WHO GLOBAL STRATEGY & ACTION PLAN ON AGING:
FACILITATING A NATIONAL CONVERSATION

SUMMARY REPORT OF THE PRE-CONFERENCE WORKSHOP AT CAG2017



CIHR IRSC Canadian Institutes of Health Research / Instituts de recherche en santé du Canada

Canadian Association on Gerontology / Association canadienne de gérontologie

University of Manitoba
Centre on Aging

WHO Global Strategy & Action Plan on Aging:
Facilitating a National Conversation

FINAL REPORT TO THE INSTITUTE OF AGING, CIHR

Background

In February 2017, the Canadian Association on Gerontology and the Centre on Aging at the University of Manitoba applied for a Planning and Dissemination Grant from the Institute of Aging (CIHR). Several partners supported the application. These partners included:

Public Health Agency of Canada (PHAC)
Canadian Longitudinal Study on Aging (CLSA)
AGE-WELL
Canadian Geriatrics Society
Canadian Gerontological Nursing Association
Transportation Option Network for Seniors
Active Aging Canada
Manitoba Association of Senior Centres
Active Living Coalition for Older Adults in Manitoba

In May of 2017, we were informed that we were successful in receiving funding for the Pre-conference Workshop to be held at the Canadian Association on Gerontology Annual Scientific and Educational Meeting. The theme of the Meeting being "Evidence for Action in an Aging World". Planning for the Workshop included a meeting at the 2017 International Association of Gerontology and Geriatrics Conference, with several of the partners mentioned above.

The focus of the Workshop was the Global Strategy and Action Plan on Ageing and Health (GSAP) of the World Health Organization (WHO). The objectives were to:

- Increase awareness of the World Report on Ageing and Health (2015)
- Increase awareness of the WHO Global Strategy and Action Plan on Ageing and Health (GSAP)
- Increase awareness of national datasets related to aging and health
- Provide a forum for discussion of research priorities related to the GSAP

During the planning of the Workshop, the WHO proposed some specific research priorities, via a survey to the global community in September 2017. These research priorities, organized

under the headings of the specific Strategic Objectives from the GSAP, became the main focus of discussion for the Workshop (see Appendix for research priorities).

Workshop Description

The agenda for the day included the following components: 1) Background information on the WHO World Report on Ageing and Health as well as the GSAP; 2) presentations from PHAC on their responsibilities regarding aging and health and the GSAP, as well as the health surveillance that they conduct; 3) presentations on national datasets (CLSA, Statistics Canada and InterRAI); and 4) group discussions on WHO research priorities. The latter made up the greatest portion of the full-day workshop.

Participants. In total there were about 100 people who attended at least part of the Workshop. Initially, 113 people had registered, which was slightly above the budgeted number of attendees. Some of these individuals ultimately did not attend, but other individuals decided to attend on the day of the Workshop itself, without pre-registering. Attendees came from various regions of the country, and in addition we had a few international participants. Included amongst the attendees were students, researchers, older adults, practitioners and individuals working for senior serving organizations.

As mentioned above, the main focus of the day was discussing the research priorities that were organized by the strategic objective areas of the GSAP:

- Creating age-friendly environments
- Aligning health systems
- Developing long-term care systems
- Improving measurement, monitoring, and understanding
- Commitment to Action

Each group was tasked with discussing the research priorities, and assessing the answerability, feasibility, applicability, possible effect on intrinsic capacity/functional ability, and equity. In total there were 26 research priorities, across all strategic objectives, with 5 to 6 per objective area. They were instructed to discuss the research priorities with Canadian contexts in mind (e.g., all provinces and territories, rural/urban/northern). Then they were asked to rank the research priorities within each objective area. At the end of the day, the groups ranked their overall top 10 research priorities.

Rankings

Ten groups, of about 8 individuals per group, provided overall rankings. One group did not differentiate between their top 10 (i.e., they picked their top 10 without ranking them from 1 to 10). One group did not provide overall rankings. All research priorities received at least 1 top 10 vote. Research priorities that were ranked by at least half (≥ 5) of the groups as being in the top 10 are shown in Table 1.

Table 1. Research priorities receiving a top 10 ranking by at least 5 groups, organized by Strategic Objective

1. **Creating age-friendly environments**

   What are the attributes of an age-friendly environment? Are these universal or context specific? Do these differ in urban and rural areas?

   What are effective strategies to enable an older person to age in a place that is right for them (drawing on diverse mechanisms, such as supported decision making and social inclusion of older adults). What steps can high, middle, and low income provinces/regions/communities and diverse resource settings take to implement these?

   How can elder abuse, neglect, violence and exploitation, be better understood? Would interventions (prevention and treatment) be designed and tested in diverse settings?

2. **Aligning health systems**

   What are the attributes of comprehensive older person-centred and integrated care? Are these universal or context specific?

3. **Developing long-term care systems**

   What skills and competencies should care givers have, and how can they better support older people to maintain functional ability (whether at home, in communities, or within institutions)?

4. **Improving measurement, monitoring, and understanding**

   How can the concept of *Healthy Ageing* be shifted from a disease-based concept to a functioning-based view? From chronological age, to ageing across the life course?

   How can existing metrics, indicators, or summary measures be improved to better reflect *Healthy Ageing* (e.g. healthy life expectancy, burden of disease, other measures of health across the life course)?

