Promoting active healthy aging through policy and practice

Colin Milner, CEO, International Council on Active Aging
Today we will explore the **impact** of promoting active aging through policy and practice.
IMPACT: We are embracing our potential

Potential generally refers to a currently unrealized ability
Potential equals possibilities

“Past stereotypes developed in past centuries no longer hold. When a 100-year-old man finishes a marathon, as happened last year, we know that conventional conceptions of old age must change.”

- WHO Director-General Margaret Chan
Bismark's Life Course

The life of a person during the 1880's

Short and predictable

Life of years

Source: The Silver Economy as a Pathway for Growth Insights from the OECO-GCOA Expert Consultation 26 June 2014
A woman’s life course in the future

Long and unpredictable

Life of years

Source: Dr. Alex Kalache, International Longevity Centre
Change is afoot

“Our **current models** have fallen short in addressing both challenges and opportunities presented by this shift.

Governments and organizations need new implementable models to address the accompanying wave of change”.

Quality of life revolution

Health = Wealth
Our challenge

Physical INACTIVITY is a global pandemic
Globally, physical inactivity is the fourth leading risk factor for death **claiming 5.3 million lives** each year.

Source: Kraus et al., 2015, p. 1 and Lee et al., 2012a, 2012b).
As it has positive effects on 25 diseases and health conditions, physical activity participation could help change this statistic. **We could prevent 533,000 deaths a year if we lowered physical inactivity rates by just 10%**

Sources: Kraus et al., 2015, p. 1. Lee et al., 2012a, 2012b.
Physical inactivity costs the US Health System

$75 billion a year.

Source: WHO, 2003, p. 4
Because of the human and economic costs of inactivity, robust policies, strategies, and solutions that promote physical activity are a public and private health imperative if we are to minimize the impact on this population.

Source: Kraus et al., 2015, p. 1; Lee et al., 2012b
Policies at a variety of levels have created environments and messages to increase physical activity among the older population while delivering services and advice designed to do the same. Yet, the overall impact has been minimal.
Between 1998 and 2012 there was a **116% increase** in adults over the age of 65 that met the 2008 Physical Activity Guidelines for Americans.

Source: Center's for Disease Control and Prevention, 2014
However, the increased was from 5.5% to 11.9%, respectively.

Source: Center's for Disease Control and Prevention, 2014
The good news

Over 50% of 65+ met the aerobic portion of the guidelines

Source: Centers for Disease Control and Prevention, 2014
Attitudes towards exercise

65% believe that exercising regularly is important to maintaining good health as we age

50% exercise best way to stay mentally sharp

Source: National Council on ageing, National Association of Area Agencies on ageing, UnitedHealthcare and USA Today 2014. Also AARP Survey
Focus on converting this group

82% of older adults say they exercise at least once per week, up from 75% in 2014 and 72% in 2013.

Source: National Council on ageing, National Association of Area Agencies on ageing, UnitedHealthcare and USA Today 2014. Also AARP Survey
8 practices to drive active aging

2016 Annual Review Gerontology and Geriatric
1. Person centered solutions
No two individuals experience aging in exactly the same manner; the same lifestyle choices, medical interventions, and environmental factors can have profoundly different impacts on different people.

Source: USC Davis School of Gerontology
We age at different rates

A key factor: Health

Approximately 92% of older adults have one chronic health issue, 77% have at least two.

Source: NCOA
Our response must be to move beyond one size fits all solutions to personalized solutions
2. Function is key
In September of 2015 the WHO released “World report on Aging and Health.” The report outlines a framework for action to foster healthy aging built around the new concept of functional ability.
Why function?

A greater focus on function would forestall many of the issues we see in the age 60-plus population today.

A physically active lifestyle contributes to improved function, which directly correlates with:

- falls management
- independence
- ability to work
- and physical activity

Sources: EC European Innovation Partnership on Active and Healthy Ageing, 2013
The impact of improved function

Minimizes disability and the rising cost of disease and care.

Enhances self-confidence and quality of life

Sources: EC European Innovation Partnership on Active and Healthy Ageing, 2013
Age

**Adult Life**
Maintaining highest possible level of function

**Older age**
Maintaining independence and preventing disability

**Early Life**
Growth and development

Functional capacity decline

Rehabilitation
and ensuring the quality of life

Age

Functional capacity
What is the implications of functional decline?

Loss of potential
3. Life course approach
Life course approach

A life course approach to physical activity would lay the foundation for healthy aging. To support physical activity over the life course, health literacy will also require a lifelong approach

Taking a life course approach to **functional assessments** allows efforts to address functional declines before their ripple effects are fully felt.

Source: EC European Innovation Partnership on Active and Healthy Ageing, 2013).
4. Integrated approach to person centered solutions
Integrative approach to policy: Health in all policies
(incorporate physical activity into as many as possible)

Transportation
Built environment
Worksite
Healthcare
Affordable Care Act policies focused on reducing readmissions for specific illnesses have already led hospitals and health-care organizations to work with community agencies and residential communities to improve post hospital transitions.

