Submission to Office of the First Minister and Deputy First Minister on
Active Ageing Strategy 2014-20
Northern Ireland

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Introduction

The Institute of Public Health in Ireland

The remit of the Institute of Public Health in Ireland (IPH) is to promote cooperation for public health between Northern Ireland and the Republic of Ireland in the areas of research and information, capacity building and policy advice. Our approach is to support Departments of Health and their agencies in both jurisdictions, and maximise the benefits of all-island cooperation to achieve practical benefits for people in Northern Ireland and the Republic of Ireland.

Active ageing has been identified as a priority by the World Health Organization and there is now widespread consensus that measures to ensure older people remain healthy and active are a necessity rather than a luxury (World Health Organization, 2002a). IPH welcomes this opportunity to submit its views on the development of an Active Ageing Strategy 2014-20 for Northern Ireland. This submission focuses on the need to incorporate healthy ageing as a key component of the Strategy.

With population ageing, a growing proportion of the population of Northern Ireland may face a decline in health posing significant challenges to the planning and delivery of health and social care services. The need to create a high quality of life for our ageing population is now widely recognised among policymakers, service providers and older people alike, however one of the greatest challenges facing Northern Ireland is how best to adapt policies and strategies to meet projected demographic and epidemiological changes. High level strategic approaches are needed to guide actions which can optimise quality of life and health outcomes for older people in Northern Ireland. The challenge posed by population ageing can be met by investment in healthy ageing.

The IPH considers that proactive measures to tackle the future health challenges posed by an ageing population will contribute towards building a healthy and active population for the future of Northern Ireland. Substantial benefits can accrue from the development of an active ageing approach that is inter-sectoral, comprehensive and evidence-based.

The Context of Health and Ageing in Northern Ireland

Population ageing is characterised by an overall increase in the population, coupled with an increase in the proportion of the population aged 65 years and over. In 2011, 13% of the population in Northern Ireland was aged 65 years and over (Northern Ireland Statistics and Research Agency, 2012) and it is projected that this figure will almost double by 2041 (McGill, 2010). The largest increase is expected for the older old; the numbers of those aged 80 years and over is expected to triple by the same date.
While life expectancy has increased in recent decades, it is not clear that life without disability and ill health has increased to the same extent (Balanda et al., 2013). Previous research has suggested that chronic conditions, poor self-rated health and functional impairment are more common in Northern Ireland than in the Republic of Ireland and in those from lower socioeconomic groups in both regions (Balanda et al., 2010, Ward et al., 2009, McGee et al., 2005). In the 2011 census, 12.7% of those aged 60 to 74 in Northern Ireland rated their health as either bad or very bad compared to 4.7% of the population aged between 16-60 years. Furthermore, research conducted by the Institute of Public Health projected a substantial rise in the number of people living with a chronic disease in the next decade, as a direct result of the demographic shift and a change in lifestyle related risk factors (Balanda et al., 2010). It is noteworthy that risk factors for chronic conditions such as obesity are becoming more common. This study highlighted the importance of investing in healthy ageing and health promotion initiatives as most chronic diseases and their complications are preventable.

1.3 Key Points:

- IPH welcomes this opportunity to submit its views on the development of an Active Ageing Strategy 2014-20 for Northern Ireland. This submission focuses on the need to incorporate healthy ageing as a key component of the Strategy.

- IPH notes the recognition of health in its broadest dimension of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

- There are two additional core considerations which are not addressed by the strategic aims:
  1. the important role of health promotion in healthy ageing
  2. recognition that health is influenced by a broad range of social and environmental factors

- Health promotion has an important role in ensuring a healthy older population. Many conditions in later life are preventable and health promotion interventions can ensure that older people with chronic conditions can remain active and independent in later life, reducing dependency and care needs.

- Promoting and maintaining the health of older people therefore requires broad strategies which change social norms and redistribute population level risk for health outcomes in later life. Such initiatives require an integrated cross-sectoral approach, at national, regional and local level.
(Q.8) Strategic Context of the Active Ageing Strategy

IPH welcomes the application of the United Nation Principles in the Strategy, however advocates for the inclusion of a healthy ageing approach in the Strategy to meet the challenges posed by population ageing. There are powerful arguments for investing in health in its own right as distinct from care. The European Foresight study on the future of healthcare systems and ageing highlights that effective health strategies should aim at the prevention of diseases instead of spending too many resources on curing them (European Foresight Monitoring Network, 2009).

The World Health Organization (WHO) defines healthy ageing as the ability of people of all ages to live a healthy, safe and socially inclusive lifestyle. It recognises that factors beyond health and social care have a major effect on health and well-being, and that a contribution must be made by all sectors with an influence on the determinants of health. It also embraces a life course approach to health that recognises the impact that early life experiences have on the way in which population groups age.

