

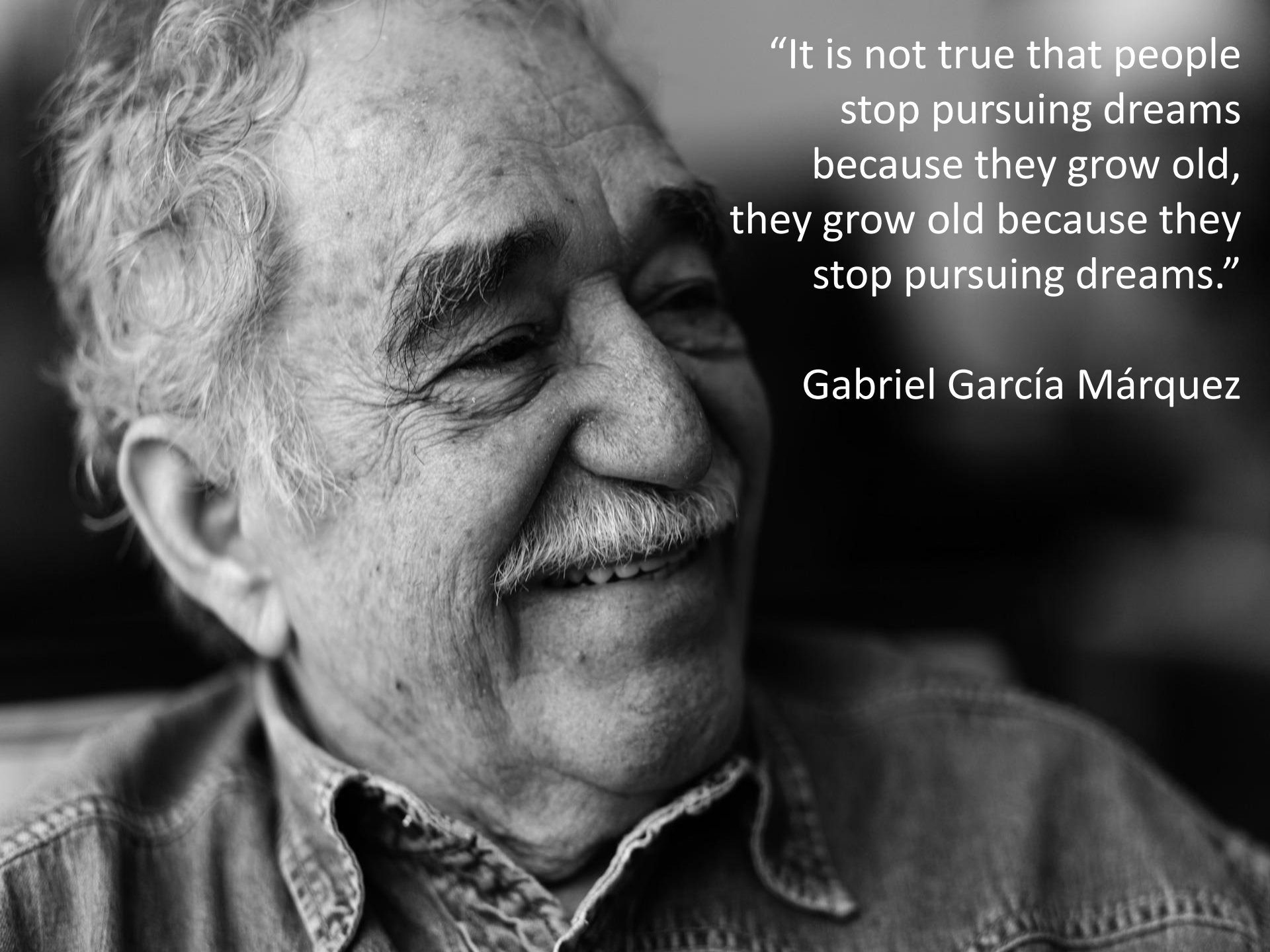


Inaugural Age Friendly University Conference

“Engaging Ageing”
2-3 Nov 2015



DUBLIN CITY
UNIVERSITY



“It is not true that people
stop pursuing dreams
because they grow old,
they grow old because they
stop pursuing dreams.”

