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Healthy ageing in Switzerland

Demographic change is presenting some major challenges. The task of preserving health and quality of life in the elderly is the main focus of the FOPH's efforts. It is guided by the "Healthy Ageing" strategy published by the World Health Organization (WHO). It is important to take a differentiated view of old age and ageing at all times.

The age structure of the Swiss population will change markedly over the coming decades. Calculations by the Federal Statistical Office show that the proportion of elderly people is set to almost double in the next 30 years. Then almost one in four people in Switzerland will be 65 or older; more than a million people will be 80 or older.

This development first and foremost underlines the success of our society and of medicine. The average life expectancy in Switzerland 100 years ago was 60 years. Nowadays, at that age people still have 25 years ahead of them, usually in good health and living a satisfying life.

A growing number of people today remain fit into old age – both mentally and physically. Our brain is capable of learning and performing to a very advanced age, a phenomenon known to experts as plasticity of ageing. This development potential in the elderly – an important resource – needs to be identified and put to use.

Older people are often more satisfied than people between 30 and 50 years of age, who are dealing on more than one front with a family and a job. Many elderly people remain active in their professions, within their family and in clubs and associations, and this makes them an important pillar of society.

The challenge posed by NCDs

However, the ageing of the Swiss

population is also creating challenges for society and the health service. There are a growing number of NCDs (non-communicable diseases) that need to be managed, most prominent among them diabetes, cancer, cardiovascular diseases, respiratory and musculoskeletal disorders and, increasingly, dementia.

Many elderly people have psychiatric problems such as depression, anxiety or impaired sleep. Social isolation is an age-specific risk factor for psychiatric disorders.

No other phase of life is more heterogeneous in terms of capabilities and state of health. Some elderly people are fit, others are frail. The WHO created the concept of Healthy Ageing to take account of this diversity. It defines healthy ageing "as the process of developing and maintaining the functional ability that enables well-being in older age". Functional ability in this context refers to all the health-related capabilities that enable people to lead the life that is important to them or that they feel is worth living. These are the physical and mental capacities of the individual and relevant environmental factors. The goal is well-being in old age.

Two ideas need to be emphasised in particular here since they also affect the tasks facing the health service.

1. Healthy ageing is an individual process influenced by numerous

factors. The risk of limitations increases with age. It is not these that must be used to determine whether a person is satisfied with life, but the available resources.

2. If the environmental level is included, the concept of health moves away from the question of healthcare provision alone and needs to consider other influencing variables. These range from structural factors such as the living situation to the framework created by society, including the question of the image of old age and its impact on the well-being of elderly people.

The WHO ageing strategy

The concept of healthy ageing propagated by the WHO focuses on several areas for action. These include:

- Forms of living that allow elderly people to stay in their own homes for as long as possible (e.g. caring communities).
- A system of healthcare provision that focuses less on illness than on the needs of elderly patients (see editorial).
- Reinforcement of long-term care, with the emphasis on initial and continuing training inputs to cover the expected shortage of care staff.
- A coordinated system of healthcare provision with networking between the various stakeholders in the health system.

Implementation in Switzerland

A number of the measures described in the WHO strategy are already being implemented in Switzerland. As part of the NCD strategy, for example, the FOPH, the cantons and the Swiss Health

Promotion Foundation are pursuing joint objectives in health promotion and preventive healthcare. Activities to coordinate care and achieve health equity are also helping to implement healthy ageing. The FOPH is also turning its attention to family caregivers, seeking to provide them with support and relief wherever possible. The FOPH is promoting an exchange between the stakeholders involved in palliative care.

And at the federal level various institutions are working on age-related questions with relevance for health – the aim being to implement a comprehensive public health policy. Social security, living in old age, adult protection legislation, environment and spatial development are just some of the topics they are looking at. Health-policy efforts are being flanked by activities organised by the cantons, the communes and organisations in civil society. One of the factors necessary for a successful health policy for elderly people, in addition to the cross-sector approaches mentioned above, is effective coordination of these activities – and that means involving those affected directly, the elderly living in Switzerland.

