Health and Well-Being in Older Age

With advances in medicine and improved living standards, more and more people worldwide can expect to live well into old age. However, older persons are characterized by great diversity, and extended longevity is not necessarily accompanied by better health. Although many enjoy healthy ageing and live in good physical and mental condition even into and beyond their 80s, a number of older persons face declining health and age-based disabilities caused or exacerbated by external factors such as limited access to appropriate and affordable health care and unhealthy lifestyles throughout the life course. Meanwhile, the continued prevalence of communicable diseases and an increase in non-communicable diseases also contribute to the decline of older person's health and well-being. Since a growing number of people will live to older ages, it is increasingly challenging but no less necessary to ensure that older persons live in better health and with low rates of age-related disabilities. United Nations Sustainable Development Goal (SDG) 3, "Ensure healthy lives and promote well-being for all at all ages," reflects a commitment to achieve this.[1]

Health issues particularly affecting older persons

"By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being."

Source: United Nations General Assembly, *Resolution on transforming our world: the 2030 Agenda for Sustainable Development*, 21 October 2015 (A/RES/70/1)*, Sustainable Development Goal 3, target 4.*

Chronic physical diseases

Chronic physical diseases, including vision problems, hearing loss, chronic obstructive pulmonary disease, cerebrovascular disease and cancer, are common among older persons and often result in unnecessary age-related disability.[2]

In low-income countries and in marginalized areas of more developed countries, many older persons become disabled from preventable causes such as certain injuries or sensory impairments. With limited access to basic interventions such as eyeglasses, cataract surgery, hearing aids, etc., they lose certain functions completely and experience significantly decreased quality of life.

The influence of HIV on the health of older people is often underestimated by society and even older people themselves. Many incorrectly believe that older persons are at little or no risk of being

[1] United Nations General Assembly, *Resolution on transforming our world: the 2030 Agenda for Sustainable Development*, 21 October 2015 (A/RES/70/1).
[2] United Nations General Assembly, *Report of the Secretary-General on follow-up to the Second World Assembly on Ageing: comprehensive overview*, 21 July 2010 (A/65/157).

infected. Therefore, few HIV prevention, care and treatment programmes exist for older persons. Moreover, women over age 49 and men over ages 54 or 59 are often excluded from the HIV screenings that are carried out as part of many demographic and health surveys in developing countries.[3]

Obesity is another heath issue that affects a growing number of older persons across regions. Levels of obesity increase with age, peaking in the 60s or 70s. It often further contributes to increased risk of cardiovascular diseases, diabetes, arthritis and some cancers. In developing countries, even in those where under-nutrition continues to pose a serious challenge, obesity has recently become a growing threat to health, particularly in urban areas.[4]

Mental illnesses

As life expectancy increases, so has the influence of mental illness on older persons' quality of life, especially at advanced ages. In the United States for instance, 40 per cent of people aged 85 and older suffer from Alzheimer's and related dementia.[5] At the global level, the number of people living with dementia is expected to nearly double every 20 years.[6] Depressive disorders and symptoms also affect many older persons, particularly the most vulnerable among them living in long-term care facilities.[7] Depression can be triggered by factors such as isolation and loss of family members or friends, which are common in old age, diminishing quality of life as well as negatively interacting with physical health conditions. The need for mental health care in old age is thus growing in scope and urgency.

Currently, levels of investment in mental health tend to be relatively low. In high-income countries, annual spending on mental health for the general population is less than 2 dollars per patient. In low-income countries, it is less than 25 cents per patient.[8] At the same time, awareness of mental health diseases is also low. Many people believe that memory problems and feelings of sadness or pessimism are a normal part of ageing and therefore either postpone or avoid seeking care.

When care is sought, many countries have few medical professionals trained to diagnose or treat mental illnesses. For example, nearly half of the global population lives in countries where, on average, just one psychiatrist is available for every 200,000 or more people.[9] This puts heavy pressure on those medical professionals and leaves considerable unmet need for care.

Social stigma is another barrier to accessing mental health care and obtaining an early diagnosis. It has been estimated that stigma is the main factor behind the large gap between estimated prevalence and actual diagnosis rates, with less than 50 per cent of dementia patients receiving a

[3] Ibid.
[4] Ibid.
[5] United Nations General Assembly, *Report of the Secretary-General on follow-up to the Second World Assembly on Ageing*, 19 July 2013 (A/68/167).
[6] Martin Prince and others, *World Alzheimer Report 2015: The Global Impact of Dementia – an analysis of prevalence, incidence, cost and trends* (London, Alzheimer's Disease International, 2015). Available from https://www.alz.co.uk/research/WorldAlzheimerReport2015.pdf.
[7] World Health Organization, *World Report on Ageing and Health* (Geneva, 2015).
[8] United Nations General Assembly, *Report of the Secretary-General on follow-up to the Second World Assembly on Ageing*, 19 July 2013 (A/68/167).
[9] Ibid.

formal diagnosis.[10] Many dementia sufferers continue to be abandoned or hidden from public life. In some communities, older women with dementia are accused of witchcraft. In addition, patients with Alzheimer's disease or dementia are often easy targets for financial and physical abuse and other violations of their rights.

