

What Works in Health Promotion for Older People ?

National Council on Ageing and Older People

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Contents

Introduction	
Summary of Main Conference Learning Points	p. 3
Opening Addresses	p.12
Prospects for Healthy Ageing in Northern Ireland Dr Brian Gaffney, Chief Executive, The Health Promotion Agency Northern Ireland	p.17
Prospects for Healthy Ageing in the Republic of Ireland Dr Cecily Kelleher, Professor of Health Promotion, NUI Galway	p.21
Health Promotion Strategies for the Future Mr Jerry O'Dwyer, Secretary General, Dept. of Health & Children, Republic of Ireland	p.24
Promoting Health among Older People in Northern Ireland Mr Tom Cairns, Deputy-Director, Age Concern Northern Ireland	p.28
Rapporteur's Report Dr Emer Shelley	p.30

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Introduction

Arguments for promoting healthy ageing are widely accepted but there is much less consensus about how health promotion strategies for older people should be implemented. Consequently, there is a pressing need for health promotion agencies, service providers and voluntary organisations to identify initiatives which succeed in promoting the health and well being of older people living in different settings and different circumstances.

The primary purpose of the Cross-Border conference What Works in Health Promotion for Older People? was the pooling of experience and expertise in relation to health promotion initiatives currently being implemented in Northern Ireland and in the Republic. The main focus of the conference was the identification of effective health promotion strategies and projects designed to achieve health gain and social gain for older people in both parts of the island.

The Conference was jointly opened by Dr Tom Moffatt, Minister of State at the Department of Health and Children (Republic of Ireland) and Mr George Haworth, Minister for Health and Political Development (Northern Ireland). It was attended by over 130 health service personnel and representatives of voluntary organisations from North and South.

Summary of Main Learning Points from Conference Presentations, set against Conference Objectives

Conference Objective 1

To explore the concept of participation, particularly as a central component in healthy ageing; in particular, demonstrating how older people can take a lead role in improving and maintaining their own health.

- **Life expectancy at age 65 for both men and women in the Republic remains the lowest in the European Union. When the National Health Service was introduced in Northern Ireland in 1948 the life expectancy of men at age 65 was 12 years but in the intervening 50 years, life expectancy has only increased by an additional two years while women at age 65 in Northern Ireland now expect a further 18 years of life, an additional four years compared to 50 years ago.**
- **Older Irish people are in poorer physical health than their EU counterparts at age 65, the principal causes of premature morbidity and mortality being cardiovascular disease, cancer and respiratory diseases – all of which are linked inextricably with lifestyles and health-related behaviour.**
- **Social isolation or lack of social engagement is an important risk factor for mortality and for the mental and emotional health of older people.**
- **Access to high-quality and effective health care remains one of the major determinants of good health.**
- **The contribution of older people to society is rarely acknowledged:**
 - **The media rarely presented positive reports of older people.**
 - **In the public sector, especially the social services and health services, there is active discrimination against older people.**
 - **In the labour market, older unemployed people experience much greater difficulty in securing employment than younger unemployed people.**
- **There is an ongoing challenge to ensure that older people are perceived as valuable assets to society, given that they possess substantial resources in terms of wisdom, knowledge and experience.**