Images of old age

The health-policy focus of the efforts described above is the provision of adequate structures for elderly people, a good quality of life and a high level of well-being. Prevailing perceptions of advanced age are among the factors shaping the societal framework for these activities. Undifferentiated images have a direct impact on the health behaviour of older citizens. Disease-related problems, for example, are viewed as part of getting old, and people may not even consider seeking treatment for them. This narrower perception of old age and ageing ultimately also has an impact on the provision of healthcare and on health promotion.

Contact:

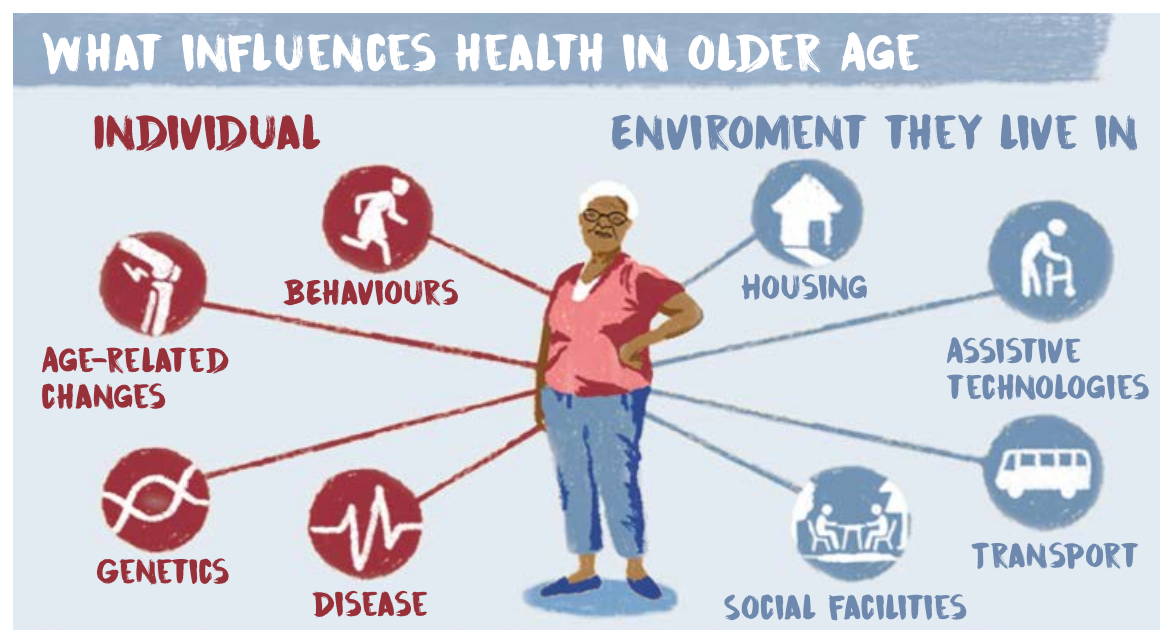
David Hess-Klein, Public Health sector,
david.hess-klein@bag.admin.ch

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- Global strategy and action plan on ageing and health, World Health Organization, 2017

Links:

tinyurl.com/y66xlawm
tinyurl.com/y4e9t8cl



Health in older age is influenced by many factors. In order to age healthily all factors must be taken into account, not just the disease-related ones.

Source: WHO

Research into healthy ageing

The Do-Health study is looking at ways of improving the chances of ageing in good health. The largest-ever European study of health in old age is nearing completion. The initial results show the following: half of the participating senior citizens from Switzerland belong to the category of “healthy agers”, meaning that they have no chronic diseases and are in good physical and mental health.

Do-Health is the largest-ever study of the elderly in Europe focusing on the topic of healthy ageing. It was launched in 2012 with the aim of extending healthy life expectancy in the over-70s. 2,157 senior citizens from Zurich, Basel, Geneva, Toulouse, Berlin, Innsbruck and Coimbra took part in the study.