Older persons' health in vulnerable situations

Climate change and natural hazards have significant implications for human health, with older people often more vulnerable than the young. The increased health risks associated with advancing age make older persons particularly sensitive to extreme weather conditions such as heatwaves, which are increasing in frequency due to climate change.[11] For example, 80 per cent of the victims in France of the heat wave across Europe in 2003 were people over age 75. Older persons are also more at risk when natural hazards occur because they are less mobile and often live alone. For instance, more than 70 per cent of the victims of Hurricane Katrina in 2005 in the United States city of New Orleans were people over the age of 60.[12] Similarly, of the 15,883 deaths caused by the Great East Japan Earthquake and Tsunami that took place in 2011, 56 per cent of those that occurred during the disaster and 89 per cent of post-disaster deaths were of persons aged 65 and over.[13]

Older persons in refugee, asylum-seeker, returnee and statelessness situations are also faced with severe health-related challenges due to lack of appropriate healthcare services. UNHCR research on its operations showed that many older persons in these situations do not receive services for their specific needs, and that access to medical services was cited by older persons as among the top three challenges they face.[14] Discrimination, including with regard to opportunities to earn income; long distances to health facilities, particularly in rural areas; as well as fees for transportation and medical treatment are hindrances to accessing health care, especially for those with chronic conditions. The breakdown of social ties—or fabric—of families and communities caused by forced displacement poses additional risks to older persons such as marginalization and strains on mental health and well-being. Moreover, age and gender considerations are not always reflected in humanitarian planning.

[10] Ibid.
[11] Kirk R. Smith and others, Human health: impacts, adaptation, and co-benefits, in *Climate Change 2014: Impacts, Adaptation, and Vulnerability. Part A: Global and Sectoral Aspects. Contribution of Working Group II to the Fifth Assessment Report of the Intergovernmental Panel on Climate Change*, C.B. Field and others (Cambridge, UK and New York, Cambridge University Press, 2014), pp. 709-754.
[12] United States Department of Health and Human Services Centers for Disease Control and Prevention, "CDC's disaster planning goal: protect vulnerable older adults". Available from http://www.cdc.gov/aging/pdf/disaster_planning_goal.pdf.
[13] Japanese Red Cross Institute for Humanitarian Studies, YMCA and HelpAge International, *Displacement and Older People: The Case of the Great East Japan Earthquake and Tsunami of 2011* (Chiang Mai, Thailand, HelpAge International, 2013). Available from http://www.helpage.org/silo/files/displacement-and-older-people-the-case-of-the-great-east-japan-earthquake-and-tsunami-of-2011.pdf.
[14] United Nations High Commissioner for Refugees, *Age, Gender and Diversity Accountability Report 2015* (Geneva, United Nations High Commissioner for Refugees, 2016).

Access to health care continues to be a challenge

Objective: "Elimination of social and economic inequalities based on age, gender or any other ground, including linguistic barriers, to ensure that older persons have universal and equal access to health care."

Source: United Nations, Political Declaration and Madrid International Plan of Action on Ageing, *Report of the Second World Assembly on Ageing, Madrid, 8-12 April 2002* (United Nations publication, Sales No. E.02.IV.4), para 74.

Cost

The enjoyment of the highest attainable standard of physical and mental health and an adequate standard of living are among the fundamental rights of all.[15] Yet many older persons lack access to sufficient levels of health insurance and pension benefits to afford even basic health care. In developed countries, private insurance plans are becoming increasingly necessary to supplement limited public health insurance programmes.[16] However, health insurance products are sometimes too costly or are downgraded to a limited scope of coverage, and premiums increased, for people above a certain age. Some insurance providers even prohibit persons above age thresholds as low as 59 years from buying certain policies.[17] These restrictions put complementary health insurance coverage out of the reach of many older persons.

A large proportion of older persons in developing countries do not have access to pensions, which also constrains their ability to afford out-of-pocket healthcare services. Moreover, only 42 per cent of the current global working population can expect to receive a pension in their old age. Older women are particularly disadvantaged, having less access to pensions and, in many cases, to health insurance benefits of their own because of fewer and inferior working opportunities compared with men. For example, this was cited as a particular problem for many older women in the Arab region who experience the effects of accumulated health problems for which they received inadequate health care over the course of their lives, including due to poor nutrition and reproductive health risks.[18]

Transportation

In some countries, particularly rural areas in developing countries and remote areas in others, healthcare facilities are located at great distances from older persons' homes, which can limit older persons' access to services. In addition, transportation systems in some countries or country regions

