

CONFERENCE ON "ACTIVE AND HEALTHY AGEING"

***Celebration of the "European Day of Solidarity
between generations"***

Logroño, 29 – 30 April 2010

Speaker: Howard Oxley OECD

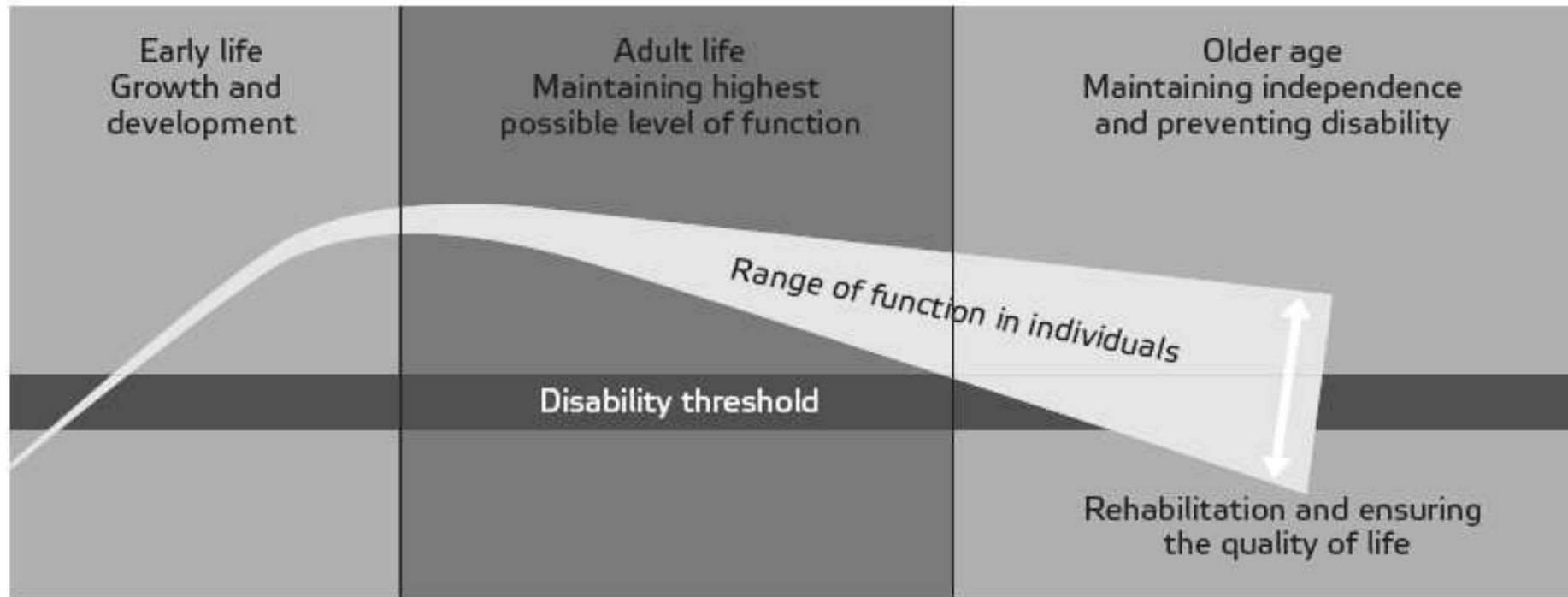
**"Active and healthy ageing: some introductory
remarks"**

Three key points

- I. What is healthy ageing?
- II. Why is healthy ageing so important?
- III. How to achieve healthy ageing? –A policy menu

I. What is the goal of “Health Ageing” (WHO)

Functional capacity



II. Why is the issue of “healthy ageing” becoming so important ?

Four interlinked reasons:

