ACTIVE AGEING: A Source of Empowerment?

Alan Walker
Professor of Social Policy and Social Gerontology
The University of Sheffield
UK

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ACTIVE AGEING: A SOURCE OF EMPOWERMENT?

AGENDA

- Models of Ageing – A Critique
- From Activity Theory to Active Ageing
- The Conflict within Active Ageing
- Can Active Ageing Empower?
KEY MESSAGES

1. Active Ageing has the potential to prevent many of the negative effects of ageing at the individual, organisational and societal levels BUT..............IT MUST BE:
   ➢ Comprehensive (age, activity, policy)
   ➢ Inclusive (bottom-up/top-down)

2. Active Ageing could be a major source of empowerment across the life course and into advanced old age BUT..............IT MUST BE
   ➢ Aligned with a new vision of ageing
   ➢ Explicit and based on clear principles

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MODELS OF AGEING

Successful, Productive, Positive, Healthy, Active

CHARACTERISTICS:

- Ideal types not theories
- Policy oriented: prescriptive, top-down
- Ethno-centric: western capitalist values/priorities
- Homogenisation of ageing/older people
- Tendency towards exclusion: one size for all
- Normative: the structural vacuum (political economy, ageism)

- BUT: projecting positive perspective of ageing in contrast to dominant negative stereotypes

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FROM ACTIVITY THEORY TO ACTIVE AGEING

Functionalist Theories of Ageing:

- Isolation ‘from kinship, occupational and community ties’ (Parsons, 1942)
- ‘Normal ageing is a mutual withdrawal or “disengagement” between the ageing person and others in the social system to which he belongs’ (Cumming, 1963)
CRITIQUE OF DISENGAGEMENT THEORY

- Selective use of evidence
- Deterministic
- Narrowly constructed: disengagement not exclusion
- Homogenised older people
- Awful basis for policy and practice

....
THE ACTIVITY PERSPECTIVE

‘...the greater the number of optional role resources with which the individual enters old age, the better he or she will withstand the demoralising effects of exit from the obligatory roles ordinarily given priority in adulthood.’ (Blau, 1973)

➢ Activity promotes social and psychological health and well-being
➢ The individual must compensate for losses in the ageing process
➢ Confirmation of roles and activities associated with middle age
CRITIQUE OF ACTIVITY PERSPECTIVE

- Oversimplification of scope for agency
- Naïve equation of activities
- Biased towards US norms and values
- Homogenises older people
- BUT: research has demonstrated that the association between morale, physical and mental health and activity levels is incontrovertible
POSITIVE IMPACT OF ACTIVITY ON WELL-BEING

- Physical activity is positively associated with psychological well-being in older adults
- Physical activity improves balance and reduces falls
- Strength training can control muscle loss and other age-related conditions
- This holds true even among very frail older people
- Employment in later life (59 to 69) promotes overall well-being
- Activity critical to quality of life in old age
**PHYSICAL ACTIVITY SUBSTANTIALLY REDUCES THE RISK OF COMMON DISEASES**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Effect of physical activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronary heart disease</td>
<td>Moving to moderate activity could reduce risk by 10%</td>
</tr>
<tr>
<td>Stroke</td>
<td>Moderately active individuals have a 20% lower risk of stroke incidence or mortality</td>
</tr>
<tr>
<td>Type 2 diabetes</td>
<td>Active individuals have a 33-50% lower risk</td>
</tr>
<tr>
<td>Colon cancer</td>
<td>The most active individuals have a 40-50% lower risk</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>More active women have a 30% lower risk</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>Being physically active reduces the risk of later hip fracture by up to 50%</td>
</tr>
</tbody>
</table>

Sources: Chief Medical Officer’s report on physical activity and a range of published studies – full references listed at the end of this Report
CYCLE OF WELL-BEING

- Increased ability, confidence and opportunities
- Increased personal health and well-being and social
- Increased participation

The positive effects on health of enhanced well-being have been found to be even larger than the effects from body mass, smoking and exercise.

ODPM (2006)
FROM ACTIVITY THEORY TO ACTIVE AGEING

Via...

- Successful Ageing
- Healthy Ageing
- Optimal Ageing
- Positive Ageing
- Productive Ageing
- Active Ageing
SUCCESSFUL AGEING

Meet Marjorie, an 89-year-old who’s probably fitter than you.
<table>
<thead>
<tr>
<th>Components:</th>
<th>Indicators:</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ No/low disease or disability</td>
<td>➢ No physical disability over 75</td>
</tr>
<tr>
<td>➢ High cognitive and physical functioning</td>
<td>➢ Good subjective health</td>
</tr>
<tr>
<td>➢ Active engagement in life</td>
<td>➢ Good mental health</td>
</tr>
<tr>
<td></td>
<td>➢ High self-rated life satisfaction (marriage, work, children, friendships, community service, religion, recreation/sports)</td>
</tr>
<tr>
<td></td>
<td>➢ Social support network</td>
</tr>
</tbody>
</table>
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- Positive Ageing
- Productive Ageing
- Active Ageing
PRODUCTIVE AGEING

‘Anything that produces goods and services’ (Morgan, 1986)
‘Produces goods or services, whether paid or not, or develops the capacity to produce goods or services’ (Bass, Caro, Chen, 1993)
‘The capacity of an individual or a population to serve in the paid workforce, to assist in the family, and to maintain himself or herself as independently as possible’ (Butler & Schechter, 1993)
PRODUCTIVE AGEING

- Emerged as a positive response to structural lag
- Challenges stereotypes of unproductiveness
- Assigns positive value to age in contrast to constructions of passivity, decrescence, decline.

