
2. Ageing in Ireland – A Measure of Success and why we can lead the way!

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Our “Declaration of Independence” speaks of constructing a national policy based on the people’s will, with equal right and opportunity for every citizen. According to The United Nations’s World Economic and Social Survey, ageing will be a dominant theme in the 21st Century. How we think and plan around ageing can impact the policies we introduce and the supports we develop. In Ireland we must look to improve how we age and how we support those who are challenged as they age.

Old age is not a disease, nor indeed is it an abstract concept. It is something we all do from the day we are born. Ageing is very much about strength and survivorship, triumph over all sorts of experiences, trials and illnesses. Public health initiatives and medicine are making huge strides in terms of delaying the onset of many diseases and actively treating others. This success has allowed life expectancy to increase. A baby born in 1900 could have been expected to live until they were 50, while a baby born today has a 50% chance of reaching the age of 100.

In demographic analysis, age 60 is typically taken as the dividing line between older and younger cohorts of patients. Globally, the number of people aged 60 years or older will rise from 900 million to 2 billion between 2015 and 2050 (moving from 12% to 22% of the total global population). In developed countries, many think of 65 years as the cut-off point because of eligibility rules for pension and social security benefits. Such cut-off ages vary around the world. In Ireland, it is predicted that those over the age of 65 will reach 1 million people by 2031. Many factors influence the varying life expectancies we see around the world.

Our challenge does not start at the age of 65, it starts when we are much younger. For example, the worrying rates of childhood obesity will impact on life expectancy for some and quality of life for others in the years ahead. If you are overweight at 40 years you live 3 years less, if you are obese at 40 years you live 7 years less and if you are obese and smoke at the age of 40 years you live 14 years less. Obesity is associated with increased risk of certain cancers, high blood pressure, high cholesterol, arthritis, diabetes and dementia. All of these illnesses, and more, lead to disability and altered quality of life.

As in other countries, we see regional variation in life expectancy at birth and at age 65 years in Ireland. Among men the lowest life expectancy at birth is in the Mid-West - 76.3 years, the highest in the Mid-East and Midland regions at 77.2 years. However these regional findings were not maintained for life expectancy at 65 as the Dublin region has the highest life expectancy of 16.9 years, the Mid-West the lowest life expectancy of 16.1 years. For women, the shortest life expectancy at birth and at age 65 years was in Mid-West - 80.4 years and 18.7 years respectively. The longest was in women in the West at 82.7 years at birth and 20.6 years at age 65 years.

Those over the age of 80 years requiring healthcare tend to be frailer, have more chronic illnesses, tend to stay longer when they are admitted to hospital and require more services when they go home. We need to have a structured programme of primary and acute hospital care that they can access and subsequently on discharge a programme of services that helps support them in their community. This frailer older group of people require a different range of services than younger people. If we design services for people with only one thing wrong at once but people with many things wrong turn up, the fault is not with the people using that service but with the service and how it was designed in the first place. All too often these people are labelled as inappropriate and presented as “the problem”. We must get our thinking and planning around these services correct in the first place.

Meeting this growing need will require service planning, reconfiguration and investment. In the current economic climate delivering better quality care with the same or less resources might potentially overwhelm a service and thus society and Government must decide what is prioritised.

The Irish Longitudinal Study on Ageing (TILDA) was designed to provide an evidence-base for emerging issues associated with population ageing across health, economic and social systems in Ireland. Independent of this, a large body of research links disadvantaged socioeconomic position (SEP) during early childhood with poorer health in later life. Work from TILDA suggests that social mobility (i.e., change in socioeconomic circumstances over the life course) can compensate for low SEP in childhood, at least with respect to musculo-skeletal development. Further research undertaken by TILDA reports that while 31% of the Irish older population aged 65 and over are robust, 45% are pre-frail and 24% are frail. The prevalence of frailty varies significantly from 17% to 29% across Community Healthcare Organisations (CHO).

The knowledge that we are living longer challenges us to ensure that these years gained are healthy years. We have our own part to play. Each of us needs to work into our daily lives behaviours and attitudes that maximise our health and reduce, delay or prevent the onset of functional decline, disabling illness and frailty. In essence we should all aim to spend a longer time living and a shorter time dying.

The significant change in the ageing demographics is a global phenomenon. It is a success story in relation to health but it also has its challenges, as these additional lifespan years are not always lived in good health. A question each of us has to answer is – “What do I want as I age?”. I would like to live well, live long, be happy and be supported when I am challenged. Part of that is my own personal responsibility, but I will also need - information, education, societal support, access to healthcare when I need it and Government and policy support.

This ageing population is, undoubtedly, one of the success stories of modern society. It will and is bringing many positive influences and contributions. It does pose real and significant challenges to individuals, families and society. It also poses opportunities and challenges for social, economic, and healthcare systems. While many people remain well, engaged and active into later life, increasing age brings an increasing chance of long-term medical conditions, frailty, dementia, disability, dependence and/or social isolation. So our opportunity is to lead by example, focus on our own country first and inspire progress to make Ireland a country we are all proud to grow up and grow old in.

