Why focus on healthy ageing:

- Australia and world population ageing
- Opportunities
  - Multi-generational families and communities
  - Long life span between retirement and death
  - Maximise QOL of older people
  - Maximise their contribution to society
  - Minimise costs to health and care providers (inc family)
Healthy ageing

WHO defines health as:
“a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”

WHO defines active ageing as:
“The process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age” allowing people to “realize their potential for physical, social and mental well-being throughout the life course”

Older people’s views

• Can have health problems and still “age well”
• Keeping active (mentally and physically)
• Enjoying life
• Keeping engaged
• Positive attitude
• Meaningful engagement
• Good relationships with family and friends
• Physical activity important
Active Ageing Framework

– Health
  • Prevention of chronic disease and disability
  • Reducing risk factors and increasing protective factors throughout the life course
  • Health and social services
  • Education and training to caregivers.

– Participation
  • Life long education and learning opportunities
  • active participation in economic development
  • formal and informal work and voluntary activities
  • full participation in family & community life

– Security (social, financial and physical) & rights

What do we need to avoid

• Leading causes of death 85+:
  – Cardiovascular disease
  – Respiratory disease
  – Cancer
  – Mental disorders (including dementia)

• Leading burden of disease (whole Pop)
  – Coronary heart disease
  – Depression and anxiety
  – Type 2 diabetes

• Leading burden of disease (disability) 75+
  – Dementia
Modifiable Lifestyle Risk factors

- Smoking
- Physical inactivity
- Inadequate diet
- Alcohol abuse
- Social isolation

Social determinants of healthy ageing

- Education
- Income/employment opportunities
- Gender
- Cultural diversity
- Capacity to participate in physical activity
- Environment

WHO Active Ageing Framework
Evidence for Healthy Ageing

- Keeping active
- Social and meaningful participation
- Eating well
- Environments that support health
- Mental wellbeing
  - All of the above
  - Good relationships with family and friends
  - Optimism

Example of Physical activity

- Physical activity is protective against
  - Hypertension
  - Diabetes
  - Osteoporosis
  - COPD (even for smokers)
  - Cancer
  - Cognitive decline
Health Promotion

- Education
- Physical activity programs
- Volunteering
- Age friendly cities

Health Education

- Most common form of health promotion
- Relies on health literacy
- Delivery methods
  - Health professional (variable)
  - Peer education (preferred)
  - Mass media (effect)
Effective education and information provision

- Interactive and multi-faceted approaches most effective
- Information provision:
  - Use simple words – replace words with >3 syllables
  - Use short sentences <15 words
  - Active rather than passive
  - Define technical terms and avoid acronyms
  - Important information to be repeated
  - Clear font, contrasting paper (pref white)
  - Oral face-to-face preferred
  - Internet least preferred (changing) ...

Physical activity programs

- Physical activity guidelines
- Group based programs
  - Benefit of social component
  - Higher participation rates
  - Increased physical activity
- Barriers – ageism, ageist stereotypes, built environment, hard to reach groups
Effective promotion of physical activity

- Use messages that:
  - Feature ordinary people doing ordinary things
  - Provide concrete information
  - Recognise the obstacles that people face
  - Recognise that family and friends are key motivators

- Don’t
  - Make exercise look like work
  - Use the terms “exercise” or “fitness”
  - Talk about age
  - Use confrontational messages

Ory et al. 2003

Volunteering

- Benefits:
  - Morbidity
  - Functional health
  - Self reported health
  - Life satisfaction

- Not all volunteering has equal benefit
Effective volunteering

• Includes
  – possibility of maintaining physical and cognitive activity
  – Information and encouragement to maintain or improve health
  – Strong personal and emotional support
  – Opportunity to contribute to others
  – Strong links to supportive community networks

• Stressful, personal gratification, too much volunteering not beneficial

Age Friendly Cities

• Started in 2005 by WHO, 33 cities
• Inclusion of older people in planning and development (focus groups)
• Global Age Friendly Cities Guide
• Global Network (inc. COTA)

“to help cities see themselves from the perspective of older people in order to identify where and how they can become more age-friendly”
Checklist of essential features

- Eight urban life domains
  1. Outdoor spaces and buildings
  2. Housing
  3. Transportation
  4. Social participation
  5. Civic participation and employment
  6. Respect and social inclusion
  7. Communication and information
  8. Community support and health services
- Limited evaluation (baseline data collection commenced in Ireland)

Summary of evidence

- Health promotion strategies can and do impact on health outcomes
- Limited research into effectiveness
- Multi-faceted approaches best (inc. social)
- Approaches that include older people in planning and delivery preferred
- Barriers and enablers include environment and ageist attitudes
- More focus on health and participation since WHO Active Ageing Framework – still need to focus on security as a HP strategy