound evidence-base for upgrade of LTC.
- Social innovation a promising basis to help realise Active Ageing.
- Essential role of EU: supporting science and innovation. MUST ALSO promote active ageing initiatives.
BLOCKAGES TO ACTIVE AGEING

➢ Reduction to old age.
➢ Reduction to working longer.
➢ Low priority given to prevention.
➢ Inequality.
➢ Necessity of a long-term strategy but reality of short term political horizons.
➢ Necessity of joined-up government but reality of policy silos.
➢ Lack of sensitivity to heterogeneity (culture, race, gender, age, region ...).
➢ Risks of active ageing: stigma, over-prescription/coercion, false stereotypes.
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THANK YOU

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