#### AGEING – A POLICY VACUUM

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### AGEING – A POLICY VACUUM

#### **Agenda**

- The Burden of the Burden of Ageing
- The Changing Dynamics of Ageing
- Framing a Social Policy on Ageing



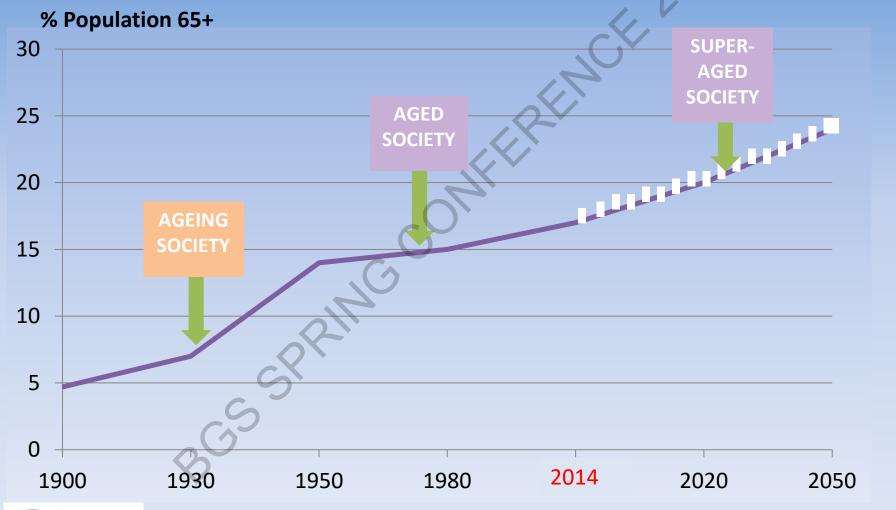
#### AGEING - A POLICY VACUUM

#### **Key Messages**

- The burden of ageing is a common starting point for policy makers and this militates against alternative narratives
- It is not demography or the economy that determine policy responses to ageing, it is politics and political ideology
- The changing dynamics of ageing together with new scientific knowledge create the case for a different policy approach
- A social policy on ageing should focus on the whole life course, not just the end of it, and promote active ageing for everyone

