Alan Walker Professor of Social Policy & Social Gerontology University of Sheffield, UK



International Conference on the Old Age Unites, Prague, 21st May 2019

AGENDA

- Challenges of Ageing Societies
- > The New Dynamics of Ageing
- Framework for a New Approach to Ageing

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

Dependency time-bomb The 'silver tsunami' that threatens to overwhelm US social security system World faces age of dependency time-b World taces age - After the credit crisis, over-65s outnumber young After the credit crisis, The timebomb is ticking Crunch 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

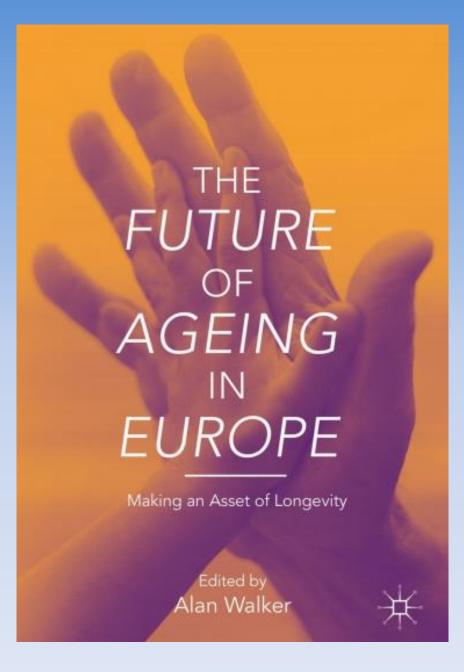
THE NEW DYNAMICS OF AGEING RESEARCH PROGRAMME



MOPACT RESOURCES



http://mopact.group.shef.ac.uk/



RE THINKING AGEING: FRAMEWORK FOR A NEW APPROACH

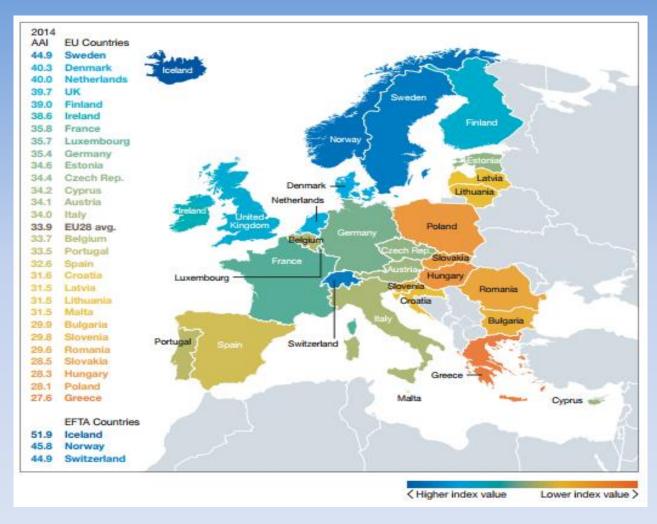
Overcoming the Structural Time Lag

Replace Burden Thinking and the Deficit Approach with Active Ageing

CONFRONTING STRUCTURAL LAG

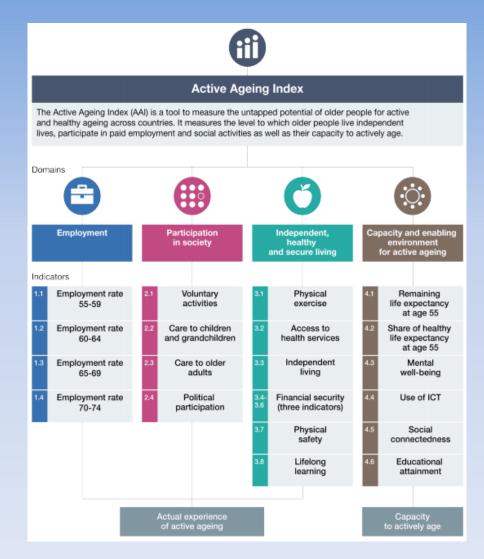
- Short term Time Horizons of Policy Makers.
- Faster Responses to Research Evidence.
- Over-reliance on Extrapolations.
- Persistence of Traditional Life Course Model Despite New Dynamics of Ageing.
- Division of Policy Responsibilities: No Social Policy on Ageing.