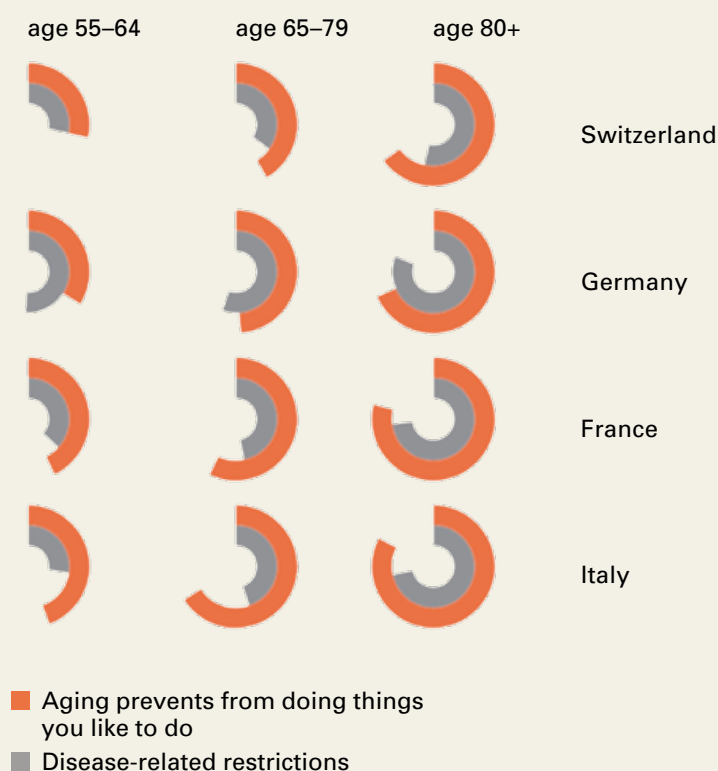
It focused on three strategies for extending the healthy and active phase of life: regular intake of vitamin D (2,000 IU/day) and omega-3 fatty acids (1 g/day) and a simple training programme to follow at home. The Do-Health study is specifically investigating whether these three measures reduce the risk of bone fractures and the frequency of infections and whether they improve muscle function and memory. All three interventions have demonstrated a protective effect on various organ functions in previous studies.

One feature of the Do-Health study is that it records in detail the overall health of the subjects over a three-year period. The study has now been completed and the initial data have been evaluated. An overview of the examinations performed when the subjects were enrolled in the study showed that 42 per cent of the Do-Health senior citizens are what is known as “healthy agers”. This means that they have no chronic disorders and are in good physical and mental health. The figure is as high as 51 per cent for the 1,006 participants from Switzerland.

“If the efficacy of the three well-tolerated and affordable measures can be demonstrated, this will be of enormous significance for public health,” said Heike Bischoff-Ferrari, head of the Do-Health study and a professor at Zurich University. She hopes that the study will show people over 70 ways of staying healthy and active for longer. Bischoff-Ferrari is not able to talk about the results in detail yet since the study is due to be published in the summer. But she is confident that “they’re going to be really exciting”.

Evaluation of the data will also enable conclusions to be drawn regarding the extent to which the three therapeutic interventions studied affect the use made of healthcare resources (e.g. the number of hospital stays, visits to doctors or physiotherapy sessions).

Percentage of people with restrictions in everyday life



The Swiss population is ageing largely free of pain

Differences of this kind are also the focus of a multidisciplinary international comparative survey that goes by the name of SHARE (Survey on Health, Ageing and Retirement). In this longitudinal study the same households have been interviewed repeatedly for over ten years. SHARE has enrolled more than 120,000 people from 27 European countries and Israel. Data from around 4,600 people in Switzerland are available. This information documents the changes in the economic, health and social situation of people over 50 in an European comparison.

The data from the SHARE study show that the majority of people in Switzerland are ageing without pain. However, chronic, non-communicable diseases become more significant with increasing age. Cardiovascular diseases affect more men than women. Women are more likely to suffer from arthritis and rheumatism. Around one fifth of people over 55 in Switzerland have two or more diseases concurrently. Multimorbidity increases with age, affecting a good third of 83- to 89-year-olds. The study shows that men do not live to

be as old as women, but they do enjoy better health for longer.

More than 80 per cent of the elderly population are at least moderately active, engaging in a mildly strenuous or strenuous physical activity several times a week. More than 90 per cent of women and almost 80 per cent of men eat fruit and vegetables daily. Fruit and vegetable consumption even increases slightly with increasing age. More than half of people over 55 are overweight despite a largely balanced diet and adequate physical exercise.