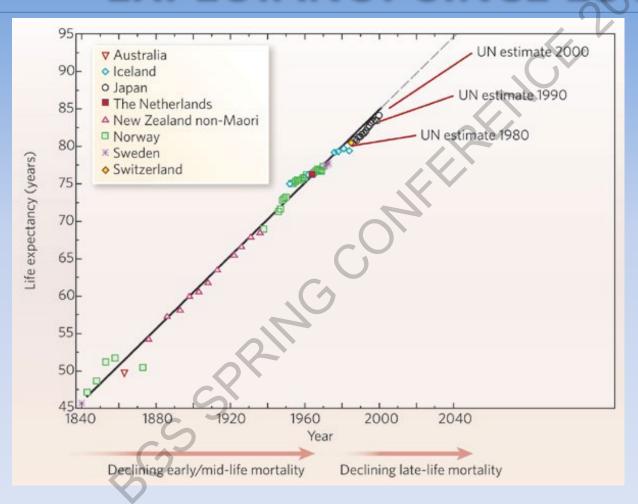


### FROM AN AGEING TO A SUPER-AGED SOCIETY





### STEADY INCREASE IN LIFE EXPECTANCY SINCE 1840

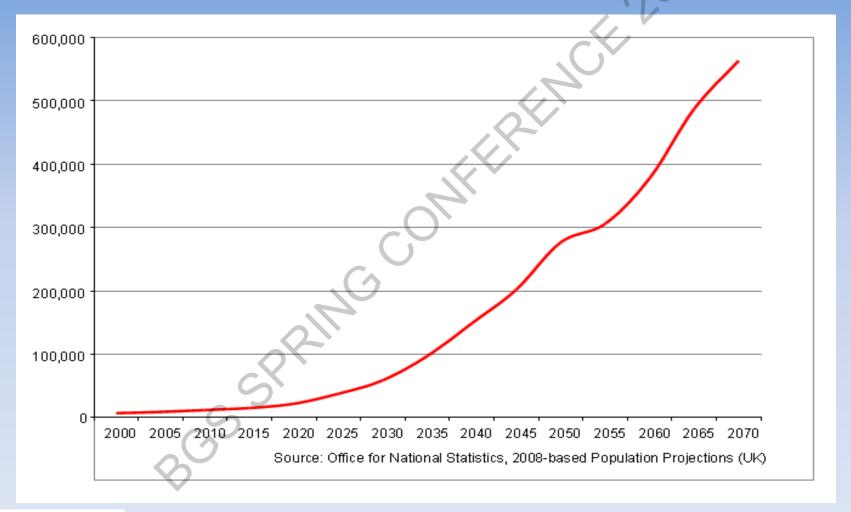


#### Source:

2008 American
Association for the
Advancement of
Science Modified with
permission from
Oeppen, J. & Vaupel,
J. W. Broken Limits to
Life Expectancy
Science 296, 1029
(2002).



# NUMBERS AND PROJECTIONS OF CENTENARIANS, UK 2000-2065





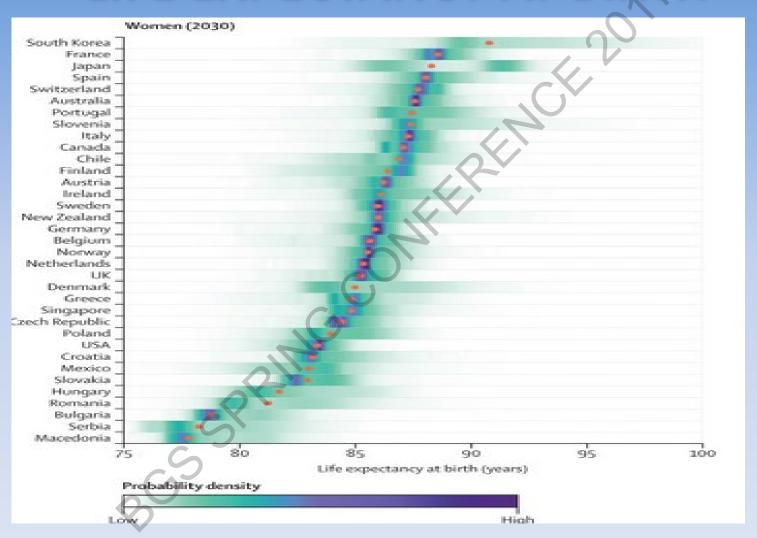
#### LIFE EXPECTANCY AT BIRTH





Source: The Lancet, 2017

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### PUBLIC ATTITUDES TO POPULATION AGEING

- NEGATIVE
- Despairing Demography
- Burden of Dependency Rhetoric
- Economic Doom

- POSITIVE
- Social and Economic Progress
- Decline in Causes of Premature Death
- Emergence of Balanced Population



#### BAD NEWS STORY

Dependency time-bomb

The 'silver tsunami' that threatens to overwhelm US social security system

World faces age of dependency

time-De World taces age

time-De World taces age

After the credit crisis,

over-65s outnumber young the pensions crunch

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 Economist

APRIL 26TH-MAY 2ND 2014

Economist.com

Warren Buffett: time for a break-up?

