

DESIGNING THE FUTURE OF AGEING

Report from the 6th International Longevity Forum,
held in Rio de Janeiro on November 22 and 23, 2018

Unprecedented population ageing is both the global and the Brazilian reality. There are already about 30 million older Brazilians. By 2050 this number will have more than doubled – to around 67 million.¹ In that same year, the 60-plus age group will constitute 30% of the populations in 64 countries – a list that includes many countries of Latin America.²

“The future of Brazil is ageing.”

Karla Giacomini, Research Centre for Public Health and Ageing (FIOCRUZ)

Propelled by an exponential increase in the number of older persons and a progressive decline in the number of younger persons, Brazil is experiencing a longevity revolution – a radical social transformation that is happening in a much shorter period of time than in countries in the North. It is arguably the most defining dynamic of our time and it is occurring in an extremely complex setting in Brazil. Developed countries largely grew rich before they grew aged. The population ageing of Brazil is more rapid and it is occurring on top of historic failures to address basic structural inadequacies in health, education, sanitation, housing, transport and labour participation.

“Life expectancy at birth has increased 30 years since 1950. Living longer is a great human achievement, but survival should not be the only measure of success.”

Alexandre Kalache, President, International Longevity Center Brazil (ILC-BR), and Co-President, International Longevity Centre Global Alliance (ILC-GA)

Public policies must go beyond a concentration on longer lives per se. They must recognise that a long life is a prize that is still denied to many. They must acknowledge the vast heterogeneity of older age. They must address the quality of life in the years that have been added, but they must also be fully informed by the context in which people age. Gender, ethnicity/skin colour, educational level and social status are essential determinants in the construction of longevity. Ageing is a dynamic relational process. A life course marked by unmet needs, limited access or outright exclusion accumulates disadvantages and becomes amplified in older age.

“I am a genome (the recipe of a living being) plus my lived experience.”

Lygia Pereira, Full Professor, Biosciences Institute - USP

“Ageing is not a magical process.”

“We can grow old as we live or we can live as we grow old.”

Marília Berzins, President, NGO OLHE

Poor adults in their 50s and 60s consistently have lower functional capacity than more privileged adults 20 or 30 years older. A goal of optimum functional capacity (physical and social) for everyone at all ages must drive policy – not only to achieve desirable moral outcomes but also for social cohesion, sustainability of communities and national economic dynamism.

“Inequalities created and supported by racism, sexism, ageism, omitted or ineffective health policies and lack of access to services make older black and brown people more vulnerable to ailments.”

Alexandre da Silva, Associate Professor, Jundiaí School of Medicine

Contrary to some persistent narratives about race in Brazil, racism is widespread and structural within Brazilian society. Even when such factors as gender, income, schooling, marital status and occupation are taken into account, research reveals that race/skin colour remains a significant indicator of inequality.

Functional impairments and other outcomes related to life conditions are measurably worse for older black Brazilians as a result.³ The darker the skin colour, the more pronounced are these outcomes. A damaged older life, marked by a trajectory of accumulated social disadvantages, is more than a personal tragedy. It is a social disaster with very real consequences for us all.

“We refuse to be forgotten in our old age. We belong in the universe of the survivors. We deserve to breathe the full learning experiences of the journey. [...] With fresh eyes, we crop the spirits of life and death. Despite all that is in our way, we are strategic in our achievements. Dreams do not grow old.”

Lia Vieira, writer

As observed by the leading gerontologist Linda Fried, older people are the world’s largest renewable natural resource. Nations that cultivate this resource will rise. Those that do not, will decline. With their collective experience and skills, the rising population of older women and men offer almost limitless potential for overall human development. For instance, international studies clearly show that even small increases in labour participation by older workers translate into enormous national macro-economic gains.⁴

“We must look into the contribution and participation that older people can offer – not only into the burden that they might represent.”

Anna Dixon, CEO, Centre for Ageing Better

Conversely, the failure to fully include older persons in development strategies will lead to highly expensive and socially destructive outcomes that will undermine progress on all other fronts. The costs (both human and financial) of inaction, or ill-conceived actions, are too high for any country to sustain. Simplistic, populist responses must be rejected in favour of wide-ranging evidence-based formulas.

“We shape ageing with the policies that we implement. Bad policies create ageing trajectories that only good policies can correct.”