Gabriel García Márquez

Why?

34%



Burden of disease in older people and implications for health policy and practice

23%

- Ageism
- Poor preparedness of health systems
 - Misplaced global health priorities
- Complexity of integrating care for complex multi morbidities

A close-up portrait of Clive James, an older man with glasses, smiling slightly. He is wearing a blue button-down shirt. The background is a solid dark red color.

Clive James

hopes the sum total of
his work will have
been useful to the
world



PORTLAND, OREGON: AGE-FRIENDLY CITIES PROJECT



Margaret B. Neal & Alan DeLaTorre
Portland State University



Portland, Oregon Information (according to 2005 census data used for WHO study)

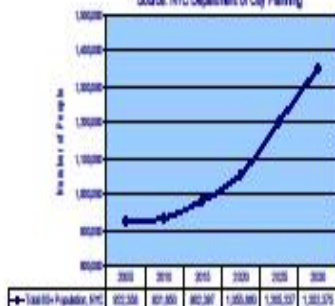


Age-friendly New York City

Ruth Finkelstein, SoD
The New York Academy of Medicine, New York, New York, USA

City Information

Growth of NYC's 65+ Population, 2005-2030
Source: NYC Department of City Planning



- New York is home to more than 8.2 million people.
- In 2005, approximately 1.3 million New York residents were age 60 or older
 - Nearly half of older New Yorkers are members of an ethnic minority group
 - One quarter speak English "less than very well"
 - Women outnumber men by nearly 3 to 2
 - Rates of poverty, disability, and living alone are higher than national averages
 - Fastest growing segments are also the poorest: women living alone, ethnic minorities, and those aged 75 and over




“an age friendly city
benefits everyone:
children, the young, the
old”



WORLD
REPORT
ON
**AGEING
AND
HEALTH**

World Health Organization, Ageing and Health

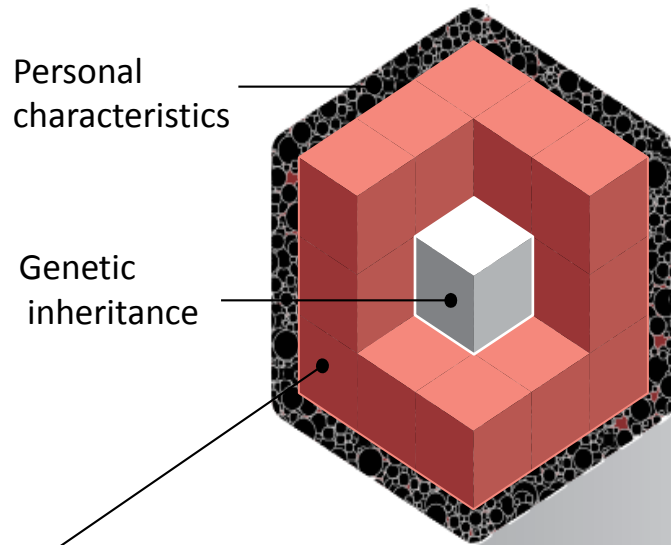
Strategic Objectives 2016-2020

- 
1. Fostering healthy ageing in every country
 2. Aligning health systems to the needs of older populations
 3. Developing long-term care systems
 4. Creating age-friendly environments
 5. Improving measuring, monitoring and understanding