OVERALL AAI SCORES FOR EU28, 2014



Source: Zaidi; 2018

ACTIVE AGEING INDEX – DOMAINS AND INDICATORS



ACTIVE AGEING IN EUROPE

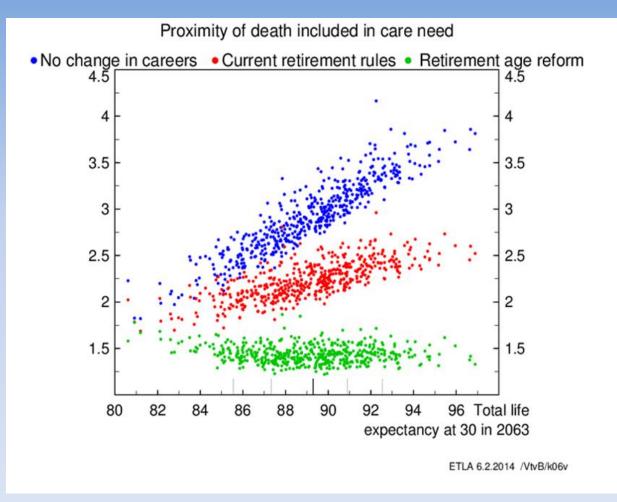
- Active ageing has been on the rise in the European Union countries despite the fact that many countries have experienced economic downturn and austerity.
- Higher inequality in active ageing in those countries where active ageing is lower on average (e.g. Central European countries).
- Policy efforts 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



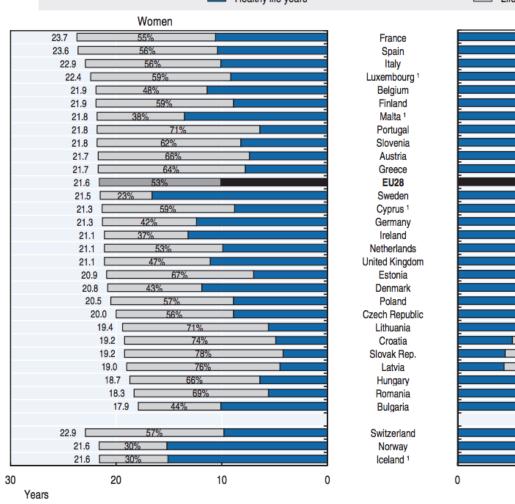
POINTERS TO EXTENDING WORKING LIVES

- 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 <u>not</u> 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



Healthy life years

Life expectancy with activity limitation

Men

19.6

19.4

19.4

18.7

19.0

18.0

17.9

18.5

18.2

18.9

19.1

18.8

18.6

18.5 18.8

18.2

20.0 19.1

30

Years

.19.3

20

15.6

16.0

16.2

15.6

15.3

14.2

14.0 14.6

14.7

19%

20%

14.2

61%

67%

549

58%

10

18.1

18.4

52%

46%

46%

44%

57%

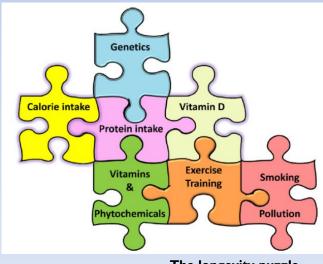
53%

1. Three-year average (2014-16 except for Iceland: 2013-15).

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.