Germany abandons reform

China's middle-class exodus

How to teach your child to code

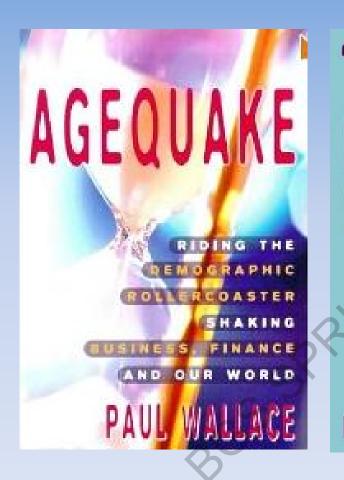
Robot sex, batteries not included

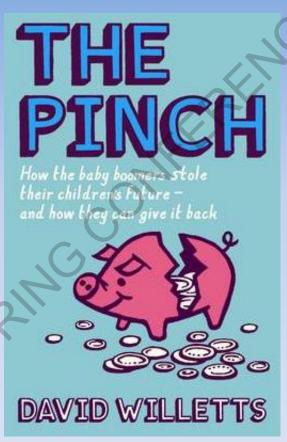
# A billion shades of grey

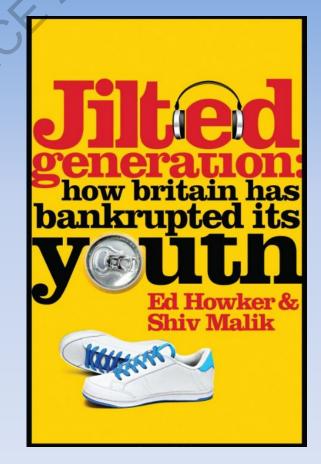




#### THE PROPHETS OF DOOM

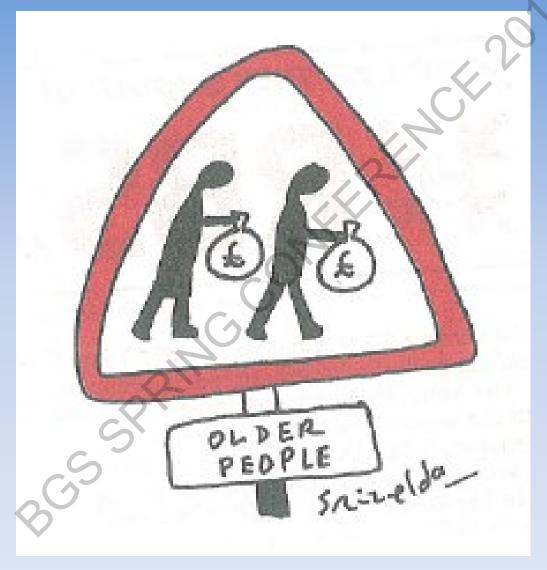






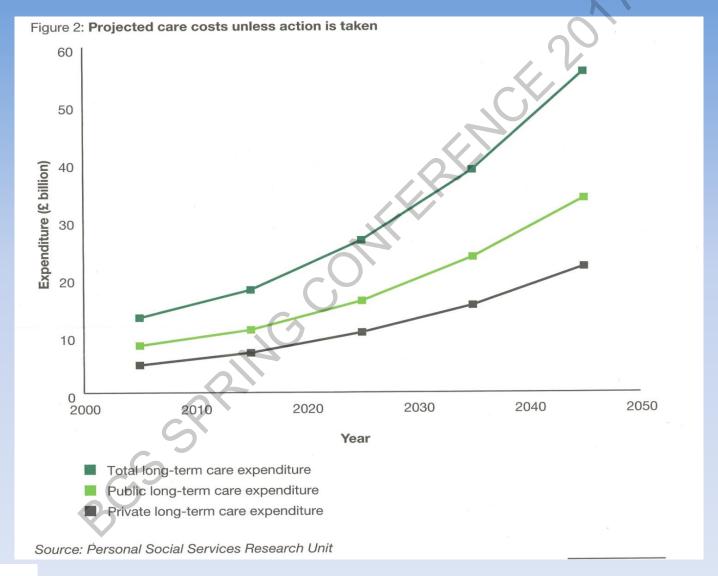


### GREEDY GEEZERS



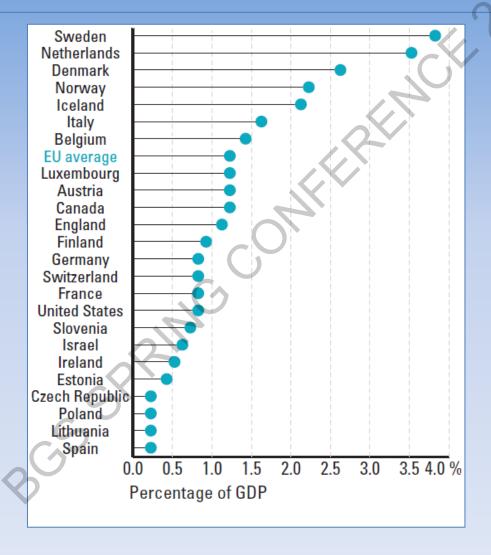


#### PROJECTED CARE COSTS



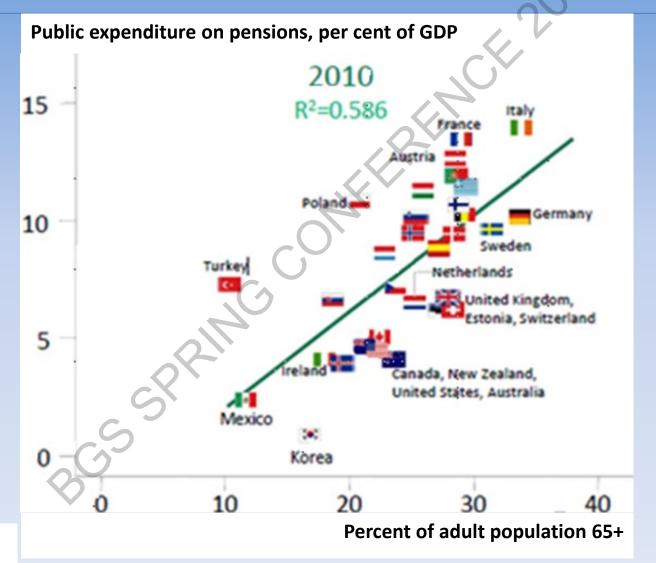


### PUBLIC SPENDING ON SOCIAL CARE





### NOT DEMOGRAPHY BUT POLITICS





### CHANGING DYNAMICS OF AGEING – A SUMMARY

- 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

The NDA is a multidisciplinary research collaboration to both investigate the new dynamics of ageing and the various influences shaping them; and to show how their consequences can be managed to achieve the maximum benefits for older people and society