- **Health promotion needs to have clearly defined objectives, specifically in terms of promoting the greater autonomy and greater participation of older people. Health promotion must work towards creating a climate which supports the rights of older people in society.**
- **Opportunities which enable older people to contribute to change and to have a 'voice in society' regardless of age, must be promoted and encouraged.**
- **Ageing must be seen as a positive challenge and not simply as a problem to be overcome.**
- **Age is an unreliable indicator of a person's needs and capacities, consequently there is a need to challenge the assumption that ill health and disability are inevitably part of the ageing process.**
- **There is need for a greater awareness of the importance of older people developing individual and personal skills in preparation for retirement, with retirement planning beginning by the mid-50s, at the latest.**
- **Learning how to access information on health issues is vitally important for older people and must be encouraged.**
- **Leisure and social activities which contribute to better health and which lessen the likelihood of social isolation must be developed.**
- **Getting people involved is just as important as exercise programmes .**
- **The importance of education in the pre-retirement years is also well recognised, specifically the need for pre-retirement programme in the workplace, with the inclusion of positive elements such as exercise and nutrition.**
- **There is great potential in the use of television, peer education and the growing use of the Internet by older people.**
- **There must be investment in educational programmes which introduce older people to new technology, helping them avail of the opportunities for using computer skills to combat loneliness and isolation.**
- **There is also a need to harness the wisdom and sense of tolerance of older people, and in particular, their perspectives on the rapid social change which they have experienced during their lifetimes.**
- **Older people must be encouraged to articulate what they require and health-service providers must avoid the tendency to prescribe for older people. The fundamental challenge is how to develop a health promotion strategy based on a partnership that encourages people to articulate their needs.**

Conference Objective 2

To present effective models of good practice in healthy ageing

- Health-promoting activities for older people must be fostered through a range of community-based interventions and effective liaisons with the health boards and with national and local voluntary agencies must be established with a view to achieving health gain for older people.
- Community projects are integral to the needs of older people and effective community action requires that older, as well as younger people, be involved in community development at all stages of policy-making.
- Older people themselves should be involved at all stages of a project - from planning through to implementation and evaluation. It is generally recognised that it can be difficult to get support for projects that involve 'well older people'.
- The community development model can be transferred but it needs to be properly adapted in its new location so that specifically local issues may be addressed.
- The Ageing Well Network has been developed for community-based groups who wish to promote health-related programmes for older people.
- The programme ensures that the real value of community-based health promotion with older people is measured and that older people themselves are involved in the planning, organisation and delivery of different health promotion projects.
- Underlying the Network is the recognition that health is far more than the absence of disease - that health and well-being are strongly influenced by housing, social contact, transport and income.
- The Ageing Well Network is not just concerned with policy formulation but demonstrates what is actually possible in terms of health promotion for older people.
- The substantial experience gained in implementing the Ageing Well Network in Northern Ireland should be exploited for the benefit of many more older people throughout the island.
- There is need for effective partnership between the statutory, voluntary and community agencies, with such partnership vital in providing "more clout" in the process of gaining support from potential sponsors and in dealings with the statutory agencies.

- It is important to acknowledge from the outset that agencies enter partnerships with their own agendas, despite their own best intentions. Consequently, the differing perspectives of agencies involved in partnerships must be taken into account when formulating common agendas. On the other hand, statutory agencies should be willing to negotiate and to be more flexible in the use of resources.
- Community development is vital to the process of ageing well. Community-based health promotion programmes should be carried out at an appropriate pace and, provided the programmes are well conceived it is possible for those involved in their development to gradually withdraw and leave the community to continue the work.
- Volunteering is an important issue, specifically the need to encourage people to have the self-confidence to volunteer. Training was seen as crucial in bolstering the confidence of older people, enabling them to become effective leaders within projects. However, older people may be concerned that if they volunteer their services they may become locked into major commitments of time and energy.
- With the booming economy in the South and the growing pressures on families in urban and rural areas, fewer people are in a position to offer their services as volunteers. Consequently, promoting volunteering among older people and encouraging them to utilise and resuscitate their skills are extremely important.
- Evaluation is also vital and there is a need for standardised tools for comparative evaluation.
- Encouraging older men to be involved in health promotion programmes is vital and it is necessary to be creative in developing higher male participation rates in projects. Involvement of younger people in projects is also important and can be very enriching for both young and old alike.
- Funding and resource issues are central to the success or otherwise of programmes. A very small amount of funding may be all that is required to make a project successful.
- The availability of suitable venues for projects and the issue of accident insurance are important, as is access to the necessary transport to enable older people avail of the programmes.
- With regard to any project, expectations should be clarified so that all concerned are clear as to what can be delivered. There are great challenges in providing information at the appropriate levels and particular challenges in involving older people who are difficult to reach through normal channels and who would benefit most from these kinds of activities.