Healthy Ageing

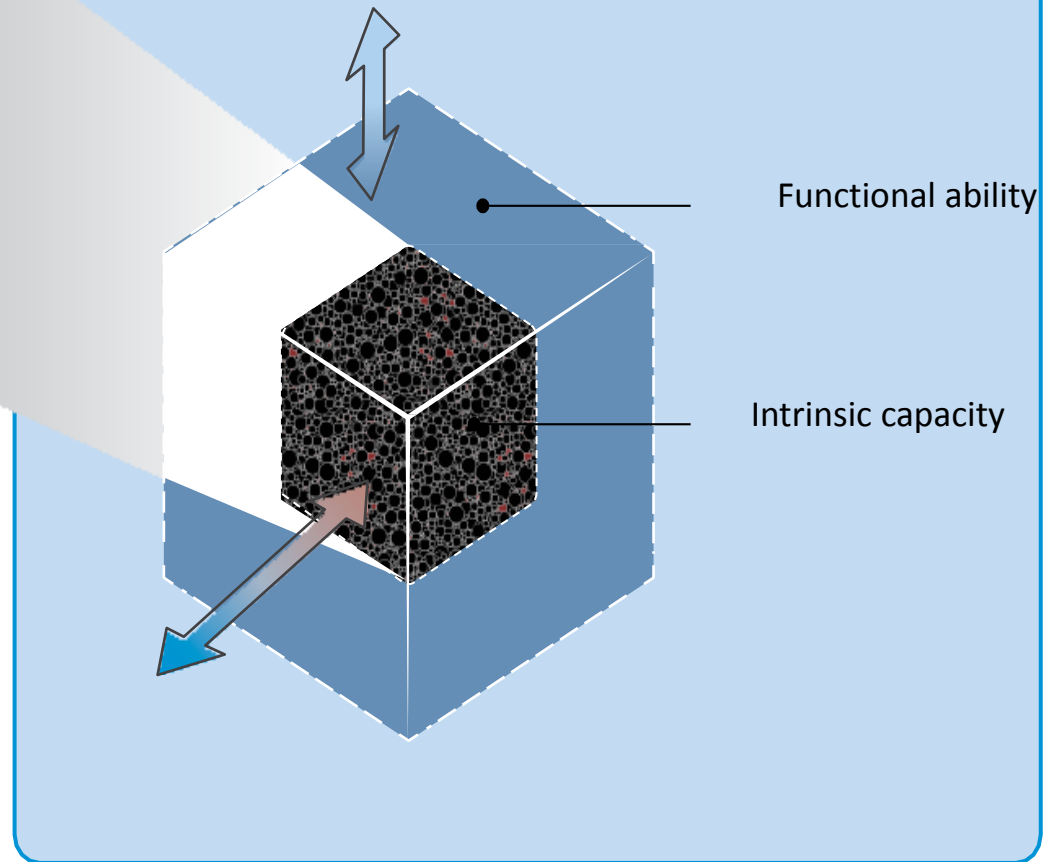
Intrinsic Capacity



Health characteristics

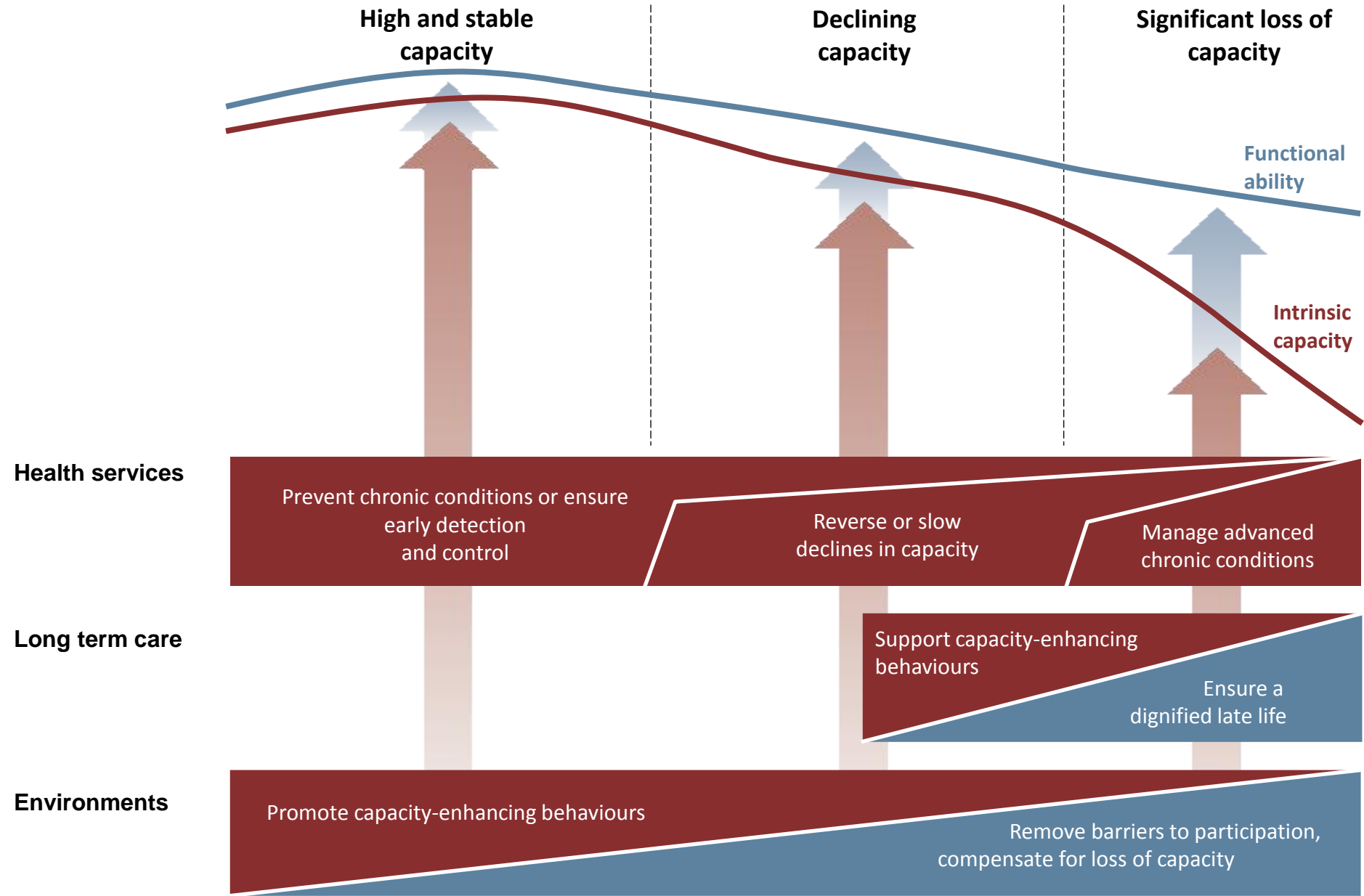
- Underlying age-related trends
- Health-related behaviors, traits, skills
- Physiological changes and risk factors
- Diseases and injuries
- Changes to homeostasis
- Broader geriatric syndromes

Environments



Public-health framework for **healthy ageing**

Opportunities for public-health action across the life course





Domains of functional ability

- Meet basic needs
- Learn, grow and make decisions
- Be mobile
- Build and maintain relationships
- Contribute

Meet basic needs

(financial, housing, personal)

1 in 5

Czech Republic, France, Hungary,
Luxembourg, Netherlands and
Poland

-Local policies make a difference-

Goal - Housing that *enables* older people to be safe and comfortable regardless of age, income or capacity

Personal poverty and
neighborhood poverty

Older women in OECD are 33%
Increased risk of symptoms of
more likely to be poorer
depression
than men

International Covenant on Economic, Social and Cultural Rights (1966, 1976)



....."adequate privacy, space, security, lighting and ventilation, basic infrastructure and location with regard to work and basic facilities – all at a reasonable cost"

"the right to live somewhere in security, peace and dignity"

The right to adequate housing is

Autonomy, dignity and integrity freedom and independence



The Adult Education Guidance Association of Ireland

- already in literacy programmes
- additional guidance on
 - personal development,
 - stress management
 - interview techniques






Welte T *et al.* Clinical and economic burden of community-acquired pneumonia among adults in Europe. *Thorax*. 2012;67:71–79.
Corrales-Medina, F V *et al.* Association Between Hospitalization for Pneumonia and Subsequent Risk of Cardiovascular Disease. *JAMA*. 2015; 313:264-74.