1. First, It promotes increased welfare for the elderly

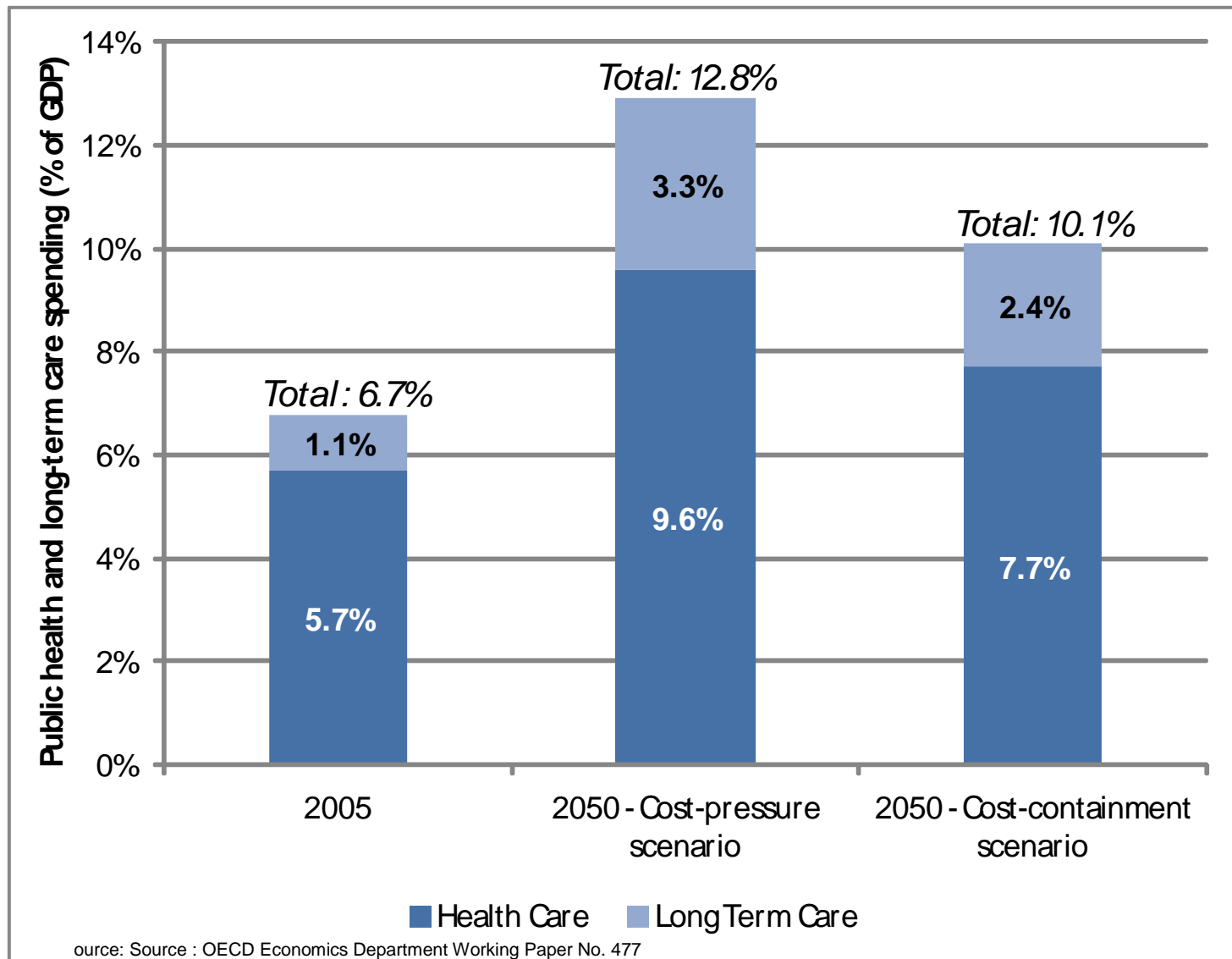
- Healthy ageing means improved well being for older individuals – they benefit more from longer lifetimes.

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2. The second reason concerns: Rapidly aging populations

- Dependency ratios will move from around 1:4 now to 1:2 in 2050 as baby boomers move into retirement.
- Declining mortality in the post-war period has meant that people can now expect to live until their early 80s.

3. A background of rising costs of public health and L-T care spending



4. Health ageing may help reduce the demand for care .

- Good health among the elderly means less demands on the health system
- Indeed, the impact of ageing on public health spending in projections might be halved if **healthy life expectancy** were to increase in line with the expected increase in life expectancy to 2050
- No clear signs that longer lifetimes are always associated with longer **disability-free** lifetimes

III. Policies for healthy ageing

- Integration of the elderly into the economy and into society
- Better lifestyles
- Better adapted health care systems to the health needs of the elderly
- Attacking underlying social and environmental factors impinging on health

Healthy and active ageing is likely to result from some combination of:

- Working longer + increased participation in community or other social networks;
- Changes to lifestyles (keeping fit, good diet and reduced substance abuse– e.g. tobacco and excessive alcohol intake)
- Health systems that are better adapted to the needs of the elderly with more emphasis on chronic disease and cost-effective prevention possibly with better primary care systems
- Reduced poverty among the elderly and better adapted living conditions

The challenge of policy choice

- Let me raise a few additional policy issues that I think are important:
 - Current **fiscal conditions** are likely to constrain spending on healthy ageing policies for some time to come unless there is a balance of proof that healthy-ageing policies are cost effective or that they reduce overall health care costs rather than increase it.
 - Governments may be reluctant to engage in spending when cost-effectiveness is not assured. Unfortunately the evidence base to convince them is currently weak.

The need for national programmes

- Governments may be better convinced if they were to set up national framework policies or strategies. The impact of individual policies may be strengthened if they are placed within a wider policy framework for healthy ageing aimed at making policies reinforce each other. (Sweden, Ireland and now France).
- Or structured more clearly within existing health care systems.

Summing up

- Healthy ageing policies have a strong future and they will provide immense benefit if they can be put in place in an effective and attractive manner
- But they will need to convince funders that money is being well spent.

Further Reading

- Lafortune, G. and G. Balestat, “Trends in severe disability among elderly people: Assessing the evidence from 12 OECD countries and the future No. 26
- Oxley, H. (2009), “Policies for healthy ageing: an overview”, *OECD Health Working Papers* No. 42.
- SNIPH (2007), *Health Ageing: a Challenge for Europe*, EU Brussels.