- **Health Promotion must be seen in a broader context than the health services. Nonetheless, a great deal can be done by means of health service initiatives – by providing leadership, by involving other agencies and by advocacy.**

Conference Objective 3

To increase understanding of the potential of health promotion with older people. (Research)

- **There is compelling evidence in support of sophisticated strategies and well-resourced programmes designed to promote the health, wellbeing and autonomy of older people.**
- **Randomised Control Trials carried out in Britain, Italy, Denmark, France, New Zealand and the United States indicate that positive changes in patient risk factors can be achieved in quite a short time through health promotion programmes.**
- **It is possible to prevent institutionalisation and loss of independence by means of health promotion which is also a cost-effective means of improving functions and reducing hospitalisation.**
- **It is essential to take a holistic view of health and to recognise the broader aspects of health promotion, in particular the five key elements for health promotion identified in the Ottawa Charter: building health by public policy, creating supportive environments, strengthening community action, developing personal skills and reorienting health services.**
- **A major issue is that of how to bridge the gap between policy and practice – the formulation of policies is necessary and policies are very important for the purpose of planning and advocacy, but their implementation is a major challenge.**
- **Another issue is the problem of transferability, specifically, the transferring of expertise within jurisdictions or across borders.**

- **There is substantial evidence to support the view that accidental falls are preventable and that prevention programmes are cost-effective. Those most at risk of falling are the frail elderly, who are most likely to be in long-stay units.**
- **There is need for a positive, pro-active approach to disseminating information on accident prevention. In the first instance, information should be directed towards those who are over 75 who have already had a fall.**
- **People going into homes to provide a service, such as public health nurses, home helps et al, should be very conscious of accident prevention. In the community context, falling can also be prevented, though it is more difficult to see the results as there is a wide range of older people with differing risk factors involved. It is essential that all relevant health service personnel be trained in issues relating to fall prevention, i.e. home helps, home care attendants , et al.**
- **Health promotion in institutional settings gives rise to certain issues. There should be consultation with residents, with their families, with staff and also with providers of local services. Health promotion should be undertaken in partnership with the local community.**
- **From an institutional base day care, respite care and other services of interest to the community can be provided. In this way staff in an institution can provide much needed leadership in the establishment of seamless health promoting services.**
- **The Sonas approach to addressing communication difficulties in older people with dementia was seen as a means of activating potential for communication in dementia sufferers. The approach has tangible benefits for patients, relatives, staff and service providers and benefits not only older participants but leads to greatly enhanced staff morale. The Sonas approach was acknowledged as being a successful and cost-effective initiative with great scope for transferability.**

Conference Objective 4

To focus on health inequalities and the wider determinants of health in considering Objectives 1 & 2

- Many factors affect health, including physical, economic, social and environmental factors. The main risk factors which predispose people towards poor health in later life are:
 - low income
 - being unattached
 - having reduced access to education earlier in life
 - smoking and obesity

- The poorer a person is, the greater the likelihood of illness, of dying younger. There are clear links between health inequality and social inequality. Poverty, unemployment, bad housing, inadequate transport facilities and social isolation generally all contribute to inferior health status in the older age groups.

- In relation to health promotion for older people, there are three major challenges for policy-makers and service-providers:
 - ensuring that gains in life-expectancy should be shared equally across the social classes

 - ensuring the increase in the length of life should be matched by an enhancement of the quality of life

 - ensuring that older people are encouraged to become more involved in society in general

- A range of issues must be tackled if the health of older people is to be improved:
 - the creation of cross-sectoral public policy which focuses on the social conditions of older people
 - the implementation of public and individual educational strategies;
 - the creation of supportive environments at home, in the community and in care settings
 - the re-orientation and improvement of primary care and hospital services; and the establishment of community participation projects

- The assumption that chronic disease and ill-health are inevitable must be challenged because 'growing old' does not always mean growing sick'. Much disease in old age is preventable and it is possible to add years to life and to enhance quality of life during those extra years.