Movement in all its forms, whether
powered by the body or a vehicle



Strengthen what older people can do: Their capacity to move

- 
- A person is seen from behind, walking up a wide set of stone stairs. They are wearing a light-colored, patterned short-sleeved shirt, dark trousers, and white socks with shoes. A large, light-colored backpack is worn on their back. The stairs are made of wide, light-colored stone steps.
- Reducing barriers
 - Using assistive technologies
 - Strengthening capacity to move
 - Improving availability and accessible of transport

Functional exercise





Abilities to build and
maintain relationships



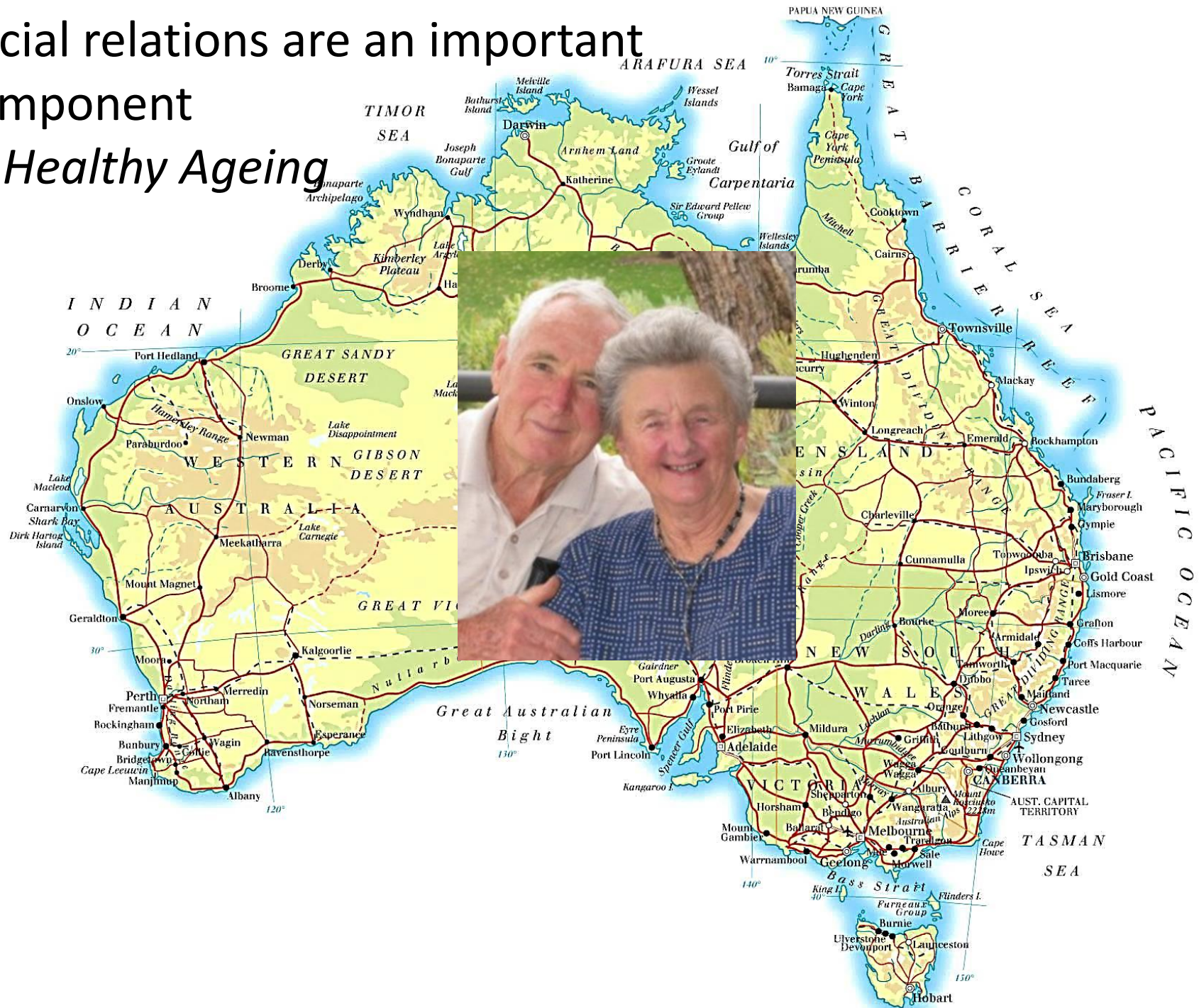


28,500

215,700

23.7m hrs

Social relations are an important component of Healthy Ageing

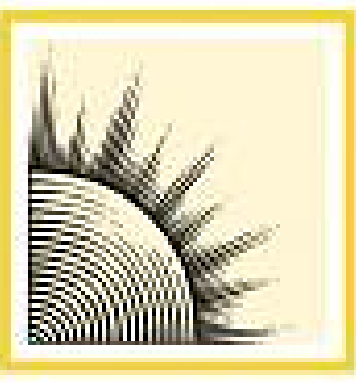


Loneliness and social isolation

Associated with decreases in health status and quality of life, are distinct characteristics and may have independent impacts on health