Louise Plouffe, President, Age-Friendly Ottawa Committee of the Council on Ageing of Ottawa, Canada

Life may now be more like a marathon than a 100 meter sprint, but it is a race with an indeterminate finish line and it is run in a continuously changing landscape where there is a constant interplay between opportunity and risk.¹ The future of ageing will depend on the success of interventions that assist the largest possible number of individuals to achieve and maintain function, i.e., that lower the dependency threshold.¹¹ As evidenced in some high-income countries, a strong and sustained functional capacity can lead to a compression of morbidity in which the eventual decline and disability is squeezed into a short period of time immediately prior to death.⁵

“Policies based on social solidarity can be seen as altruistic but also as intelligent selfishness. By benefiting others, I’ll be benefited myself.”

Eberhart Portocarero-Gross, family and community doctor, Rio de Janeiro Department of Health

We are living longer, but the relevance of much of our acquired knowledge is expiring earlier. Parallel to the longevity revolution must be an education revolution that structurally embeds inclusive lifelong learning. At each stage of life, all individuals must gain the necessary intellectual and emotional tools for a rapidly evolving present and an unclear future. A fit-for-purpose 21st century architecture of inclusive learning at all ages must transcend the narrowly vocational. It must strengthen health, technology and financial literacy. It must value experience, metacognition and intuition and it must seek to enhance resilience, self-reflection and empathy.

¹ See http://ilcbrazil.org/wp-content/uploads/2016/02/Resilience-across-the-life-course_5th-Forum.pdf

¹¹ See http://ilcbrazil.org/portugues/wp-content/uploads/sites/4/2015/12/Active-Ageing-A-Policy-Framework-ILC-Brazil_web.pdf (p.44)

“We need to move from trying to innovate products and services for older people to innovating systems of ageing with a holistic approach.”

Stephen Johnston, co-founder, Aging 2.0

Access to information or content, is no longer the main driver of change. By 2017 there were already 198 million smart phones in Brazil out of a total population of 207 million.⁶ Poor Brazilians may not have functioning sewerage systems, but they have the same lens on the world as the citizenry of the developed world. Accessing information is now less of an issue than knowing what to do with it. It is discernment and application of knowledge that is now the main driver of change.

Our longer lives will be increasingly required to respond to a more complex range of intermingling and sometimes recurring variables. The boundaries of the traditional three stage life course (learning, working, retiring) are inevitably going to become even more blurred.¹¹ Continuous in-job training, short courses, on-line tutorials and stackable diplomas will need to accompany people throughout the entirety of their lives. The trend toward extended working lives is likely to continue, but more people will retire in a more gradual and individualized manner.⁷ The sharing of family and home management duties within relationships needs to be further negotiated. Some research in developed countries predicts that a more equal division between men and women in the home will evolve.⁸ Individuals will learn, care, work and take leisure throughout their lives with much less attention to both chronological age and social expectation. As the borders of the different stages of life become more porous and variable, there will be less segregation of age groups. More generations but fewer representatives of each, will be simultaneously present and engaging in society. Much greater numbers of older and younger adults will contemporaneously share the same spaces and experiences.

Individuals must adapt to these cultural shifts but so too must institutions. Furthermore, these institutions must be strategic. Many of the studies indicate that lifelong learning as currently offered is inclined toward the already advantaged. Similar concerns have been expressed about many of the “age-friendly cities and communities” initiatives. Those who would benefit the most tend to participate the least⁹ and participation tends to decrease with age¹⁰. It is clear too that the nature and application of the new technologies themselves are reinforcing inequalities because they impact disproportionately. Some 40% of

¹¹ See *The Longevity Revolution: Creating a Society for all Ages* by Alexandre Kalache, Government of South Australia, pg. 13-25. <http://www.flinders.edu.au/sabs/fcas-files/Publications/The%20Longevity%20Revolution.pdf>

workers with a lower secondary degree are in jobs with a high risk of displacement whereas less than 5% of workers with a tertiary degree are at risk.¹¹

Current health care systems were designed prior to the demographic and epidemiological transitions. They tend to treat chronic illness in the same way as acute conditions. Unreformed, these systems will grow increasingly expensive and ineffective as the prevalence of chronic conditions increases. For as long as the acute care model predominates, meaningful health outcomes will be effectively undermined.

