Health, Economic and Social Aspects of Ageing

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Key characteristics of ‘ageing’ as a research / study topic

- It is complex!
- Multi- / inter-disciplinary
- Relatively new area of research, hence much description, defining, conceptualising
- Tendency to problematise (aspects of) ageing, hence search for ‘solutions’ – and somewhat less for theories
Factors Influencing the Experience of Ageing

Happiness

Health

Wealth

Quality of Life

Social networks (families), leisure, care, housing, morale

Contributions made by older people

Environment

Genes

Physical Mental

Expectations

Experience, Life Course

Work, Pensions
Key challenges

(1) How can one understand something as complex as ‘ageing’?

(2) Understanding ‘structure’ and ‘agency’: role of ‘actors’ vs. ‘the stage’

(3) Understanding ‘micro’ and ‘macro’ levels: how do individuals change & how do societies / policies change
Understanding ageing-related phenomena

The importance of the temporal aspect:

- Antecedents: Who? Why?
- Processes: What? How?

But: expense and demands of longitudinal studies
‘Tenets of gerontological imagination’ (Ferraro 2006)

- Ageing is not a cause of all age-related phenomena
- Ageing involves biological, psychological and social changes in individuals at varying rates
- The imprint of genetics on development and ageing is substantial
- Age is positively associated with heterogeneity in a population
- Ageing is a life-long process and using a life-course perspective helps advance the scientific study of ageing
- Disadvantage accumulates over the life course
- There is a propensity toward ageism in modern societies
The increasingly rectangular survival curve
Global population will change markedly over the next 25 years.
**Life Expectancy & Healthy Life Expectancy 2000**

*Including Andorra and Monaco.*

*Source: WHO (2003e).*
Gait speed by wealth (ELSA)
% with severe pain in two or more of back, hip, knee or foot, by sex, age & wealth (ELSA)
Angina symptoms by age & wealth, men (ELSA)
% with personal computer, by age and wealth (ELSA)
Feel isolated from other people by age & wealth (ELSA)
Survival by marital status, males (ELSA)
Survival by alcohol consumption, females (ELSA)
Health by education, SHARE - Irl
Life satisfaction by education (SHARE- Irl)
Need for care by age and sex (SHARE – Irl)
Pattern of Multiple Deprivation by Age Group


- Multiply Deprived on at least two dimensions including health
- Multiply deprived on at least two dimensions including basic and consumption
- Multiply Deprived on at least two dimensions including housing or neighbourhood environment
At Risk of Poverty by Life Cycle Stage & HRP Educational Qualifications

Percentage of respondents who reported having 3 or more close people they could count on if they had serious personal problems, by age, gender and social class, SLAN III
Understanding the Pathways from ‘Social’ to Health (and vice versa)

Social Engagement
- Social network
- Social integration
- Social support
- Relationship quality

Socio-demographic Characteristics

Pathways
- Behavioral processes:
  - Smoking
  - Alcohol
  - Exercise
  - Sleep
  - Nutrition
- Psychological processes:
  - Loneliness
  - Anxiety
  - Hostility
  - Perceived stress
  - Depression
  - Positive affect

Biomarkers
- Stress hormones: Cortisol, Adrenaline
- Inflammatory markers: IL-6, CRP, Fibrinogen
- Cardiovascular:
  - General: BMI, WHR
  - Blood pressure
  - Heart rate variability
  - Pulse wave velocity
  - Biomarkers: HbA1c, LipoA, Fasting lipids, Homocysteine

Health Outcomes
- Physical Disease:
  - Disability
  - Osteoarthritis
  - CVD
  - Respiratory Disease
- Psychiatric Disease:
  - Cognitive decline:
    - Dementia, Alzheimer’s Disease
  - Depression
- Mortality
- Survival after adverse health events
What is ‘successful ageing’?

‘Minimization of losses that occur as a result of a reduction in physical, cognitive and social reserves and a maximization of gains that result through adaptation, mastery and the use of wisdom.’

Baltes & Baltes, 1990
Ageing as Adaptation (1)

- Process of adaptation at both individual and societal levels
- But some face greater challenges than others! Those same individuals less well equipped to deal with these challenges
- In most countries, adaptation expected to happen primarily at the level of individuals / families
Ageing as Adaptation (2)

- Locus of adaptation in all systems has been gradually shifting towards older people themselves
- The ‘problem’ becomes the ‘solution’ (at a high cost to some groups)
- Increasing focus on ‘opportunities’ & ‘freedoms’ → apparent / real decline in ageism; age resistance / denial
To conclude...Points for discussion...

- Plentiful evidence of links between health, economic & social aspects of life in older age
- But ‘pathways’ (the why & the how) poorly understood!
- ‘Good old age’ in fact guaranteed for some, denied to others, at a much younger age?
- What, if anything, should be done?