Frailty is a distinctive health state often, but not inevitably, related to the ageing process – in which multiple body systems gradually lose their in-built reserve. It could be argued that frailty is one of the most challenging expressions of population ageing. In general, older people require greater use of health and social care services and, if admitted to hospital, have a longer length of stay. This is one reason why services must be fit for purpose and age attuned. Frailty is a concept we need to be able to recognize, understand and manage. We can do this by constructing an educational framework around frailty in primary, secondary, third level care and working life. This may give us a framework and lever to drive change.

The World Health Organization identifies four priority areas for action. These are aligning health systems with the needs of the older populations they serve, creating age friendly environments, developing systems for providing community and long-term care and improving measurement, monitoring and understanding.

This challenges us to explore opportunities to improve how we age and how we support those who are challenged as they age. We must rise to that challenge.

1 in 5 community-dwelling older adults are living with frailty in Ireland. 40% of these are living alone, will spend on average 15 days in hospital in a year and will visit their GPs at least 7 times in the year. Only half of these are known to their public health nurses.

So this is part of our challenge. Every older person should have access to the right care and support if and when they need it. Improving health services for older people and improving access to care, support and treatment should always be high on the agenda of the public, politicians and healthcare workers. Promoting the development of an integrated service that is personalised, coordinated and puts the older person at the centre of the care pathway is central to this construct.

While some of the costs involved can be met through identifying inefficiencies within the system, significant investment, both in staffing and in infrastructure, are needed to ensure health and social services will be resourced to effectively manage and respond to the health care needs of our increasing ageing population.

We have a wonderful opportunity in Ireland to embrace our improving life expectancy, promote independent living, add healthy years to life and, if possible, reduce disability. Many people and organisations must develop and grow how they collaborate in order to enable and support this. The Royal College of Physicians of Ireland (through the clinical programmes, training and education), in conjunction with the HSE are playing a critical role in providing the vision and clinical leadership for this in many areas, along with many voluntary organizations like ALONE, the Alzheimer's society and the Irish Gerontological Society. But we can all do more. Health Promotion, Self-Care, Social Care and Policy reform, informed by work from the family of longitudinal studies going on around the world, including our own Irish Longitudinal Study in Ageing (TILDA) will all play important roles.

Modern Ireland has evolved into a forward thinking society, leading the world in certain areas. Research into “Assistive Technology” is doubling every five years – from “monitoring” to “assisting care” and “smart homes”. This evolving concept of “Gerontotechnology” and how it can assist and support us as we age has significant potential. Digital literacy has also become a requirement for participation in most day to day activities. The practicalities of day to day living should be easier for all of us to navigate. To achieve this, we must ensure that our online, digital, and icloud dominated tech-world is accessible to all, not just the young. This is where technology could really add to the quality of life for older people and support them to age well at home.

We need to recognize and acknowledge the important role older people have played and continue to play in our lives and society today. We must all become better advocates for the requirements of all as we age. Service reconfiguration and investment is required to meet this growing need. In the current economic climate delivering better quality care with the same or less resources might potentially overwhelm the service and thus society and Government must decide what priority will be put on this.

Supporting people in their own homes, though the most appropriate option, is not the cheap option people think it is. It too needs to be appropriately supported – both with staffing and funding.

Improving health services for older people, creating a just society and improving access to care, support and treatment should always be high on the agenda of the public, politicians and health care workers. Health services in Ireland are now evolving to meet the changing needs of our growing and ageing population. Creating integrated care and support systems with health care professionals working in tandem with advocacy and support agencies will enable a system of care emerge where care and support are provided on the basis of need. This will allow an older person get the right care, in the right place from the right people. These common goals can only be achieved if we continue to work more effectively together.

The cross party focus on health of Sláintecare (2017), the Towards 2026 report (RCPI, 2017), and the focus brought by the Citizens Assembly are encouraging signs for progress in healthcare in general, and for care of older people in particular. We are now beginning to see a very definite road map developing for Older Persons Services.

The reality is that older people make many positive contributions to society; and health and social care expenditures for older people need to be seen as an investment not a cost. These investments bring benefits to older people and returns for society as a whole. This requires society and government to continue to support the development of services for older people with policy and funding. It requires ongoing focused reconfiguration of primary, acute hospital and community services.

Society must play its part too, which brings us back to our “Declaration of Independence”. We must make it unacceptable that these services are not available when we are older and require access to this type of care and support. Ultimately as we will all age we must plan and ensure that having arrived successfully at healthy old age we will then have access to the services we require. For the majority of us who will continue to live at home that may be minimal or no home care support. But if they are needed, and a minority will need it, that also means high quality primary, acute hospital and nursing home services that are not complicated and cumbersome to access. All these services should be available to us in an equitable, non-means tested way. It is this piece of the puzzle that our society and our government must solve. That is their challenge as we meet ours.

Seamus Heaney said “*Believe that a further shore is reachable from here*”. I believe that Ireland is in a great place to lead the charge and change in support for all of us as we age. We all want to age well. As a country we must strive to become an Ireland that leads the world in becoming age-attuned, age-accommodating and age-friendly. To do this we need a culture that upholds dignity, respect and compassion for each other over the course of our lives. We also need the support to live well into old age, and timely access to supports if and when we need them. We must get our thinking and planning around these services correct in the first place. While we each have a personal responsibility, there is also a shared societal and governmental policy responsibility. These are all interconnected. Progress cannot happen unless we all work together.