- > ESRC, EPSRC, BBSRC, MRC, AHRC
- Budget = £22 million
- **> 2005 2015**
- 35 projects, 136 senior researchers, 42 post docs,25 PhDs
- > 128 others e.g. Advisory, partners, admin teams



# THE NEW DYNAMICS OF AGEING RESEARCH PROGRAMME



### RETHINKING AGEING: FRAMING A NEW SOCIAL POLICY

Overcoming the 'structural lag'

Replace burden thinking and the deficit approach with active ageing



### STRUCTURAL LAG: THE ROLE OF SOCIAL POLICY

- Common reliance on extrapolations, ceteris paribus
- Not enough multi-disciplinary research beyond the social sciences
- > Tendency to follow age group specialisms

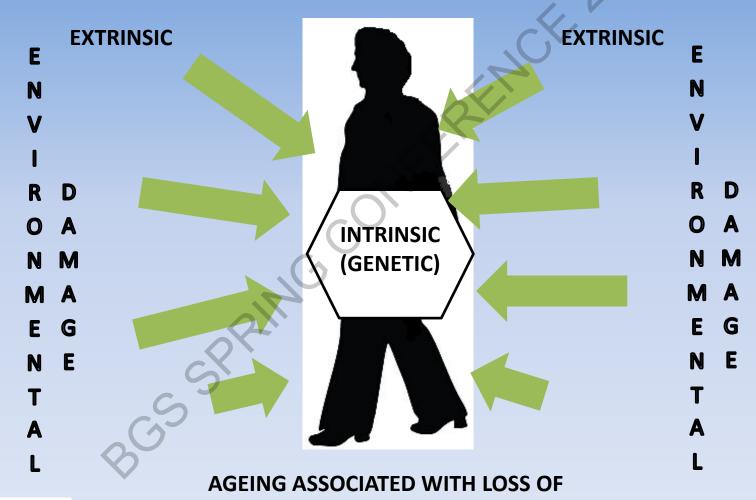


### STRUCTURAL LAG: THE ROLE OF SOCIAL POLICY

- Common reliance on extrapolations, ceteris paribus
- Not enough multi-disciplinary research beyond the social sciences
- > Tendency to follow age group specialisms
- Failure to provide lead role in confronting demographic change
- Absence of a social policy on ageing



