Developing a Culture of Care in response to The Longevity Revolution

Asian Development Bank, Manila, June 2017

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THE LONGEVITY REVOLUTION

Global increases - 1950 and 2050:

- Total population: 3.7 x
- Population 60+: 10 x
- Population 80+: 26 x

(from 14 to 386 million!)
GLOBAL POPULATION AGEING

Populations are getting older

Percentage aged 60 years or older:
- 30% or more
- 10 to <30%
- 10% or less

2015

SPEED OF GLOBAL AGEING

Speed of population ageing
Time for percentage of population over age 60 to double

End-of-life trajectories

Short period of evident decline (e.g. cancer)

Long-term limitations with intermittent serious episodes (e.g. heart failure)

Prolonged dwindling (e.g. Alzheimer’s or other dementia)

Sudden death (e.g. fatal heart failure, external causes)

How to respond?
THE IMPORTANCE OF A LIFE COURSE APPROACH
Scope for NCD Prevention

Development of NCD

- **Fetal Life**: SEP; birth weight, maternal nutrition status
- **Infancy and Childhood**: SEP diseases, growth rate
- **Adolescence**: obesity, lack of PA
- **Adult Life**: SEP, established adult behavioural/biological risk factors

Accumulated Risk (Range)

PA: physical activity
Age
SEP: socio-economic position

Source: Aboderin and Kalache. WHO, 2002
Functional capacity across the life course

OVER THE LAST 15 YEARS MUCH EVIDENCE HAS BEEN ACCUMULATED:

HEALTH PROMOTION INTERVENTIONS ARE EFFECTIVE IN ALL AGES, INCLUDING VERY OLD AGE.
The WHO Ottawa Charter for Health Promotion (1986)

“Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love”
THE EARLIER, THE BETTER BUT

IT IS NEVER TOO LATE
Functional capacity across the life course

WITH THE LONGEVITY REVOLUTION LIFE is no longer a 100 METER SPRINT RATHER, IT IS MUCH MORE LIKE A MARATHON
Active Ageing: A Policy Framework
Active Ageing definition:

"The process of optimizing the opportunities for Health, Participation and Security in order to enhance quality of life as individuals age”

WHO, 2002
Active Ageing
A Policy Framework in Response to the Longevity Revolution

World Health Organization
Non-communicable Diseases and Mental Health Cluster
Non-communicable Disease Prevention and Health Promotion Department
Ageing and Life Course

International Longevity Centre Brazil (ILC-BR)
ILC Revision, 2015: 
Active Ageing definition

“Active ageing is the process of optimizing the opportunities for health, lifelong learning, security and participation in order to promote quality of life as individuals age”.
The 4 pillars of Active Ageing

Figure 12. The pillars of Active Ageing

ACTIVE AGEING

Determinants of Active Ageing
United Nations Principles for Older People

(Source: Adapted from WHO 2002 (1))
The determinants of Active Ageing

- Economic determinants
- Health and social services
- Behavioural determinants
- Personal determinants
- Physical environment
- Social determinants

Gender

Culture
Developing a Culture of Care in Response to the Longevity Revolution
Impact of interventions – at individual or societal level

Dependence threshold

Source: Kalache and Kickbusch, 1997
Dimensões do Cuidado

Self care

Informal

Community

Institutional
Dimensões do Cuidado

- Institutional
- Community
- Informal

Self-care
Ultimately, policies need to support individuals to accumulate the 4 CAPITALS which, TOGETHER are the pathways for resilience, so much contributing to quality of life throughout the life course.
MAKING HEALTHIER OPTIONS EASIER AND CHEAPER
KNOWLEDGE
SOCIAL
FINANCIAL
THE EARLIER THE BETTER
BUT IT IS NEVER TOO LATE
VITAL – KNOWLEDGE – SOCIAL – FINANCIAL

THE FOUR CAPITALS WHICH CONVERGE AS PATHWAYS FOR RESILIENCE THROUGHOUT THE LIFE COURSE
RESILIENCE

IS HAVING ACCESS TO THE RESERVES NEEDED TO ADAPT TO, ENDURE, OR GROW FROM THE CHALLENGES ENCOUNTERED IN LIFE

ILC BRAZIL 2015
RESERVES

Bouncing back from adversity

Taking advantage of opportunities
RESILIENCE

CAN BE DESIGNED AND BUILT
Impact of interventions – at individual or societal level

Childhood and early adulthood

Adult life

Older age

Functional capacity

AGE

DEPENDENCY THRESHOLD

Care

Source: Kalache and Kickbusch, 1997
Increasingly death occurs in older age, caused by a chronic disease, preceded by medical interventions which are often pointless, harmful, very expensive and stressfull to patients, families and health professionals.
How life ends
Death is inevitable.
A bad death is not
“Death in old age is a rare, singular, extraordinary event”

Michel de Montaigne, 1592
Death is rarely rapid, without suffering and pain
The conspiracy of silence
Mutual distrust
“Death has been medicalized and institutionalized”

Atul Gawande
Being Mortal, 2015
Health professionals are not trained to deal with death

The overwhelming medical ethos:

“Cure rather than Care”
On the whole we are training health professionals for the XX century – oblivious to the Longevity Revolution
We are living through two unprecedented REVOLUTIONS
...within a context of increasing inequality
GROWING INEQUALITIES WORLDWIDE
The 80 Richest People Own The Same Wealth As The 3.5 Billion Poorest People

(Yes 80 – so few they’d fit on this bus)

Even It Up | Oxfam
Population ageing coincides with other converging and interdependent global trends – among which, the 4th Industrial Revolution and major shifts on morbidity and disability rates.