- **Health promotion needs to be on the agenda of policy makers at both national and local levels and that it must include proposals for the creation of a physical environment .**
- **Health promotion strategies must have concrete aims and objectives and must also have supportive public policies and strategic actions if they are to be effective in addressing the issues which face so many older people.**
- **There must be greater emphasis on discovering what determines good health, on developing community networks and the fostering of physical and social environments which promote health rather than illness.**
- **There are three major challenges for those concerned with the health of older people**
 - **The first is to ensure that gains in life expectancy are shared equally.**
 - **The second is to ensure that an increase in length of life is matched by increased years of healthy life**
 - **The third is to promote greater recognition of the rights, value and potential contribution which older people can make to society**
- **Much work is needed to promote the development of supportive public policies and a social climate which ensures:**
 - **The reduction of known risk-factors among older people.**
 - **The promotion of personal independence and personal resources for health.**
 - **The active participation of older people in the community.**
 - **The development of effective actions in response to people's needs.**
 - **he formulation of indicators for measuring progress.**
- **There is a particular onus on all within the health service to plan, organise and deliver a health service that has at least four characteristics:**
 - **The service must be delivered promptly to older people, in particular to the very old.**
 - **The service must be comprehensive – not one that is just good in parts.**
 - **The service must be delivered sensitively to people who are old or very old who may be experiencing difficulties in comprehension that sometimes goes with old age.**
 - **The service must support older people to remain independent.**

- **It is necessary to assess the health service from the perspective of people who want to maximise their health, irrespective of the age they may be.**
- **Services must be tailored to individual needs.**
- **There is a need to examine the influences on older people, to look at the state of mind of older people who are availing of the services.**
- **There should be a debate about ageing and being 'old' in Ireland. In particular, the equation of being 65 with 'old age' needs to be challenged.**
- **There is a need to reflect on the potential psychological and societal advantages of a shift in perception in relation to 'being old'**
 - **Health promotion interventions must be focussed and must recognise the circumstances of people making health choices**
 - **Health service and health promotion programmes must be appropriately orientated to suit older people within each socio-economic group**

Opening Addresses

The Conference was jointly opened by Northern Ireland Minister for Health and Political Development Mr. George Howarth and Dr. Tom Moffatt, Minister of State at the Department of Health and Children with responsibility for older people.

Welcoming the delegates from North and South, Dr Moffatt said that he hoped that the Conference would be a first step towards greater collaboration between health promoters on both sides of the border. He defined health promotion as being primarily concerned with enhancing people's opportunities to experience good levels of health and well-being on the physical, social, psychological emotional and spiritual levels, enabling individuals and communities to increase control over and improve their health.

Dr Moffatt noted that the number of people over 65 in the Republic was expected to grow significantly over the next decade to a figure of 521,000 by the year 2011. He said that life expectancy at age 65 for both men and women in the Republic remained the lowest in the European Union. He referred to the fact that older Irish people are in poorer physical health than their EU counterparts at age 65, with the principal causes of premature morbidity and mortality being cardiovascular disease, cancer and respiratory diseases - all of which are linked inextricably with lifestyles and health-related behaviour. He emphasised these factors were compelling evidence in support of sophisticated strategies and well-resourced programmes designed to ensure that the health, well being and autonomy of older people.

The Minister also pointed out that health promotion needs to be on the agenda of policy makers at both national and local levels and that it must include proposals for the creation of a physical environment conducive to the health and well being of older people - especially those proposals which relate to their housing, shopping, recreational and transport needs.