### AGEING IS INEVITABLE BUT VARIABLE AND MALLEABLE

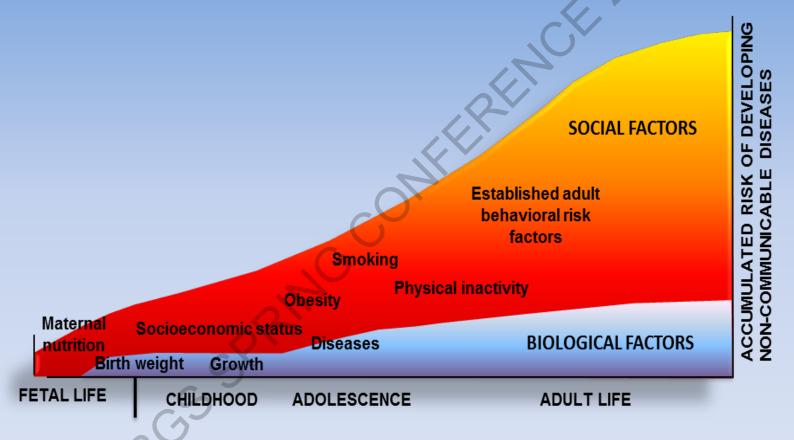


**FUNCTION** 



Adapted from Grimley Evans (2004)

# CUMULATIVE RISK FACTORS FOR THE DEVELOPMENT OF NON-COMMUNICABLE DISEASES ACROSS THE LIFE COURSE



Source: Adapted by Carmen Giefing-Kroell from Darnton-Hill et al., 2004



### VARIABILITY IN AGEING







#### LIVE LONGER AND HEALTHIER

- Prevention (postponement)
  - lifestyle: education, knowledge, opportunities, incentives
  - public health and medical care
- > Enabling environments
  - architecture, transport, education, working conditions, culture and sport, safety
  - prosthetics: physical supports, ICTs
- > Disability-reducing interventions



### 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



<sup>\*</sup> 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



### SCIENTIFIC CASE FOR A SOCIAL POLICY ON AGEING

- Only weak and inconsistent evidence of association between change in telomere length and physical capability in later life
- No consistent evidence of association between physical capability and common genetic markers (athletic status, growth hormone, bone & joint health)
- Clear influence of childhood socio-economic status and physical capability in old age
- Clear influence of early cognition and education on later life cognition







### SCIENTIFIC CASE FOR A SOCIAL POLICY ON AGEING

- Active ageing in later life greatly influenced by childhood circumstances
- > SOCIAL POLICY MORE IMPORTANT THAN GENETICS







#### **ACTIVE AGEING**

Active ageing should be a comprehensive strategy to maximise participation and well-being as people age. It should operate simultaneously at the individual (lifestyle), organisational (management) and societal (policy) levels and at all stages of the life course.



### ESSENTIALS OF AN ACTIVE AGEING STRATEGY

- All Activities That Contribute to Well-being (Mental and Physical)
- A Life Course Perspective: Maintaining/Regaining Mental and Physical Capacity
- Emphasise Prevention (Primary and Secondary)
- Use All Policy Levers Upstream and Downstream
- Include All Ages
- Empowerment Approach
- Respect for Cultural Diversity



### ACTIVE AGEING ACROSS THE LIFE COURSE

- **≻** Antenatal (foetal health)
  - Nutrition, antenatal care
  - Maternity grants / leave
- > Early Years (the best start in life)
  - Nursery education on ageing and health
  - Equal opportunities for all
- > School Age (education for life)
  - Maximising life chances
  - Preparation for life long learning
  - Understanding ageing and ageism