There is a distinct difference between the sexes when it comes to alcohol consumption. Twice as many men as women (41 vs 19 per cent) had drunk at least one glass of alcohol per day in the week before the survey was carried out. Men generally drink more than women both in Switzerland and in Europe as a whole.

Contact:
 Marc Marthaler, Scientific Foundations Section,
Marc.Marthaler@bag.admin.ch

Links:
www.do-health.eu
www.share-project.org

At first hand



Stefan Spycher,
 Vice Director and
 Head of Health
 Policy Directorate

Bringing health-care into line with the needs of the elderly

Most elderly people’s health is impaired in some way. The important thing is to maintain these people’s quality of life for as long as possible despite their illness and to identify and strengthen their resources. This is the basis of the “healthy ageing” approach.

At the moment the Swiss health system is still focused too heavily on treating acute disorders, on a curative approach. The FOPH, on the other hand, is pursuing the goal of achieving a more patient-oriented approach. Patients’ needs increasingly have to be the centre of attention. This can mean, for example, that doctor and patient set the treatment objective together and take a proactive approach to planning therapy, that the patient, their family and specialists take decisions jointly, or that the patient’s self-management plays a greater role.

Framework conditions that support this approach are needed if this goal is to be achieved. There is a need for care structures that facilitate cooperation between the different healthcare professions. Within a coordinated care network, every patient has a personal contact (usually a doctor) who ensures continuous advice and coordinates treatments with the different healthcare professionals. Studies show that patients cared for within structures of this kind are more satisfied and that the quality of care is higher.

E-health solutions are also required to simplify cooperation between the various healthcare professionals, enabling everyone involved to access patients’ current health data. Electronic data exchange is a fundamental requirement if coordinated care models are to work.

These are just some of the steps that will be necessary in future. In the past few years Switzerland has already taken several steps in the right direction, but a great deal of commitment is still required to align healthcare more effectively with the needs of an ageing society.

“The generations can inspire each other to an enormous degree”

Andreas Kruse, an expert in the field of gerontology, talks about the opportunities presented by a cross-generational exchange, the importance of learning and education in old age and the need to invest in health as early in life as possible.

Mr Kruse, the Swiss population is ageing. What do you feel are the greatest challenges facing society as a result of this development?

The first challenge is to find better ways of identifying the strengths and resources of advanced age in the workplace and civil society and of making greater use of them. One of the key concepts here is active citizenship. How, for example, should continuing education and prevention opportunities be designed in order to preserve these strengths and resources? How can relationships between the generations be encouraged? This last question is key because it targets the cross-generational exchange that is such an important factor in creativity and productivity. Here it is also important to differentiate our images of advanced age, and this raises another challenge. To what extent do we acknowledge the strengths and resources of advanced age in society, culture and politics? To what extent are they appreciated and used in a collective sense? And finally, it is important for elderly people to be appreciated and supported in the way they cope with vulnerability. In order for this to happen we first have to understand vulnerability as a feature of human existence.

One of your key areas of research is the exchange between the generations. Why are you so passionate about this subject?

The generations can inspire each other to an enormous degree. Such relationships create a foundation for solidarity within our society. By inspiring each other, each generation creates a significant context within which the other generation can develop. This applies to emotional and social development in the same way as to intellectual, spiritual and religious development.

From the perspective of age research it is important to me that generativity – in the sense of caring for other people – and symbolic immortality – in the sense of living on in subsequent generations – are significant concepts in the way many elderly people perceive life. We need to embrace these con-

cepts much more actively than is currently the case.

How important do you feel it is for elderly people to participate in community life?

Our society benefits from the knowledge and reflected experience of older people. Participation is also a central factor that influences quality of life, emotional state and social and intellectual development at an advanced age too.

Learning and education in old age are widely propagated nowadays. How important are they for the elderly?

Learning and education cannot be estimated highly enough in terms of their contribution to participation and intellectual and emotional development in old age. They also play a major role in preserving health.

The retirement age is a recurring topic of intensive discussion in Switzerland. Where do you stand in this discussion?