The longevity puzzle. Rizza *et al.,* Ageing Res Rev 2014

STRATEGIES TO INCREASE HLE

1 Classical interventions: nutrition, exercise, vaccination, no smoking/alcohol /drugs 2 Novel

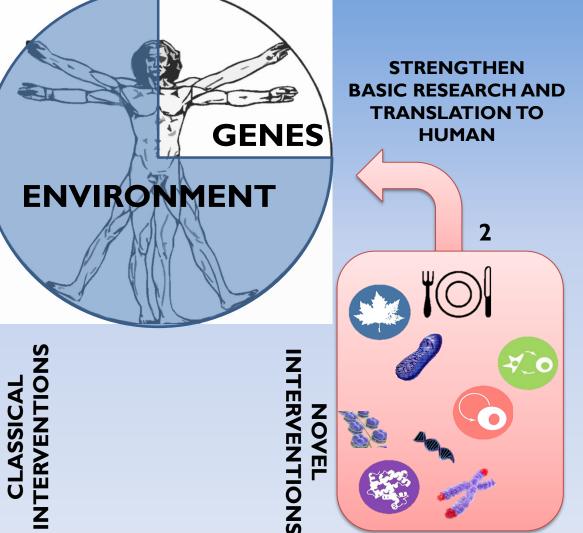
Interventions:

- Dietary restriction
- Clearance of senescent and damaged cells
- Mitohormetics
- Stem-cells
- Drugs against inflammation
- Rejivenation factors from blood
- Telomers
- Epigenetic drugs
- Chaperons and proteolytic systems

