

Lecture 5: A Life Course Approach: Healthy and Active Ageing
Thursday 14 February 2013
Canada Room, Queens University Belfast

Background: Healthy and active ageing starts at birth. Healthy adults are more productive and healthy older people can continue to contribute actively to society and enjoy a more satisfying lifestyle. A strategic focus on healthy living for both young and older people is particularly valuable to supporting good health throughout the lifespan.

Opening Comments

The lecture was chaired by Iain Deboys, Commissioning Head for Belfast, Health and Social Care Board. He welcomed the delegates and summarised current structures and initiatives in Belfast around healthy and active ageing.

The Healthy Ageing Strategic Partnership (HASP) was formed in 2006 with the aim of coordinating older people's services across the city. Its membership is cross sectoral and consists of Belfast City Council, Health and Social Care Board, Public Health Agency, Belfast HSCT, Northern Ireland Housing Executive, Age NI, Belfast Healthy Cities, Engage with Age and a number of Seniors Citizen Forums.

Its workplan includes:

- Developing a Healthy and Active Ageing action plan for Belfast
- Carrying out consultation with older people in the city
- Sharing practical examples of Healthy Ageing initiatives across the city and throughout Europe through membership of the WHO Healthy Ageing Subnetwork and Age Friendly Cities Network.

Opening Address: Councillor Bernie Kelly, Chair, Belfast City Council All Party Reference Group on Active Ageing

Cllr Kelly spoke about work at council level, noting that active ageing is very much on its agenda. It is an issue that both the current and previous Lord Mayors have been very supportive of. The work also links to the equality agenda and aims to engage with older people from BME groups and those who identify themselves as lesbian, gay, bisexual or transgender.

Setting the context for Belfast she noted that average life expectancy in Belfast for Men is 73 years and Women 79 years, which is slightly lower than average in Northern Ireland.

There is also an intergenerational aspect to the work; one example of this has been to link up the City Council Youth Forum and Belfast Senior Citizens Fora for shared activities that aim to promote better understanding between generations.

A short survey, carried out via City Matters (Belfast City Council quarterly publication circulated to all households in the council area) found that respect and social inclusion were the most important issues for the majority of older people. Activities have been supported by the council to promote inclusion and physical activity including regular tea dances and walking groups.

Speaker: Duane Farrell - Age NI

Age NI focuses on promoting rights, enabling older people to be active citizens and maintain a good level of health and wellbeing. Its approach aims to 'do things differently, to do things better' by addressing issues that include:

- Demography
- Disadvantage
- Diversity
- Discrimination

There is an opportunity for *dynamic solidarity* across generations through volunteering, supporting communities financially and socially and looking after the interests of carers.

Equality in Age: Age NI notes significant disparities between the:

- Wealthiest/Poorest
- Fittest/Frailest
- Engaged /Isolated

Issues and Opportunities for Older People

Issues

- Disadvantage: 1 in 5 older people live in poverty; 1 in 4 experience fuel poverty.
- Dementia: Projected doubling of people living with dementia in next 10-15 years
- Benevolent Prejudice: There is a tendency towards approaches that don't allow older people to take risks for themselves which can disenable people and can have a negative impact on their health and wellbeing.

Opportunities

- Drivers: More positively there is an emerging rights based approach to work with older people.
- Other opportunities include the current policy climate which is 'friendly' to the development of age specific policies.
- Other policies, which may not be older people specific, for example Housing Policy nevertheless impact significantly and represent opportunities to develop actions that support older people.

Keynote Speaker: Dr Manfred Huber, Coordinator, Healthy Ageing, Disability and Long-term Care, WHO Regional Office for Europe

Dr Huber suggested that the Healthy Cities network could be called a health enlightenment movement as it has the potential to demonstrate and mainstream new, innovative approaches to old problems. He highlighted the challenge of change and the need for resilience and adaptability in times of crisis, suggesting that Healthy Cities have the opportunity to be central to addressing health inequalities.

He presented an overview of a range of findings from research on ageing across the European region. A great degree of disparity exists between countries including, proportion of GDP allocated to health spending, there are also variances in terms of proportion of older population; life expectancy, and the vulnerability of older people to effects of poverty.

The key issue for WHO is addressing the burden of disease and the pressures the issue exerts on countries individually and regions as a whole.

For poorer countries access is also a dominant issue. Dr Huber cited the example of availability of hearing aids which is much more limited in poorer countries, and can in turn make people with hearing loss more vulnerable to isolation and poverty.

More positively, while much statistical city data identifies problems; it can also highlight the potential that exists in terms of human and social capital that can be employed to improve health outcomes.

4 main areas for action that bring together the core work of the World Health Organization (WHO)

- Healthy Aging over the life course
- Supportive environments
- People centred health services for aging populations
- Addressing gaps in evidence base and carry out appropriate research

Priority Interventions

‘Better data can inform more effective interventions’

- Developing enough high quality homecare support packages across the European region. Spend on care between countries varies considerably and not necessarily based on the wealth of the country. For example allocation in the UK is below the UNECE (*United Nations Economic Commission for Europe*) average.
- Improve the perception of the role and value of carers, promote greater recognition of informal care and provide better support including carers leave, with a focus on keeping carers in the labour market, and programmes that support the health and wellbeing of the carer. Evidence drawn from across the European region suggests that carers tend not to return to work if they leave and that carers are likely to report one or more health issue themselves.
- There is a need for more city level data to be compared with national data to ensure you can see the full picture. There is also increased need to understand the experiences and needs of rural communities.
- There is a need to map actions to strategic priority areas.