If older employees are interested in working for longer, and if their interest tallies with the company's objectives, then an opportunity

In the longer term it will presumably be impossible to avoid raising the statutory retirement age.

should be provided for them to do so. In the longer term it will presumably be impossible to avoid raising the statutory retirement age. But some important conditions need to be in place first. Firstly, continuing education opportunities – both within and outside companies – that span the individual's entire period of employment. Secondly, provision for employees to have a say in the type and volume of work that they do. If these conditions are not in place, any attempt to implement statutory regulations will meet with resistance.

Germany has defined a “national health objective of ageing healthily” and has developed a corresponding strategy. What can Switzerland learn from

this? Has the approach been successful?

This strategy must be considered significant for four reasons. Firstly, it brings together people from a number of disciplines – and this means that different points of access to health and different methods of preserving health, autonomy and participation are represented. An approach of this kind is vital in achieving a comprehensive understanding of health.

Secondly, the focus is not on why a person became ill (pathogenesis) but on how that person can be restored to health (salutogenesis). In other words, what can be done to create health and restore it once diseases have developed – with respect to the individual and also to the circumstances in which that individual is living?

Thirdly, an attempt is being made to agree on central health objectives and to define them, with these health objectives informing both public health policy and health insurance providers.

And the fourth reason: the health objectives demonstrate that health can be “shaped” in all phases of life. Or, in other words, that the individual – but also the community, health insurance providers and the state – can do a great deal to preserve and restore health in all phases of life.

Age is not a defined stage of life but a continuous process. What can the individual do in order to age healthily? And what must society do to enable people to age healthily? In this context we are particularly interested in the areas of health promotion and prevention.

It's important to start investing in education and health at an early age, and that also means promoting good health and preventing poor health. In addition, health promotion and prevention also need to be understood as a lifelong task. Because many diseases and functional impairments experienced by the elderly are progressive diseases and impairments; some of them begin in adolescence or in early adulthood or midlife. Education – which always includes health education – and health promotion and prevention can help to avoid individual diseases and impairments developing in the first place. Moreover, by adopting appropriate strategies we can help to strengthen the individual's resistance to disease.

Our interviewee:

Professor Andreas Kruse is Director of the Institute of Gerontology at Heidelberg University. He studied psychology and subsequently engaged in research, predominantly at the universities in



Heidelberg and Greifswald. His interest in gerontology was aroused by Ursula Lehr, a scientist working on ageing and CDU Minister for Families, who founded the Institute of Gerontology in Heidelberg in 1986 and hired him as her first employee.

All activities to promote health must focus at the same time on the individual's mental health. The aim is to invest from an early age in maintaining the individual's mental well-being and ability to cope with conflicts and stress factors in a mature way.

You researched images of ageing in Germany as part of the sixth report on ageing, among other things. From your point of view, what are the major findings?

Age is often interpreted in a very one-sided manner, as a process of decline or increasing physical, mental and intellectual loss. Far too little attention is paid both collectively and individually to the strengths and resources, the potential for development and change, inherent in the ageing process.

There is also no real acknowledgement of the contribution that the elderly make to human capital, to society, the economy and cultural life. One of the major objectives of all the reports on ageing was and is to contribute to a much more differentiated view of ageing and old age.

Impressum: spectra 124, May 2019

“spectra” is a newsletter of the Federal Office of Public Health published four times a year in German, French and English. Some of the views expressed in it may diverge from the official stance of the Federal Office of Public Health.

Published by: Federal Office of Public Health (FOPH), CH-3003 Bern, tel. +41 (0)58 463 87 79, fax +41 (0)58 464 90 33

Realisation: Adrian Heuss, advocacy ag
Head of Editorial Board: Adrian Kammer, adrian.kammer@bag.admin.ch

Editorial Board: Rahel Brönnimann, Claudia Brunner, Facia Marta Gamez, Selina Luscher-Lutz, Daniel Dauwalder

Contributors: Adrian Heuss, advocacy ag, members of staff of the FOPH, as well as external authors, Ori Schipper

Photos: authors, Fotolia, iStock by Getty Images

Layout: Vischer Vettiger Hartmann AG, Basel

Printed by: Bütiger AG, 4562 Biberist

Print-run: German: 5,000, French: 2,500, English: 800.

Individual issues and free subscriptions to spectra can be ordered from:

Bundesamt für Gesundheit, Sektion Gesundheitsinformation und Kampagnen, 3003 Bern, kampagnen@bag.admin.ch