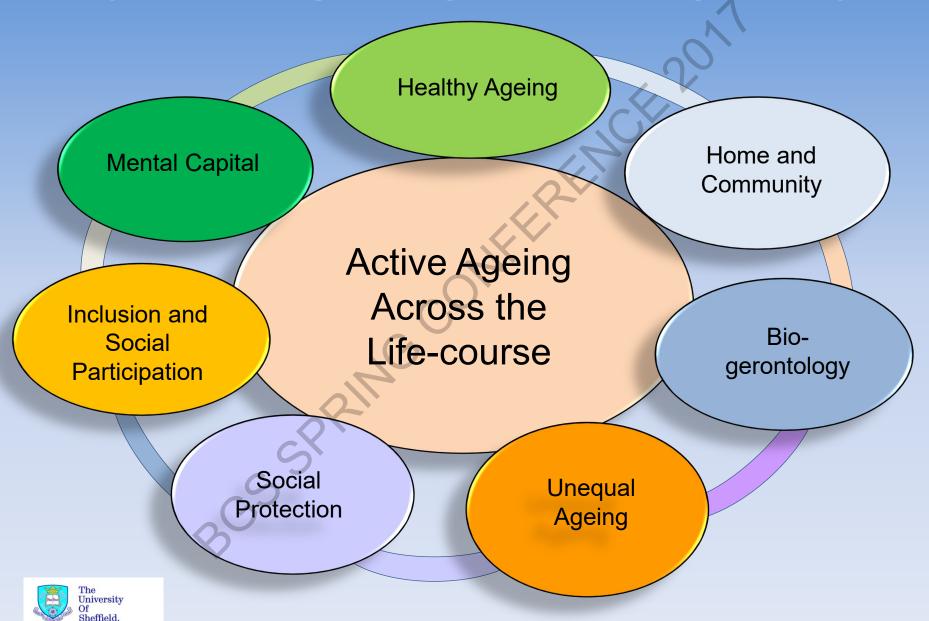


### ACTIVE AGEING ACROSS THE LIFE COURSE

- Working Age (age management)
  - Continuing education/ training
  - Active engagement in community and city life
  - Making the right health choices
  - A structured, gradual approach to retirement
- Late Life (maximising activity and new opportunities)
  - Maintaining health/ autonomy
  - Engaging in new activities
  - Continue Learning
  - Taking opportunities to participate in community life
  - Resisting dependency e.g. by using technology



#### **ACTIVE AGEING AND RESEARCH**



### QUESTIONS ABOUT ACTIVE AGEING

- > 'Activity'
- Dangers of over-prescription / coercion
- Risk of stigma
- > Equation of ageing with old age

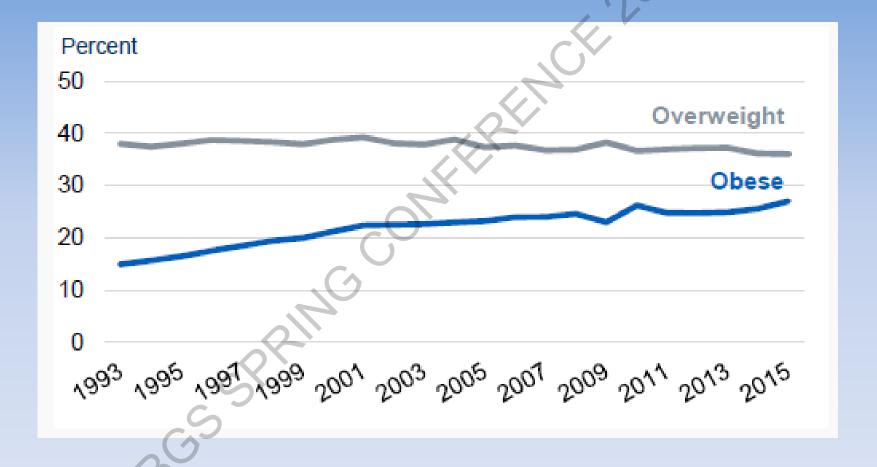


### CHALLENGES TO A SOCIAL POLICY ON AGEING

- Changing behaviour eg. Obesity
- Unequal ageing
   eg. Association between low physical
   activity and deprivation
- Political rhetoric eg. <u>The Pinch</u>
- Dominance of individualism / neoliberalism
   eg. Consumption is a personal matter