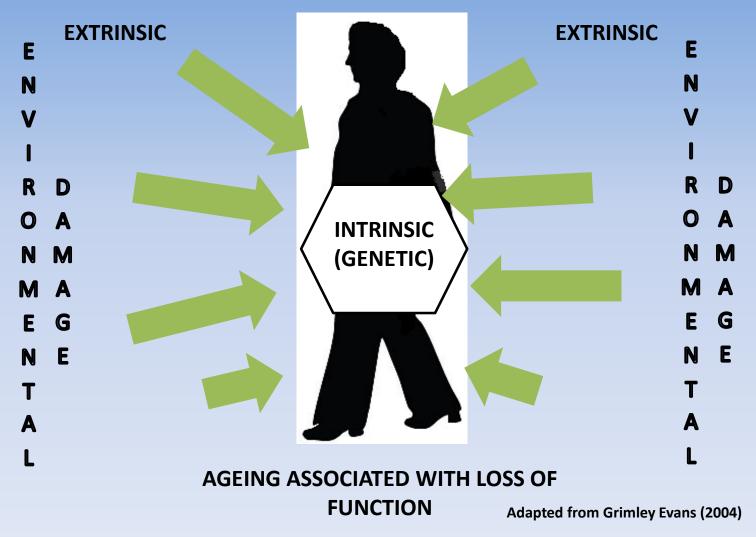
from López-Otín et al., Cell 2013



CLASSICAL



AGEING IS INEVITABLE BUT VARIABLE AND MALLEABLE

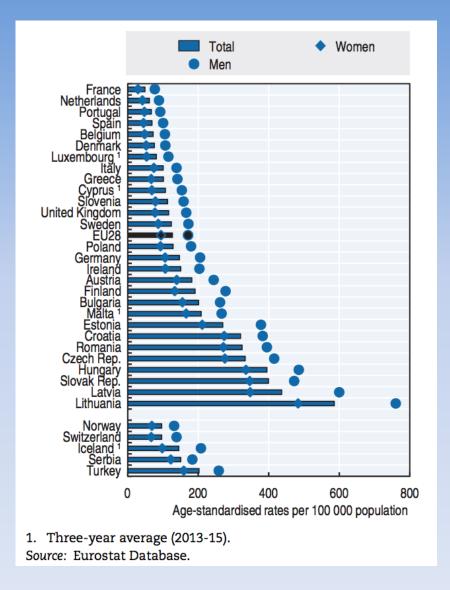


VARIABILITY IN AGEING

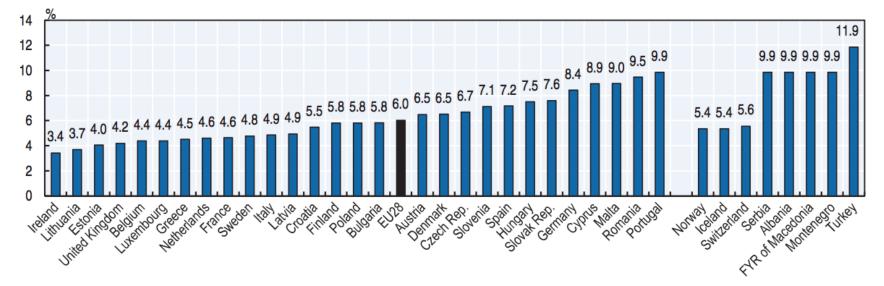




ISCHAEMIC HEART DISEASE MORTALITY, 2015

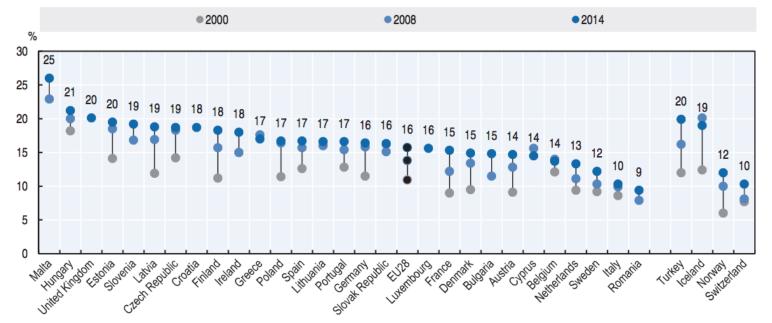


SHARE OF ADULTS WITH DIABETES, 2017



Note: Age-standardised prevalence of population aged 18-99 with Type 1 or Type 2 diagnosed diabetes. Source: IDF Atlas, 8th Edition, 2017.

SELF-REPORTED OBESITY RATES AMONG ADULTS, 2000 TO 2014



Source: Eurostat (EHIS 2008 and 2014) complemented with OECD Health Statistics 2018 for 2000 data and data for non-EU countries, https://doi.org/10.1787/health-data-en.

PHYSICAL ACTIVITY SUBSTANTIALLY REDUCES THE RISK OF COMMON DISEASES

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

Sources: Chief Medical Officer's report on physical activity and a range of published studies

MAINTAINING FUNCTIONAL CAPACITY OVER THE LIFE COURSE



* 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

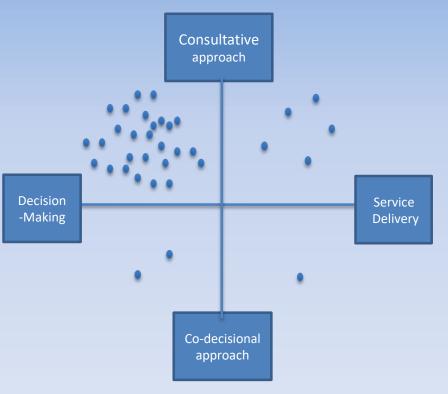
NEED TO REALISE THE POTENTIAL OF ICT

- 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.

Taxonomy of the participation of seniors in policy-making in Europe



TRANSFORMING THE FUTURE OF AGEING IN EUROPE – POLICY PRIORITIES

- Spread of Active Ageing <u>but</u> more policy effort required on inequality.
- Promising potential to extend working lives <u>but</u> urgent action needed on HLE.
- Major national and EU public health initiatives required to increase HLE.
- Screat potential in ICT <u>but</u> 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, overprescription/coercion, false stereotypes.

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THANK YOU Děkuji

www.newdynamics.group.shef.ac.uk http://mopact.group.shef.ac.uk/