Source: Kilroy, Morgan-Solomon, & Landrum, 2013, pp. 6, 9.
How do we help people to live vibrantly with issues that once would have killed us

69% of those in their 60s and 70s says they are not letting problems with their physical health hold them back from what they want.

Source: National Council on ageing, National Association of Area Agencies on ageing, UnitedHealthcare and USA Today 2014. Also AARP Survey
The other end of the continuum of health services is broken
An integrated approach is needed to create seamless support for physical activity across the full spectrum of services and care for older adults.
5. Improved curriculums for specialists
An American Heart Association’s science advisory on the NPAP also called for training: “For physical activity promotion to be successful in healthcare settings, public health professions should ensure that healthcare providers have the skills and resources necessary to effectively counsel patients on the benefits of regular physical activity”

Source: Kraus et al., 2015, pp. 3–4.
6. Supportive environments
The built environment is an area swelling with interest, policies, and initiatives. Globally, nationally, regionally, and locally, this area is seen as holding great promise for improving physical activity levels in older adults.

Other examples of policies and initiatives include:

Complete Communities (Urban Land Institute San Diego-Tijuana, n.d.);
AARP Livable Communities (AARP, n.d.);
and Blue Zones (Blue Zones, 2014).
Gerontopia by Dr. Joseph Coughlin
Activities, intensity, density, accessibility
Barriers to built environment

**Accessible** or inaccessible facilities;
**Access** or barriers to moving about in the built environment *e.g.*, *safety, crime, transportation*;
**Walkable** neighborhoods *e.g.*, street connectivity, pedestrian access, sidewalks;
**Presence** of parks and green spaces;
**Lack** of local facilities and spaces for physical activity.
7. Different thinking about aging
85% of adults ages 40-90, state that they were not old yet.

Source: AARP’s 2013 report “Attitudes on Aging”
6. Accelerated response
With decades of notice, this demographic shift has elicited sluggish responses to date.
On May, 26, 2016, The World Health Assembly adopted a resolution to implement “The global strategy and action plan on ageing and health 2016-2020: towards a world in which everyone can live a long and healthy life”.
2020

Between now and 2020 countries have committed to focus on evidence-based action to maximize functional ability that reaches every person; and by 2020, establish evidence and partnerships necessary to support a Decade of Healthy Ageing from 2020 to 2030.
Specifically the Strategy focuses on five strategic objectives:

1. commitment to action on Healthy Aging in every country;
2. developing age-friendly environments;
3. aligning health systems to the needs of older populations;
4. developing sustainable and equitable systems for providing long-term care (home, communities, institutions); and
5. improving measurement, monitoring and research on Healthy Aging.
Why now?

Population aging is no longer a future event; it is a current reality. Globally, the impact of an aging population has yet to be fully realized.
Barriers to designing, developing and delivering successfully policies
#1: Few dollars

A key barrier is the small percentage of the country’s health-care budget allocated to population-wide approaches, even with the overwhelming evidence that demonstrates the benefits of physical activity—especially for the older population.

Source: Brownson et al., 2009, McKinnon et al., 2011
#2: Where is evidence?

In a systematic review of 107 “model” public health laws over 16 topics, Hartsfield, Moulton, and McKie (2007) found that “sponsors provide[d] details showing that the law was based on scientific information” in only 6.5% of these laws.

Source: Brownson et al., 2009.
#3: How the message is delivered.

In many cases the messages and the research supporting the science are delivered in a more complex manner than desired by policy makers, who are not researchers.

This places a high importance on **how scientific information is delivered**

Source: Hartsfield et al., 2007
#4: Understanding the science

Many interest groups are ready to “interpret” the evidence as “good” or “bad” for policy makers, which reinforces the need for policy makers to be connected with the research community. Most researchers, however, do not see such efforts as part of their work.

Source: Hartsfield et al., 2007
#5: KISS me

One way to minimize the barriers to policy adoption is to enable policy makers to gain a clear understanding of the issues, solutions, and supporting evidence by simplifying the information and the way in which it is presented to

Source: Brownson et al., 2009; Hartsfield et al., 2007; McKinnon et al., 2011.
#6: Going your own way

Partners in a variety of settings can support efforts. These partners may influence this work and ensure it is not done in isolation, as this can limit the range of perspectives.

Source: Hartsfield et al., 2007
#7: Focus on the reality

To address a lack of resources and funding for aging initiatives, policy makers may need to **shift their interests, beliefs, and political agendas** in order to accept a life course view of physical activity.

**Presenting more balanced portrayals** of today’s older adults may help to address ageist attitudes, which are often unconscious.

Sources: Brownson et al., 2009 and Ory et al., 2003.
Thoughts to ponder

What would happen if...

...older people fully embraced their potential?

...countries fully embraced the potential of their older citizens?

...companies fully embraced the potential of older people?
Thank you

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