Prevalence of social isolation in community-dwelling older people range from 7 to 17%;
~40% of older people report feeling lonely



Senior Center Without Walls

An ESC Senior Resources Program



"You get isolated when you're homebound. But now I have a contact with the world again, and I'm developing interests I never knew I had."

~ Clarissa

"Everybody is a genius.

**But if you judge a fish by its
ability to climb a tree,
it will live its whole
life believing that
it is stupid."**

~ Albert Einstein



Ability to contribute



Lords debates older people's contribution to society (Dec 2012)

'As things stand, more than half the over-60 population are involved in some sort of formal and structured voluntary work.'

'A conservative estimate of the value of the voluntary work already done in caring and family maintenance alone by the over-60s is in the region of £50 billion.'

You feel overlooked?
And undervalued?



Mmm. Do you think
I'm being paranoid?



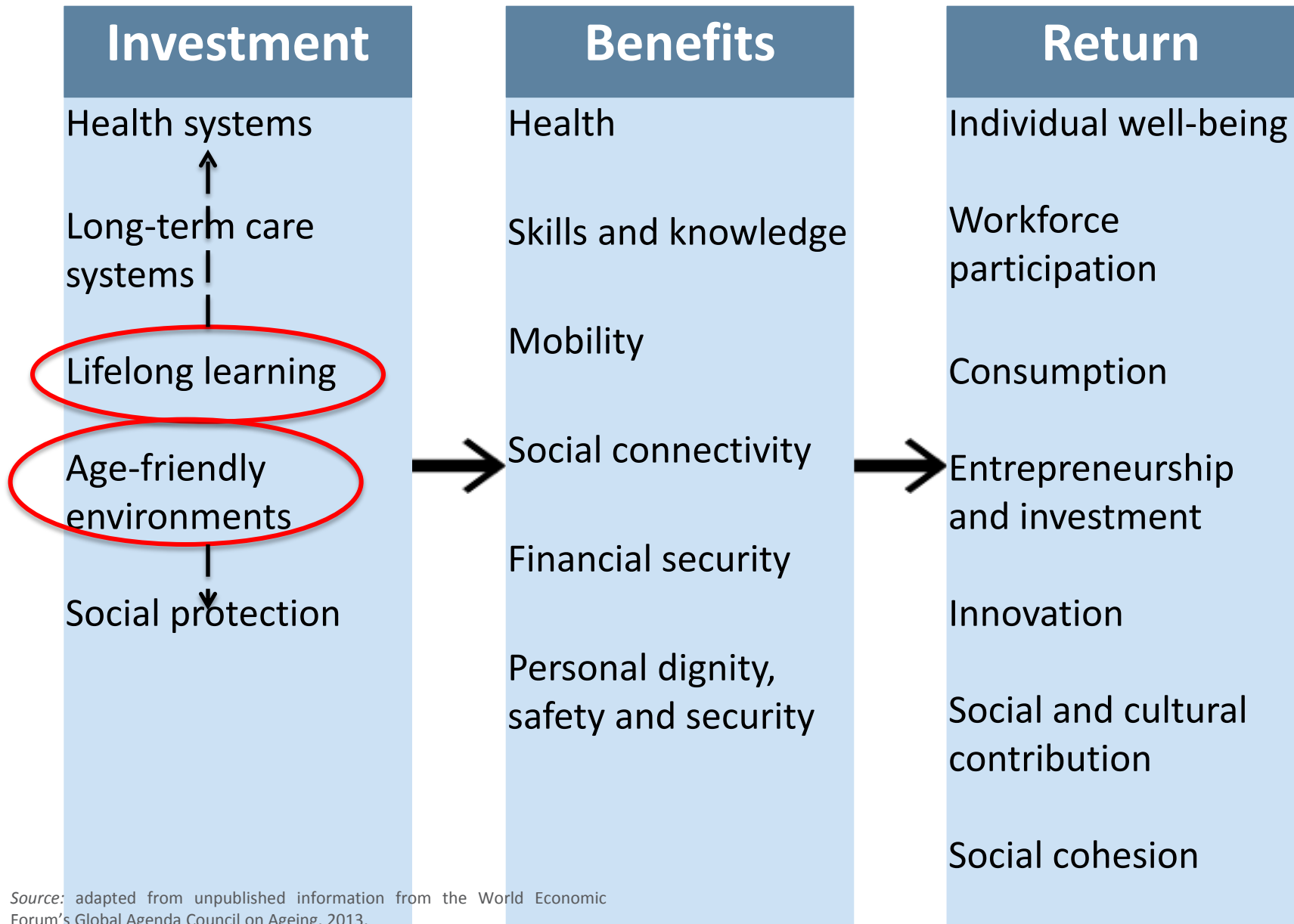
No. Not at all.