“Brazil must understand that the social and healthcare of older people are inseparable activities.”

Peter Lloyd-Sherlock, Professor of Social Policy and International Development,
University of East Anglia (UK)

“Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love”¹². The focus should be on a healthcare ecology throughout the course of life that prioritizes health promotion/prevention and the widespread use of proven technologies such as vaccines. Robust primary healthcare should begin pre-natal and extend until death. The World Health Organisation has advanced evidence-based principles for age-friendly primary healthcare in three areas – (1) information, education, communication; (2) health-care management systems; and (3) the physical environment.¹³

“Portugal’s health indicators are proof of the successful implementation of a nation-wide primary healthcare strategy.”

João Sequeira, director of the Service for General and Family Medicine at the Hospital da Luz Lisbon, Portugal

A future of ageing that is sustainable must be built upon a flourishing culture of care.¹⁴ The global disease burden has changed. Non-communicable diseases are now the most prevalent cause of death. Health systems, however, are still largely configured to cure rather than to care. There must be a fundamental shift in paradigm – one that places both the receiver and the provider of care firmly at its core.

¹⁴ See http://www.ilcbrazil.org/wp-content/uploads/2014/03/rio_declaration_English.pdf.

“To follow the epidemiological transition, we must also undergo a transition in healthcare with the development of a culture of care.”

Carlos André Uehara, President, Brazilian Society of Geriatrics and Gerontology

“Care should be integrated and centred on the person. A first step on the way to improve the care for older people is to train and support family carers.”

Anne Margriet Pot, senior health advisor at WHO (Switzerland); professor of Geropsychology, Vrije Universiteit, Amsterdam (Netherlands)

In Brazil, as elsewhere, the family structure has changed. Such factors as fewer or a complete absence of children, multiple marriages, geographic separations, single-person households and greater workforce participation by women have led to the phenomenon of “family insufficiency” in relation to caregiving. This is exacerbated by a profound “policy insufficiency” to provide minimal support to the family.

“There is a decrease in the number of family caregivers. There are more generations in a family but fewer representatives in each”.

Ana Amélia Camarano, economist, IPEA

“Dementia has become a priority in public health. How do we build resilient environments for those affected by dementia; including caregivers and practitioners?”

Gill Windle, professor of Ageing and Dementia Research, University of Bangor (UK)

There must be a society-wide response. Caring for adults must be accorded a similar dispensation as caring for children. Men must embrace the cultural shift and assume many of the care responsibilities traditionally relegated to women. Institutions and employers must re-examine their work policies and governments must reassess the priorities of their social investments.

“Two major features point to the need of reformation of the social welfare system: inequality and sustainability”.

Marcelo Caetano, Secretary-General of the International Social Security Association (ISSA) and former Brazilian Minister of Social Security

Well-considered, user-led (rather than user-centred) design of services, products and environments is the key to the future of ageing. The results of the design must enable and empower well beyond the averages to reach the exceptions. It must be engineered to unite, not to divide groups.¹⁴

Ageism, in all its insidious forms, must be confronted as vigorously as sexism and racism. Human dignity should not be permitted to diminish with the passage of time. Ageing is not a separate journey. It is a continuation.

“Even excessive respect and consideration to older people can be a type of prejudice.”

Baroness Sally Greengross, Chief-Executive, International Longevity Centre United Kingdom (ILC-UK), and Special Ambassador, International Longevity Centre Global Alliance (ILC-GA)

Despite the promises of the new technological age, human capital remains our most valuable asset. As societies, we must reinvent the culture of learning and scrupulously mine the rich veins of all human capacity. As individuals, all of us must learn to embrace our full citizenship in each of the transformative stages of the ageing continuum.

“It is quite simple. The future of ageing will be defined by the levels of fairness throughout the life course. The future of our ageing depends on the future ageing of others.”

Alexandre Kalache

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ACKNOWLEDGEMENTS

We would like to express our gratefulness to all speakers for their valuable contributions and all sponsors and partners for contributing to the success of the 6th edition of the International Longevity Forum. Further we would like to thank Carlos André Oighenstein for the translation from/to Portuguese.

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This report was compiled by Eloísa Adler, with support from Ina Voelcker.

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^v The experts are listed in the order of the programme.

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