Dr. Moffatt said that community projects were integral to the needs of older people, and that effective community action required that older, as well as younger people be involved in community development at all stages of policy-making. He urged a greater awareness of the importance of older people developing individual and personal skills in preparation for retirement and noted that planning for retirement should be initiated by the mid-50s, at least. He urged the development of leisure and social activities which contribute to better health and which lessen the likelihood of social isolation and stressed the importance for older people of learning how to access information on health issues.

Dr. Moffatt said that his Department would continue to foster health-promoting activities for older people through a range of community-based interventions and that it would also build effective liaisons with the health boards and with national and local voluntary agencies with a view to achieving health gain for older people.

In conclusion, the Minister said that he was hopeful that those participating in the Conference from both North and South would learn from each other's experiences of what really works in health promotion for older people.

Points from Dr Moffatt's presentation

- **The number of people over 65 in the Republic is expected to grow significantly over the next decade to a figure of 521,000 by the year 2011.**
- **There is compelling evidence in support of sophisticated strategies and well-resourced programmes designed to ensure that the health, well being and autonomy of older people.**
- **Life expectancy at age 65 for both men and women in the Republic remains the lowest in the European Union.**
- **Older Irish people are in poorer physical health than their EU counterparts at age 65, the principal causes of premature morbidity and mortality being cardiovascular disease, cancer and respiratory diseases – all of which are linked inextricably with lifestyles and health-related behaviour.**
- **Health promotion needs to be on the agenda of policy makers at both national and local levels and that it must include proposals for the creation of a physical environment .**
- **Community projects are integral to the needs of older people and effective community action requires that older, as well as younger people, be involved in community development at all stages of policy-making.**
- **There is need for a greater awareness of the importance of older people developing individual and personal skills in preparation for retirement, with retirement planning beginning by the mid-50s, at the latest.**
- **Leisure and social activities which contribute to better health and which lessen the likelihood of social isolation must be developed.**
- **Learning how to access information on health issues is vitally important for older people and must be encouraged.**
- **The Department of Health and Children will continue to foster health-promoting activities for older people through a range of community-based interventions and will also build effective liaisons with the health boards and with national and local voluntary agencies with a view to achieving health gain for older people in the Republic .**

Mr George Howarth, Minister for Health and Political Development at the Northern Ireland Office, said that the Conference was an example of the kind of ‘co-operation in action’ which was needed so urgently to ensure that the additional years which the average person could expect to live, were both productive and healthy.

Observing that health concerns recognise no political boundaries, the Minister pointed to the ongoing challenge of ensuring that older people are perceived as valuable assets to society, given that they possess such resources of wisdom, knowledge and experience. Older people keep alive and pass on the rich heritage of traditions, crafts, memories and other aspects of our culture. He emphasised that age was an unreliable indicator of a person’s needs and capacities and underlined the need to challenge the assumption that ill health and disability were inevitably part of the ageing process.

Mr. Howarth pointed to the clear links between health inequality and social inequality. Poverty, unemployment, bad housing, inadequate transport facilities and social isolation generally all contribute to inferior health status in the older age groups. The poorer a person is, the greater the likelihood of illness, of dying younger.

The Minister emphasised the need for health promotion to have clearly defined objectives, specifically in terms of promoting greater autonomy and greater participation of older people, and also that health promotion must work towards creating a climate which supports the rights of older people in society. Concluding his remarks, Mr Howarth made the plea that ageing be seen as a positive challenge and not simply as a problem to be overcome.

Points from Mr Howarth's presentation

Ageing must be seen as a positive challenge and not simply as a problem to be overcome

- **There is an ongoing challenge to ensure that older people are perceived as valuable assets to society, given that they possess substantial resources in terms of wisdom, knowledge and experience.**
- **Age is an unreliable indicator of a person's needs and capacities, consequently there is a need to challenge the assumption that ill health and disability are inevitably part of the ageing process.**
- **The poorer a person is, the greater the likelihood of illness, of dying younger. There are clear links between health inequality and social inequality. Poverty, unemployment, bad housing, inadequate transport facilities and social isolation generally all contribute to inferior health status in the older age groups.**
- **Health promotion needs to have clearly defined objectives, specifically in terms of promoting the greater autonomy and greater participation of older people. Health promotion must work towards creating a climate which supports the rights of older people in society.**

Prospects for Healthy Ageing in Northern Ireland

Dr. Brian Gaffney, Chief Executive of the Health Promotion Agency for Northern Ireland, pointed to the fact that over the coming decades in Northern Ireland, the number of people of pensionable age will rise from the current level of 15% of the population to almost 20% by the year 2021.