5. **Commitment to Action**

   What are the *Healthy Ageing* outcomes that people value and want societies to contribute to and support? Are these only related to health, or also to overall well-being?

   What are the net economic and other contributions of older people to society, and how are these valued, quantified and communicated?

The three that received the most top 10 rankings were:

> What are the attributes of an age-friendly environment? Are these universal or context specific? Do these differ in urban and rural areas?
>
> What skills and competencies should care givers have, and how can they better support older people to maintain functional ability (whether at home, in communities, or within institutions)?
>
> How can the concept of *Healthy Ageing* be shifted from a disease-based concept to a functioning-based view? From chronological age, to ageing across the life course?

In synopsis, the group discussions revealed that all research priorities were found to be important, with a few research priorities being selected more frequently. These research priorities involved age-friendly environments, care givers, as well as shifting the concept of healthy aging from disease to function.

Evaluation

Sixty-five attendees (71% female) provided an evaluation of the Workshop. Of those providing an evaluation, 92.3% were residents of Canada. Sixty percent had read the WHO Report on Ageing and Health, while 49% had read the GSAP. Only 11% had completed the September 2017 Research Priorities survey of the WHO.

In general, attendees found the Workshop to be Good to Excellent in terms of: content, opportunity for discussion, relevance of the topic and overall - with a small number indicating Fair for the above categories (2% to 18%), and no one indicating Poor. A large number (≥ 50%) indicated that the following were benefits of the Workshop:

> Increased awareness of the WHO Report on Ageing and Health (69%)
>
> Increased awareness of the WHO Global Strategy and Action Plan (GSAP) on Ageing and Health (63%)
>
> Increased awareness of national datasets related to aging and health (57%)
>
> Networking opportunity (75%)
>
> Learning about aging in other regions, provinces or countries (57%)

Appendix 1. Research priorities of the WHO from the September 2017 survey

Priority Area 1: Developing age-friendly environments

A. What are the attributes of an age-friendly environment? Are these universal or context specific? Do these differ in urban and rural areas?
B. Which environmental interventions work to increase older adults' functional ability? How do these take into account the diversity of older adults' intrinsic capacities?
C. What are effective strategies to enable an older person to age in a place that is right for them (drawing on diverse mechanisms, such as supported decision making and social inclusion of older adults). What steps can high, middle, and low income provinces/regions/communities and diverse resource settings take to implement these?
D. What technologies can be developed to help older adults compensate for losses of capacity?
E. How can elder abuse, neglect, violence and exploitation, be better understood? Would interventions (prevention and treatment) be designed and tested in diverse settings?

Priority Area 2: Aligning health systems to the needs of older populations

A. What are the attributes of comprehensive older person-centred and integrated care? Are these universal or context specific?
B. What are essential and cost-effective services for older adults spanning promotion, prevention, early detection, treatment, long-term support, rehabilitation, and palliative care (e.g. mix of population and clinical services)? Do these differ in light of peoples' characteristics (e.g. gender, sex, chronologic age, biologic age)?
C. What steps can provinces/regions/communities of different levels of development or resources take to increase coverage of services that support *Healthy Ageing*?
D. How can health systems finance care for older persons in a sustainable and fair way?
E. Can early detection and management of declines in intrinsic capacity, improve a person's trajectory of *Healthy Ageing* over the life course?

Priority Area 3: Developing sustainable and equitable systems for long-term care

A. What social care approaches have the greatest benefit for care recipients?
B. What system models for long term care might be relevant for lower or middle-income provinces/regions/communities, and what are their strengths or weaknesses?
C. What are the financing models that might support these systems and are they likely to be sustainable?
D. What skills and competencies should care givers have, and how can they better support older people to maintain functional ability (whether at home, in communities, or within institutions)?
E. What steps can high, middle, and low resource settings take to link and coordinate social care with health services?

F. What mechanisms can provide support for unpaid care givers (e.g. training, respite care) in diverse contexts?

Priority Area 4: Improving measurement, monitoring and research for *Healthy Ageing*

A. How can the concept of *Healthy Ageing* be shifted from a disease-based concept to a functioning-based view? From chronological age, to ageing across the life course?
B. How can research methods be improved to provide better guidance on the effectiveness of interventions to foster *Healthy Ageing* and how can this be tailored for older people (men and women) in different contexts and levels of capacity?
C. How can existing metrics, indicators, or summary measures be improved to better reflect *Healthy Ageing* (e.g. healthy life expectancy, burden of disease, other measures of health across the life course)?
D. Which interventions improve trajectories of *Healthy Ageing*, and in which contexts and population subgroups do they work? Specifically, what is the appropriate timing and sequencing of these interventions over the life course and for different levels of capacity? Are there critical points across the life course, or within specific contexts or levels (e.g. home, institution, community, country)?
E. What genetic, biologic or cellular advances, or assistive technologies should be prioritised and made accessible to the widest range of people?

Priority Area 5: Commitment to action on *Healthy Ageing* in every country

A. What are the *Healthy Ageing* outcomes that people value and want societies to contribute to and support? Are these only related to health, or also to overall well-being?
B. How can good practices supporting *Healthy Ageing* be documented in different settings?
C. What are effective mechanisms that demonstrate provinces/regions/communities commitment to *Healthy Ageing*?
D. What are the net economic and other contributions of older people to society, and how are these valued, quantified and communicated?
E. What interventions can help overcome ageist (discrimination based on age) attitudes?



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