BUT...
- Prioritises paid employment
- Reflects US values (productivity and success)
- Individualistic, utilitarian
- Comodifies, marginalises/excludes
FROM ACTIVITY THEORY TO ACTIVE AGEING

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ACTIVE AGEING

Active ageing is the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age

WHO 2002
MADRID INTERNATIONAL PLAN OF ACTION ON AGEING

Older Persons and Development

Issue 1: Active Participation in Society and Development

Advancing Health and Well-being into Old Age

Issue 1: Health Promotion and Well-being Throughout Life

United Nations, 2002
THE CONFLICT WITHIN ACTIVE AGEING

TWO POLES OF A POLICY CONTINUUM: WORKING LONGER

- Narrow (employment and older workers)
- Top-down
- Neglects other critical policy levers
- Dis-empowering
- Blunt instrument

ACTIVE AGEING

- Comprehensive multi-dimensional (links employment, health and well-being)
- Bottom-up and top down
- Priority to the life course
- Wide range of policy levers
- Empowering
KEY ELEMENTS OF ACTIVE AGEING

- Life course, preventative
- Ageing as inevitable but malleable
- Heterogeneity in ageing process and diversity in old age
- Reflects lay as well as expert perspectives
- Comprehensive: all contributions to well-being
- Macro, meso and micro aspects
- Wide range of policy levers
MAINTAINING FUNCTIONAL CAPACITY OVER THE LIFE COURSE

Diagram showing the relationship between age, functional capacity, and disability threshold. The graph indicates that functional capacity increases during early life, peaks in adult life, and then decreases in older age. The disability threshold is shown as a horizontal line below the peak functional capacity, and rehabilitation and ensuring the quality of life are emphasized in the context of aging.

Note: * Changes in the environment can lower the disability threshold, thus decreasing the number of disabled people in a given community.

(Source: Kalache and Kickbusch, 1997)
A Healthy 70-year old has a 54% chance of living to 90. If you have one of the conditions below, it reduces to.....
FIVE WAYS TO WELL-BEING

Connect...
Connect with the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

Be active...
Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercise makes you feel good. Most importantly, discover a physical activity you enjoy and one that suits your level of mobility and fitness.

Take notice...
Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

Keep learning...
Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.

Give...
Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

Five ways to well-being website
AGEING IS INEVITABLE BUT MALLEABLE

AGEING = LOSS OF FUNCTION/ADAPTABILITY

EXTRINSIC

INTRINSIC (GENETIC)

EXTRINSIC
VARIABILITY IN AGEING
LIVE LONGER AND HEALTHIER, DIE FASTER

- Prevention (postponement)
  - lifestyle: education, knowledge, opportunities, incentives
  - public health and medical care

- Enabling environments
  - architecture, transport, education,
  - working conditions, culture and sport, safety
  - prosthetics: physical supports, ICTs

- Disability-reducing interventions
THE FOUNDATIONS OF A GOOD QUALITY LIFE IN OLD AGE

- Having good social relationships with family, friends and neighbours;
- Having social roles and participating in social and voluntary activities, plus other activities/hobbies performed alone;
- Having good health and functional ability;
- Living in a good home and neighbourhood;
- Having a positive outlook and psychological well-being;
- Having adequate income;
- Maintaining independence and control over one's life.

MAXIMISING QUALITY OF LIFE

- Maintaining health and independence, social activities and relationships
- Neighbourly and safe areas
- Local amenities and services
- Participation
- Transport
- Finance

A COMPREHENSIVE MULTI-LEVEL STRATEGY

- Challenging Ageism
- Age Management
- Combating Inequalities and Social Exclusion (Health, Diet, Access to Health Care, Income, Living Environments, Social Participation)
- Health Promotion Across the Life Course
- Targeting Mental Health and Well-being
- Active Civic and Community Participation
- Redistribute Resources from Cure to Prevention
- Enhance Social Care / Social Support (eg use of telecare)
- Activities in Care Homes
- Intergenerational Cycling, Walking, Swimming
- Improve Access: Design for All Ages
CAN ACTIVE AGEING EMPOWER?

Great potential BUT....

...... IT MUST BE:

- Rescued from the deficit paradigm
- Comprehensive: age, activities, actors, policies
- Preventative
- Sensitised to unequal ageing
- Based on an empowering, human rights perspective
- Optimistic about ageing and the potential of older people
HEALTHY LIFE YEARS AT AGE 65 FOR MEN

2008

Map Legend
- 2.90 - 4.18
- 4.18 - 5.45
- 5.45 - 6.73
- 6.73 - 8.02
- 8.02 - 9.29
- 9.29 - 10.57
- 10.57 - 11.86
- 11.86 - 13.13
- 13.13 - 14.41
- 14.41 - 15.69

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PRINCIPLES OF AN ACTIVE AGEING STRATEGY

- All Activities That Contribute to Well-being (Mental and Physical)
- A Life Course Perspective: Maintaining/Regaining Mental and Physical Capacity
- Emphasise Prevention (Primary and Secondary)
- Use All Policy Levers – Upstream and Downstream
- Include All Ages (all older people)
- Recognise unequal ageing
- Empowerment Approach
- Respect for Cultural Diversity
Active ageing should be a comprehensive strategy to maximise participation and well-being as people age. It should operate simultaneously at the individual (lifestyle), organisational (management) and societal (policy) levels and at all stages of the life course.
ACTIVE AGEING

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Daniel Thursz (1929 - 2000)

Thank you, Děkuji

http://www.newdynamics.group.shef.ac.uk/