Speaker: Professor Furio Honsell, Mayor of Udine, Italy

Udine in Northern Italy has been a WHO Age Friendly City since 2005 and leads the WHO Healthy Cities Healthy Ageing Subnetwork. Professor Honsell described a wide range of practical interventions to promote active and healthy ageing in the city. In common with other speakers he picked up the theme of preparedness and the need to develop innovative approaches to address ‘new’ problems in times of austerity.

Examples of initiatives in Udine

- 0Km Markets - these focus on shortening the food supply chain and promote healthy eating messages through sustainable production while additionally providing a social function.
- Pedibus: A programme that encourages children to walk to school. This has an intergenerational aspect as it is organised by older people while also delivering on active travel and healthy and active ageing strategies. It also contributes to the improvement of the built environment for health as it improves walking routes.

Other activities to support healthy and active ageing include:

- Senior Games
- Parcourt Project Test sites : **P**ersonalised services for **A**ctive ageing using **n**etwo**R**ked **e**xer**C**ise **i**nstallati**O**ns in Urban environments
- Memory Improvement Activities - including Pi π Day (people are challenged to remember strings of π to improve and maintain memories. The best can remember strings of 2000+)

Key message: “You can’t stop growing older, but you don’t have to be old”. The point being that by providing positive images of older people and the health benefits of active and healthy ageing it becomes more visible and people can see the benefits and the contribution to older people to society as a whole.

- It is important to match availability of services to the density of population through the use of Health Maps to document spread of older population against provision of community pharmacy services.
- Coordination of services - Udine has a call centre through which older people can access a range of services.
- In Udine there has been a degree of commercial sponsorship to support initiatives, most notably Eurospar had donated resources (money and staff time) to healthy eating and physical activity programmes.

Professor Honsell reflected that although these programmes have improved the health of Udine there are additional challenges to be addressed.

- Some communities are harder to reach and this results in pockets of isolation and poverty. In Udine, there is a particular issue with the Roma community. Health outcomes are much worse compared other groups and life expectancy differences are as much as 20 years less.
- Migration from Ukraine is a current issue and also one that will develop in the future. As this population ages it will be an area of concern. The community itself is very cohesive, groups of Ukrainians are seen on city squares but cohesion with wider society is less clear.

Case Studies

Manchester: Paul McGarry, Senior Strategy Manager, Public Health Manchester

Paul provided an overview of Valuing Older People (VOP) and other activities in the city.

- As a city Manchester has a challenging profile. It is a young city with a large student population and it is a migrant city, people come for work. This can have impacts on the level of cohesion in community and isolation and loneliness are real issues for older citizens.
- Research carried out in Manchester suggests that the richer you are the fitter you are in later life.
- Promotion of positive and healthy ageing through a calendar of everyday activities that can be incorporated into lifestyles is being promoted in Manchester as well as recognition of the value of volunteering in terms of supporting services and being good for the health of older volunteers.
- Other developments include an 'Age Friendly' Park; development of a walkability index; and the collation older people's maps which provide information about resources and services.
- Paul also suggested that there was a need to place an 'Ageing Lens' over all aspects of day to day life and the service provided to better understand how older people make use of them and to record the challenges they face.
- In conclusion he posed the question: Why could a city not be proud to say it is a place to stay and grow older healthy in?

Newcastle upon Tyne: Cynthia Bartley, Age Inclusive LTD

- The main aspect of the Age Inclusive project is addressing an ageing workforce <http://www.ageinclusive.com/>.
- An online tool was tested with 11 companies to assess how prepared they were for an ageing workforce. The tool will be widely available from May 2013.
- People continue to work past pension age due to perceived thoughts of not being able to afford retirement. 40% of people surveyed intend to work beyond retirement and it projected this will rise to 70%.
- Medium sized (30-100 employees) companies appear to be the least prepared for dealing with an ageing workforce. Manufacturing industries and lower paid workers also are more vulnerable.
- Good health and wellbeing benefits the whole workplace. Preparation for retirement is key for example it is acceptable to talk about future plans in appraisals. There is a need to plan to avoid 'bad endings' which in themselves can impact negatively on health and be destabilising to the workforce.
- New approaches to retirement, including gradual/partial retirement will become more common and could be of benefit where it reduces the wage bill or frees up money that can be redistributed to train apprentices.

Brno, Czech Republic: Ivana Drachalova

In Brno every fourth citizen is over 60. Activities targeted at older people in Brno include:

- City Health Campaigns: 10 day campaign with over 85 events
- All generations march
- International Diabetes Day
- Training programme provided for Seniors Club leaders
- Senior academy: Topics include finance; road safety; internet safety; finance and a wide range of other topics.

- Association of Women 50+: Education programme with lectures, classes. Also aims to celebrate older women and improve their visibility within society. Practical activity was a photographic competition featuring images of women
- Prevention programmes: Addressing unintended injuries, protecting health
- Active Ageing Plan for Brno: Comprehensive piece of work that took 1 ½ years to complete and which takes a 'full community' approach.