Together they are shaping our collective future
“The 4th Industrial Revolution
...is the inexorable shift from the simple digitalisation that characterized the 3rd IR to a much more complex form of innovation based on the combination of multiple technologies in novel ways”

Klaus Schwab
World Economic Forum, 2016
The 4th Industrial Revolution

A shift from “ownership” to “access”... eg: Uber - Air B&B models

Reconfiguration of services delivery, leading to a radical transformation in the nature of employment.
The 4th Industrial Revolution

... is characterized by the “hyperconnectivity” of a multitude of components; it is creating an unprecedented fusion of new technologies across the digital, physical and biological domains.

WEF, 2016
Over 60% of the jobs to be performed by the next generation do not yet exist.

WEF, 2016
These dynamic forces impact every aspect of each individual life at all stages, creating multiple and diverse opportunities as well as a long list of risks that cannot be taken into consideration in isolation.
Tele-communication sector...
...providing care:

UBER CARE IS HERE TO STAY
BRINGING THE ACTIVE AGEING FRAMEWORK INTO PRACTICE AT A SOCIETAL LEVEL
creating an AGE-FRIENDLY society
A “bottom-up” approach

*Older people's protagonism* and *intergenerational dialogue*
...as well as a “top-down” response from the public as well as the private sector.
Checklist of Essential Features of Age-friendly Cities

This checklist of essential age-friendly city features is based on the results of the WHO Global Age-Friendly Cities project consultation in 35 cities in 22 countries. The checklist is a tool for a city's self-assessment and a map for charting progress. More detailed checklists of age-friendly city features are to be found in the WHO Global Age-Friendly Cities Guide.

This checklist is intended to be used by individuals and groups interested in making their city more age-friendly. For the checklist to be effective, older people must be involved as full partners. In assessing a city's strengths and deficiencies, older people will describe how the checklist of features matches their own experience of the city's positive characteristics and barriers. They should play a role in suggesting changes and in implementing and monitoring improvements.

- Outside environment and buildings
  - Public areas are clean and pleasant.
  - Green spaces and outdoor settings are sufficient in number, well-maintained and safe.
  - Pavements are well-maintained, free of obstructions and reserved for pedestrians.
  - Pavements are non-slip and wide enough for wheelchairs and have dropped curbs to road level.
  - Pedestrian crossings are sufficient in number and safe for people with different levels and types of disability, with non-slip markings, visual and audio cues and adequate crossing times.
  - Driven give way to pedestrians at intersections and pedestrian crossings.
  - Cycle paths are separate from pavements and other pedestrian walkways.
  - Outdoor safety is promoted by good street lighting, police patrols and community education.

- Services are situated together and are accessible.
- Special customer service arrangements are provided, such as separate queues or service counters for older people.
- Buildings are well-signed outside and inside, with sufficient seating and toilets, accessible elevators, ramps, railings and stairs, and non-slip floors.
- Public toilets outside and indoor are sufficient in number, clean, well-maintained and accessible.

- Transportation
  - Public transportation costs are consistent, clearly displayed and affordable.
  - Public transportation is reliable and frequent, including at night and on weekends and holidays.
33 cities in 2007

AMERICAS
Argentina, La Plata
Brazil, Rio de Janeiro
Canada, Halifax
Canada, Portage La Prairie
Canada, Saanich
Canada, Sherbrooke
Canada, Ottawa
Costa Rica, San Jose
Jamaica, Kingston
Jamaica, Montego Bay
Mexico, Cancun
Mexico, Mexico City
Puerto Rico, Mayaguez
Puerto Rico, Ponce
USA, Portland, Oregon

AFRICA
Kenya, Nairobi

EASTERN MEDITERRANEAN
Jordan, Amman
Lebanon, Tripoli
Pakistan, Islamabad

EUROPE
Germany, Ruhr
Ireland, Dundalk
Italy, Udine
Russia, Moscow
Russia, Tuymazy
Switzerland, Geneva
Turkey, Istanbul
UK, Edinburgh
UK, London

SOUTH-EAST ASIA
India, New Delhi
India, Udaipur

WESTERN PACIFIC
Australia, Melbourne
Australia, Melville
China, Shanghai
Japan, Himeji
Japan, Tokyo

Source: BC Ministry of Health

TODAY HUNDREDS MORE THROUGHOUT THE WORLD
“It is so sensible, so right, that one wonders why all cities are not doing it. There are two major reasons why it is so sensible. First, it is based on the principle of active ageing, (...) : older age is not a time to be put out to pasture. Second, the practical recommendations were developed bottom-up: by listening to the voices of older people round the world who said what they needed (...) .”

AGE FRIENDLY...

...Cities....Hospitals...
PHC centres...LTCIs...
Hotels...Business...
...States...Countries...

SERVICES
II INTERNATIONAL LONGEVITY FORUM
ILC-BRAZIL, RIO DE JANEIRO, OCTOBER 2013:

BUILDING A CULTURE OF CARE IN RESPONSE TO THE LONGEVITY REVOLUTION
WHAT A PRIVILEGE TO BE PART OF THE FIRST GENERATION TO RESPOND TO THE LONGEVITY REVOLUTION
AND DEVELOPING LIFE-COURSE POLICIES WHICH WILL ENSURE A BETTER “AGEING” FOR FUTURE OLDER PERSONS.
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Programa 50 Mais CBN
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www.ilcbrazil.org/portugues