

Keynote abstract

Towards age-friendly societies: from research to policy, from policy to society

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Abstract

In order to promote the concept that old age is a dynamic stage of one's life and that it should be regarded as an achievement—and not a disaster—for both, individuals and for societies, the World Health Organization launched in 2002 the Active Ageing Policy Framework in which Active Ageing is defined as “the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age”.

Active ageing depends on a variety of influences or determinants that surround individuals, families and nations. They include material conditions as well as social factors that affect individual types of behaviour and feelings. All of these factors, and the interactions between them, play an important role in affecting how well individuals age. These determinants—namely: personal; physical environment; social; economic; behavioural and; access to health and social services within a background that emphasizes the importance of the cross-cutting influences of culture and gender—have to be understood from a life course perspective that recognizes that older persons are not a homogeneous group and that individual diversity increases with age.

Because active ageing is a lifelong process an age-friendly approach is not just ‘elderly friendly’: it benefits all age groups. From theory to practice the translation of the Active Ageing Framework required ways to demonstrate its applicability on the ground. Accordingly, WHO embarked on two parallel projects which will be described in detail at the Bridging Knowledge Conference:

1. Age friendly Primary Health Care (PHC)

The ultimate aim of health and social services should be that individuals can live for as long as possible enjoying the highest possible level of functional capacity for the longest possible period of time in their own communities. For that to happen it is essential to re-think the way Primary Health Care is conceived and delivered worldwide. Population ageing is happening within a background of rapid social change, a shift from infectious to chronic diseases and rising health care costs. Yet PHC is by and large not responding to these trends. In response to this, WHO developed over a period of five years a project involving 14 countries focused on how to make Primary Health Care Centres more age friendly. The ultimate aim of this project, developed over three consecutive stages, was to make available worldwide a toolkit on how to make a PHC facility more responsive to ageing. Its specific objectives were: to minimize the barriers to care; to promote age friendly attitudes and services; to ensure comprehensiveness of community based health care services; to increase geriatric knowledge and skills of community-based health care staff and; to support coordination and linkages with other community-based groups, services, and family.

2. Age friendly cities

The WHO age-friendly cities global project (AFC-GP) was launched in 2005. In March 2006 a core group of cities met in Vancouver to finalize the project protocol and within the next few months WHO and its partners from 33 cities from 22 countries implemented the qualitative research that led to the WHO Age friendly Cities Guide launched in 1 October 2007.

This project was conceived within the context of three major global trends shaping the 21st century: ageing; urbanization and globalization. The world is ageing fast, is increasingly more urbanized and more than ever before boundaries are becoming blurred, the world more globalized. It is also a practical application of the main call from the International Plan of Action of Ageing agreed by all nations at the World Assembly on Ageing, Madrid 2002 requesting ‘bottom up approaches’. Thus, the project is based on qualitative research asking older people themselves to identify the issues, concerns and recommendations for improving the environment in which they live around eight main domains: 1. outdoor spaces and buildings; 2. transportation; 3. housing; 4. social participation; 5. respect and social inclusion; 6. civic participation and employment; 7. communication and information; and 8. community support and health services.

Details of both projects can be found on: <http://www.who.int/ageing/en>

Keywords

age-friendly programmes, ageing, research, policy

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