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"Active and healthy ageing: some introductory remarks"

1. Life expectancy of the elderly has progressively increased over recent decades and this trend is expected to continue. However, lengthening lifetimes are not always accompanied by good health. Studies in the United States suggest that the cost and prevalence of chronic disease is increasing among the elderly (Thorpe and Howard, 2006). Similarly, Lafortune and Balestat (2007), in a study of data from 12 OECD countries, find clear overall trend in disability. In this context, healthy ageing—i.e. maintaining the elderly in good health and keeping them autonomous and independent over a longer period of their remaining years—is generally considered to impact directly on the costs of health and long-term care, as well as independently increasing the welfare of the elderly.
2. Healthy ageing is likely to be of singular importance for the costs of ageing. Recent projections foresee an increase in overall age-related public spending (pensions, health and long-term care) of approximately 4 to 5 percentage points of GDP between 2004 and 2050 for the EU-15 and around 6 per cent for the EU10. Latest OECD projections for health and long-term care suggest spending increases of around 3 ½ percentage points of GDP (OECD average) and around 6 percentage points if current trends in non-demographic drivers of health care spending (e.g. technology) continue. With the current economic crisis and large public sector deficits, governments will have increasing difficulty in meeting the demand of the population for care.
3. The magnitude of the results suggest that health and long-term care costs will place growing pressure on public finances and that patterns of dependency will have an important impact on the long-term care component where spending increases are largest. Simulations of different hypotheses indicate that public spending would increase ½ a percentage point of GDP less (between 2005 and 2050) if half of this lengthening took the form of increased independent living by elderly.
4. There is widespread consensus that the impact of an increased share of the elderly in the population on overall health-care costs can be mitigated by keeping

individuals in good health and out of hospitals and doctors' offices. Nonetheless, the desirability of any of these policy actions will depend on whether unhealthy behaviour is amenable to correction from public policies, and the potential size of the impact on health outcomes once the cost of such programmes are allowed for. In addition, a wide range of policies can affect healthy ageing and, require coordination across a number of ministries.

5. The potential scope of "healthy ageing" policies is wide. Programmes can be grouped under four broad headings.

1. Improved integration in the economy and into society by Delayed retirement. This can raise the level of GDP and the capacity to finance social programmes more generally. It also helps avoid or at least delay the social and economic difficulties many individuals face when exiting the labour market, Nonetheless, there remain a wide range of policy impediments that discourage individuals from working longer.

2. Better lifestyles

2. Better lifestyles are likely to be key to further improvements in the longer-term health of the elderly. But because they require changes to individual behaviour, improvements in this policy dimension may be difficult to engineer. The sooner risky behaviour changes, the higher the chances of enjoying longer healthy lives. More *physical activity, better nutrition* and *reduced substance use and misuse* are three key tools. Older people's diets need special attention: energy requirements decline with age but they have the same need for nutrients.

3. Better health care systems for the elderly

Health systems are often not well set up for the elderly. More regular follow-up of chronically-ill patients and better coordination of care is needed as the share of patients with chronic conditions increases. Medical care systems have become more specialised and fragmented over time. Policies in this area are enhanced preventive health services, efforts to reduce accidents, for example through the promotion of safe homes for the elderly, greater attention to mental illness and better self-care.

4. Attacking underlying social and social and environmental factors affecting healthy ageing and establishing more coherent policy frameworks.

6. The individual impact of such actions has often been noted but they have rarely been implemented in a self-reinforcing way. Wider policy frameworks which bring together these different dimensions of policy into a more coherent whole and that take into account the potential interactions between different programmes are needed. Such strategies may be best achieved at national level within the context of a broader national health strategy, and such approaches have been put in place in some European countries. These strategies can provide valuable support for health-promotion actions across different policy areas.

7. With the ageing of OECD countries' population over coming decades, maintaining health in old age will become increasingly important. Successful policies

in this area could help increase the probability that individuals can and will work longer and retire later; provide an increase in the availability of informal care and help slow the increase of the demand for health and LTC services.

8. However, it still remains unclear as to which are most effective—and even more important for policy makers trying to make reasoned judgments about resource allocation—which are cost-effective. More research is needed in this area if appropriate policy choices are to be made for public interventions.

9. Within this policy context, government will want to focus on areas where the costs of intervention are low and the payoffs are high. This may mean emphasising the role of the associative and non-profit sector which mainly relies on volunteer/community activities but which can also benefit from some professional oversight and support.

10. Changing lifestyle factors appear particularly important: cessation of smoking; reduced alcohol intake; and, particularly, more exercise seem to be the most promising measures to improve the health of the elderly. But much of the success of many existing programmes appears to depend on the willingness of the elderly themselves, and studies reviewed here suggest that it may be very difficult to engineer sustained changes in their behaviour. With this in mind, issues of prevention may need to start early: encouraging “good” behaviour at an early age may help ensure that these healthy lifestyles persist into older age. As emphasised by SNIPH (2007)¹: “It is never too early and never too late to promote health.”

¹ Swedish National Institute of Public Health (SNIPH) (2007), *Healthy Ageing: a challenge for Europe*, Brussels [Stockholm], www.healthyageing.nu