He cited a recent survey which found that the number of households headed by older people aged 75+ currently made up over one-tenth of all households in Northern Ireland while those over the age of 60 constituted 34% of the total of all households. One in four people aged 60+ are in receipt of Income Support, with income generally lowest among households whose head is 65 and over.

Dr Gaffney also noted that when the National Health Service was introduced in 1948 the life expectancy of men at age 65 was 12 years but that in the intervening 50 years, life expectancy has only increased by an additional two years. Women could now expect a further 18 years of life after 65, an additional four years compared to 50 years ago.

Posing the question “is there a culture of ageism in Northern Ireland?” he said that the media rarely presented positive reports of older people. In the public sector, especially the social services and health services, there is active discrimination against older people, while in the labour market, older unemployed people experience much greater difficulty in securing employment than younger unemployed people. He also noted that the contribution of older people to society is rarely acknowledged, citing as an example the fact that one-third of those who care for people over the age of 65 are themselves over 65.

Challenging the assumption that chronic disease and ill-health are inevitable, and that ‘growing old’ means ‘growing sick’, Dr Gaffney referred to several Randomised Control Trials carried out in Britain, Italy, Denmark, France, New Zealand and the United States which indicated that positive changes in patient risk factors could be achieved in quite a short time through health promotion programmes.

The trials also showed that much disease in old age was preventable and that it was possible to add years to life and to enhance quality of life during those extra years. Other findings indicated that it was possible to prevent institutionalisation and loss of independence, that health promotion was a cost-effective means of improving functions and reducing hospitalisation, that getting people involved was just as important as exercise programmes and that improved physical fitness reduced the incidence of falls.

Dr Gaffney noted that many factors affected health including physical, economic, social and environmental factors and that the main risk factors for poor health status in later life were low income, being unattached, having reduced access to education earlier in life, smoking and obesity.

He pointed out that health promotion strategies must have concrete aims and objectives and must also have supportive public policies and strategic action if they are to be effective in addressing the issues which face so many older people in our society. He noted that those who experience adverse economic, social and environmental influences throughout life tend to die younger and also spend proportionately more of their shorter life span with an illness or disability. Furthermore, social isolation or lack of social engagement is an important risk factor for mortality and for mental and emotional health. Most importantly, access to high-quality and effective health care remains one of the major determinants of good health.

There must be greater emphasis on discovering what determines good health, on developing community networks and the fostering of physical and social environments which promote health rather than illness. Opportunities which enable older people to contribute to change and to have a 'voice in society' regardless of age, must be promoted and encouraged.

Dr Gaffney pointed to three major challenges for those concerned with the health of older people. The first challenge is to ensure that gains in life expectancy are shared equally; the second is to ensure that an increase in length of life is matched by increased years of healthy life; the third is to promote greater recognition of the rights, value and potential contribution which older people can make to society.

He said that much work was needed to ensure the development of supportive public policies and a social climate which ensures the reduction of known risk-factors among older people, the promotion of personal independence and personal resources for health, the active participation of older people in the community, the development of effective actions in response to people's needs and the formulation of indicators for measuring progress.