(Q.9) Active Ageing Strategy Vision

"Northern Ireland is an age friendly region in which all people, as they get older, are valued and supported to live actively to their fullest potential; with their rights and dignity protected."

Yes, the IPH agrees with the vision as outlined.

(Q.10) Strategic Aims

The IPH agrees that the strategic aims as outlined in the consultation questionnaire are appropriate to a Strategy aimed at active ageing. In particular it welcomes the recognition of health as ‘a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity’.

In this context however, there are two additional core considerations which are not addressed by the aims: the important role of health promotion in healthy ageing and recognition that health is influenced by a broad range of societal factors requiring broad population strategies which entail policy interventions to change social norms and redistribute population level risk for health outcomes in later life.

(Q.11) Additional themes that the Active Ageing Strategy should cover

1. Acknowledgement of the important role of health promotion in healthy ageing.
The strategic aims as outlined do not sufficiently take account of the important contribution of health promotion in active ageing. Many conditions in later life are preventable and health promotion interventions can ensure that older people with chronic conditions can remain active and independent in later life, reducing dependency and institutionalisation. The earlier the adoption of effective health promoting, the greater the benefit in older age, however the balance of evidence now highlights that interventions targeting older people themselves have benefits that enable them to remain healthy, active and productive. According to WHO, it is rarely too late to change risky behaviours to promote health: for example, the risk of premature death decreases by 50% if someone gives up smoking between 60 and 75 years of age. Interventions that are successful for other age groups are also effective for older age groups.

A review conducted by the NHS in 2009 emphasised that building an NHS for the future demands a focus on helping people to stay healthy as well as treating them when they are sick and it emphasised the need for investment in prevention, particularly in the context of the economic recession. A series of resources have been developed by the NHS to guide healthy ageing interventions in the health services. The Prevention Package for Older People (Department of Health, 2009b) was published as a series of resources to support Primary Care Trusts in prioritising and commissioning services that promote the health, well-being and independence of older people. Resources published to date include those on falls, foot care, hearing services, intermediate care and discharge from hospital. Further resources are expected on depression, continence and arthritis. The health benefits of physical activity for older people are also highlighted in commissioning guidance (Department of Health, 2009a) and in the annual report of the Chief Medical Officer (Department of Health, 2010).

In addition to the many benefits for increased quality of life for those living longer, health is an important determinant of economic growth and competitiveness. Healthy ageing contributes to the labour supply and decreases the likelihood of early retirement.

2. Acknowledgement of the important influence of the broader determinants of health on outcomes in later life.

The determinants of health in later life often lie outside the sphere of influence of the individual. Factors influencing health such as personal and lifestyle related factors; environmental factors, including living spaces and neighbourhoods as well as economic factors including employment, occupation and retirement are largely determined at a societal level. Social determinants of health, such as income and education, influence the choices that individuals can make and create life circumstances which limit opportunities for healthy lifestyle and create health inequalities.

WHO’s Active Ageing Framework provides a useful model for understanding how social, personal and behavioural determinants interact with the physical environment and access to health services to enable or prevent active ageing (World Health Organization, 2002b). A key component of WHO’s active ageing framework is the consideration of how the broad
determinants of health affect the process of ageing. Gender and culture are listed as two ‘cross-cutting’ determinants which shape the way we age and influence all the other determinants of active ageing. Other determinants of health identified in this framework include:

- health and social service system determinants (for example, health promotion and disease prevention, curative services, long-term care, mental health services)
- behavioural determinants (for example, tobacco use, physical activity, nutrition, alcohol, oral health, medications)
- physical environment determinants (for example, housing, safety of home environment, clean water/air, safe foods)
- social environment determinants (for example, social support, violence and abuse, education)
- personal determinants (for example, biology, genetics, psychological factors)
- economic determinants (for example, income, social protection, work).

Promoting and maintaining the health of older people therefore requires broad population strategies which entail policy interventions to change social norms and redistribute population level risk for health outcomes in later life. Such initiatives require an integrated cross-sectoral approach, at national, regional and local level. Comparative analysis examining the implementation of health promotion initiatives across eleven EU countries found a considerable policy emphasis on bio-physical determinants of health and behaviour change with little focus on the broader dimensions of health (Strumpel and Billings, 2008). An emphasis on bio-physical health rather than psychosocial health and well-being promoted a ‘top down’ approach using more traditional health education methods despite acknowledgement that health education techniques are not always the most successful in establishing long-term health change, ignoring the wider social and environment context that act as strong barriers to behaviour modification.

Incorporating a healthy ageing approach in the Strategy would allow for recognition of the broader societal influences on health and provide support for the development of policy interventions to tackle key determinants of health which lie outside the control of individuals.
References


BALANDA, K., FAHY, L., ABDALLA, S. & BARRON, S. 2013. Extra healthy years or just extra years? What can we know from the data we have on the island of Ireland? Dublin: Institute of Public Health.