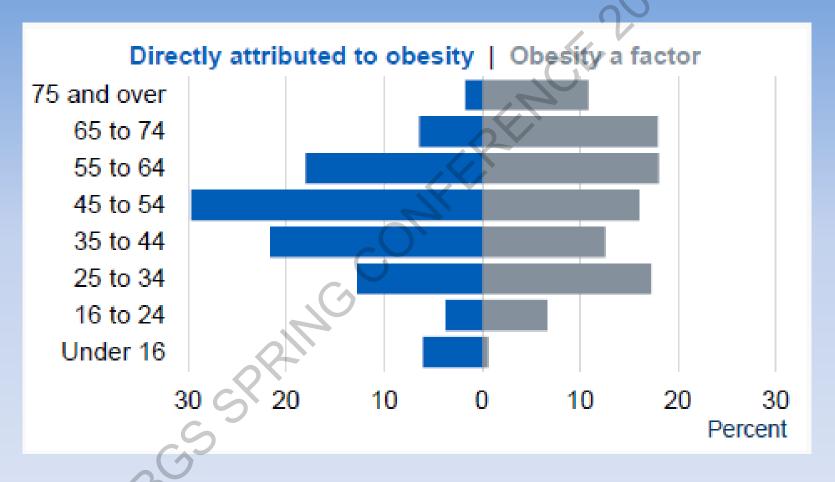


### PREVALENCE OF ADULT OBESITY



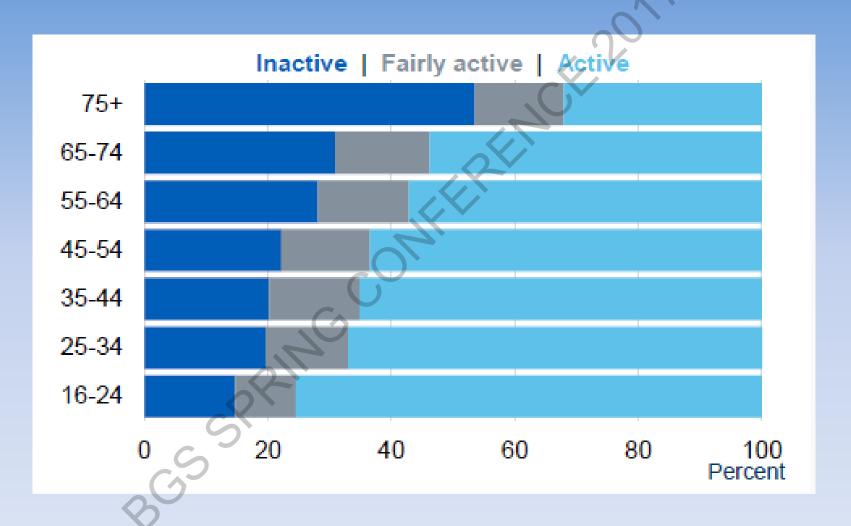


### OBESITY RELATED HOSPITAL ADMISSIONS





#### **ADULT PHYSICAL ACTIVITY**





#### **ADULT DIET: 5 A DAY**





### AMSTERDAM – CHILDHOOD OBESITY REDUCTION PROGRAMME

- Schools only providing drinking water, no juice. City investment in water fountains
- Cooking classes for children and parents to teach healthy variations on staple dishes
- City refuses to sponsor events with fast food companies
- Emphasis on sleep as well as healthy food and exercise
- Pressure from city on food companies to reduce fat, salt and sugar
- Focus on first 1,000 days of a child's life counselling for pregnant women and mothers
- Extra help for families of obese children who have problems eg.
   With debt, language difficulties and unemployment coordinated by a health worker.

TARGET: A healthy weight for all 0-5 year olds by 2018



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'If I'd known I was going to live this long, I would have taken better care of myself'

Eubie Blake On his 100<sup>th</sup> Birthday





#### **MOPACT**

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