[15] United Nations General Assembly, *International Covenant on Economic, Social and Cultural Rights*, 16 December 1966 (A/RES/21/2200A (XXI)), article 12; United Nations General Assembly, *Universal Declaration of Human Rights*, 10 December 1948 (A/RES/217 (III) A), article 25.
[16] AGE Platform Europe, "Background Document for Hearing 'Unblocking the Anti-Discrimination Directive' on Age Discrimination in Access to Financial Services", 20 March 2012. Available from http://www.age-platform.eu/images/stories/Background_document_anti-discrimination_directive_AGE.pdf.
[17] United Nations Economic and Social Council, *Report of the Secretary-General on further implementation of the Madrid International Plan of Action on Ageing, 2002*, 16 December 2013 (E/CN.5/2014/4).
[18] United Nations Economic and Social Council, *Report of the Secretary-General on the second review and appraisal of the Madrid International Plan of Action on Ageing, 2002*, 28 November 2012 (E/CN.5/2013/6).

are inadequate, unavailable or lacking in accessibility and may require high user fees, further hindering older people's access to health care.[19]

Training of health personnel

In many countries, few medical professionals receive training in geriatrics and gerontology. Moreover, ageist views of older persons often lead to reluctance in directing health resources towards them.[20] Many formal and informal caregivers also lack access to specific training in the care of older persons, and particularly those with dementia or Alzheimer's, and are thus ill-prepared for the challenges this entails.

Palliative care

The number of older persons who suffer from terminal and chronic non-communicable diseases is growing. Yet access to palliative care, which helps patients by relieving pain and enables them to die with dignity, is uneven across countries. In some countries, palliative care is only permitted to those with certain types of chronic diseases or there is a limited quantity or range of palliative medications available to patients. In others, it has been integrated into national health legislation and plans of action and dedicated institutions have been established.[21]

The availability of medications utilized in palliative care is far from adequate. Although the International Covenant on Economic, Social and Cultural Rights calls for the provision of essential drugs, inexpensive pain-relieving narcotics are still very difficult to obtain in a number of countries due to restrictive drug regulations which may classify them as harmful substances, improper supply-distribution systems and inadequate healthcare system capacity.[22]

Uneven research and data on the health status of older persons

While data on life expectancy is widely available, data and research on the quality of life and health status of older persons are mostly only available in developed countries. However, even then, the findings of studies are inconclusive, with multiple variables at play both within and between countries.[23] These data challenges were reflected in the development of the targets for Sustainable Development Goal 3, to "Ensure healthy lives and promote well-being for all at all ages." Among the targets set is one that calls for the reduction of "premature mortality" from non-communicable diseases before age 70, which tells us little about the health needs, status or well-being of older persons but was a target the majority of countries could measure.[24]

[19] United Nations Economic and Social Council, *Report of the Secretary-General on the second review and appraisal of the Madrid International Plan of Action on Ageing, 2002*, 28 November 2012 (E/CN.5/2013/6).
[20] United Nations General Assembly, *Report of the Secretary-General on follow-up to the Second World Assembly on Ageing*, 24 July 2016 (A/69/180).
[21] United Nations General Assembly, *Thematic study on the realization of the right to health of older persons by the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, *Anand Grover*, 4 July 2011 (A/HRC/18/37).
[22] Ibid.
[23] World Health Organization, *World Report on Ageing and Health* (Geneva, 2015).
[24] United Nations General Assembly, *Report of the Secretary-General on follow-up to the International Year of Older Persons: Second World Assembly on Ageing*, 24 July 2015 (A/70/185).

In 2013, in an effort to try and stimulate discussion around measuring the well-being of older persons, HelpAge International developed the Global Age Watch Index "based on the core priorities for which sufficient international data exists." A variety of issues identified by older persons themselves led to the construction of the index, which covers income security, health status, education, employment and the enabling environment. Indicators related to health status were built upon the only existing comparable data from a majority of countries, including on life expectancy at 6o, healthy life expectancy at 60, and psychological well-being (subjective assessment).[25]

The experiences of developing the Global Age Watch Index as well as the SDG targets and indicators related to healthy lives and well-being in old age highlight the pressing need to both improve and harmonize data and research in this area across countries. Such progress is critical to making accurate assessments about regional and global trends and progress.

Priority policy issues to be considered

Based on the above overview, it is clear that meeting the health needs and ensuring the well-being of older persons will pose an increasingly urgent challenge to Member States. With a view to further discussion on meeting this challenge, some policy suggestions are provided here:

- Reorient healthcare policies and programmes to take account of the rise in non-communicable diseases.
- Mainstream age and gender considerations into climate change and disaster risk reduction strategies as well as in responses to humanitarian situations.
- Expand and improve research and data on the health and well-being of older persons, including with a view to data comparability.
- Widen pension coverage and increase and expand government support to financing healthcare services.
- Accelerate infrastructure development in remote areas to make age-appropriate healthcare facilities more accessible.
- Broaden and improve training in geriatric care and take measures to tackle age bias in access to healthcare procedures and care among care providers.
- Ensure that laws and policies prohibit age discrimination against older people in accessing health-related services.

For further reading

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[25] HelpAge International, Global AgeWatch Index, 2013 (London, HelpAge International, 2013).

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