It's just that this is a very
young, sexy, vibrant office



Return on investment



Source: adapted from unpublished information from the World Economic Forum's Global Agenda Council on Ageing, 2013.

Functional Ability

**High and stable
capacity**

Declining capacity

**Significant loss of
capacity**

Prevent chronic conditions or
ensure early detection
and control

Reverse or slow
declines in capacity

Manage advanced
chronic conditions

Support capacity-
enhancing behaviors

Ensure a
dignified late life

Promote capacity-enhancing behaviours

Remove barriers to participation,
compensate for loss of capacity



Align health systems to the older populations they now serve

- Develop and ensure access to services that provide older-person-centred and integrated care
- Orient systems around intrinsic capacity
- Ensure a sustainable and appropriately trained health workforce

Develop long-term care systems

- Establish the foundations necessary for developing a system of long-term care
- Build and maintain a sustainable and appropriately trained LTC workforce
- Ensure the quality of long-term care

Ensure everyone can grow in an age-friendly environment

- Combat ageism
- Enable autonomy
- Support *Healthy Ageing* in policies at all levels of government

Improve measurement, monitoring and understanding

- Agree on metrics, measures and analytical approaches for *Healthy Ageing*
- Improve understanding of the health status and needs of older populations and how well their needs are being met
- Improve understanding of *Healthy Ageing* trajectories and

Principles of an Age Friendly University

- To encourage the **participation** of older adults
- To promote personal and career development in the second half of life
- To recognise the **range of educational needs** of older adults
- To promote **intergenerational learning**
- To widen access to **online educational opportunities**
- To ensure that the university's **research agenda** is informed
- To increase the understanding of students of the **longevity dividend**
- To enhance access for older adults to the **health and wellness**
- To engage actively with the university's own **retired community**.
- To ensure regular **dialogue** with age-related organisations





Periods of intrinsic capacity

High and Stable Capacity	Declining Capacity	Significant Loss of Capacity
Risk behaviors, emerging NCDs	Falling mobility, sarcopenia, frailty, cognitive impairment, dementia, sensory impairments	Difficulty in performing basic tasks, pain and suffering caused by advanced chronic conditions



Build and maintain capacity and resilience



Reverse, stop or slow the loss of capacity



Compensate for loss of capacity



Response from Age-friendly Universities



Summary

1

Healthy Ageing

- Interplay between intrinsic capacity and environment
- Active ageing is not excluded from the approach
- Approach enables older people to do what they value.

2

Age-friendly Environments

- Five domains of functional ability
- Broader than AFCC
- Functional and AFCC domains connect
- Across sectors and disciplines

3

Age Friendly Universities

- Built on a capability approach
- Principles alone cannot be the change agent
- World Report provides the space for action
- Leadership is required



Knowledge impacts
attitudes and decisions

IFA Vision

A world of healthy older people whose rights and choices are both protected and respected



Global point of connection and networks of experts and expertise to influence and shape age-related policy