Points from Dr. Gaffney's presentation

- Over the coming decades in Northern Ireland, the number of people of pensionable age will rise from the current level of 15% of the population to almost 20% by the year 2021.
- When the National Health Service was introduced in 1948 the life expectancy of men at age 65 was 12 years but in the intervening 50 years, life expectancy has only increased by an additional two years. Women at age 65 now expect a further 18 years of life, an additional four years compared to 50 years ago.
- The contribution of older people to society is rarely acknowledged:
 - the media rarely presented positive reports of older people
 - In the public sector, especially the social services and health services, there is active discrimination against older people
 - In the labour market, older unemployed people experience much greater difficulty in securing employment than younger unemployed people
- The assumption that chronic disease and ill-health are inevitable must be challenged because 'growing old' does not always mean growing sick'. Much disease in old age is preventable and it is possible to add years to life and to enhance quality of life during those extra years.
- Randomised Control Trials carried out in Britain, Italy, Denmark, France, New Zealand and the United States indicate that positive changes in patient risk factors can be achieved in quite a short time through health promotion programmes.
- It is possible to prevent institutionalisation and loss of independence by means of health promotion which is also a cost-effective means of improving functions and reducing hospitalisation.
- Getting people involved is just as important as exercise programmes .
- Many factors affect health, including physical, economic, social and environmental factors. The main risk factors which predispose people towards poor health in later life are:
 - low income
 - being unattached
 - having reduced access to education earlier in life
 - smoking and obesity
- Social isolation or lack of social engagement is an important risk factor for mortality and for mental and emotional health. Most importantly, access to high-quality and effective health care remains one of the major determinants of good health.

Cross-Border Conference on Health Promotion for Older People

- **Health promotion strategies must have concrete aims and objectives and must also have supportive public policies and strategic actions if they are to be effective in addressing the issues which face so many older people.**
- **There must be greater emphasis on discovering what determines good health, on developing community networks and the fostering of physical and social environments which promote health rather than illness.**
- **There are three major challenges for those concerned with the health of older people**
 - **The first is to ensure that gains in life expectancy are shared equally.**
 - **The second is to ensure that an increase in length of life is matched by increased years of healthy life.**
 - **The third is to promote greater recognition of the rights, value and potential contribution which older people can make to society**
- **Much work is needed to promote the development of supportive public policies and a social climate which ensures:**
 - **The reduction of known risk-factors among older people**
 - **The promotion of personal independence and personal resources for health**
 - **The active participation of older people in the community**
 - **The development of effective actions in response to people's needs**
 - **The formulation of indicators for measuring progress**

Prospects for Healthy Ageing in the Republic of Ireland

Professor Cecily Kelleher, National University of Ireland, Galway pointed to a range of issues which must be tackled if the health of older people in the Republic is to be improved. Using the Ottawa Charter (1986) framework, she pointed to the need to create cross-sectoral public policy which focuses on the social conditions of older people; public and individual educational strategies; the creation of supportive environments at home, in the community and in care settings; the re-orientation and improvement of primary care and hospital services; and the establishment of community participation projects.

Prof. Kelleher referred to qualitative findings from the National Health and Lifestyle Surveys (1999) which indicate what older people think about their health and how they behave.

The overall conclusions of the findings threw into focus several perceived generational differences in attitudes to a range of issues; a high degree of faith in the health care system among older people and some paradoxical views on health information.

People over 65 years rated their general health as being 'fair/poor' more often than those under 65; the over 65s were more likely to use a GP as a source of health information and over-65s reported significantly more problems with regard to mobility, self-care and pain/discomfort than younger respondents. Medical card holders and those living in rural areas were more likely to rate their health as fair/poor and non-GMS males and men not living alone rated their health significantly better than their counterparts.

In terms of lifestyle, over 65s reported more moderate smoking and alcohol behaviours; a higher percentage consume more than the recommended servings from the dairy, meat and top shelves; fewer older people consume the recommended servings of fruit and vegetables and almost half the elderly take no exercise whatsoever.

Dietary habits were influenced mainly by locality and by the number living in the household; almost half of male and female medical card holders take no exercise; men living alone and in rural areas are less likely to exercise than men living in urban areas; obese and overweight males are more likely to live alone and be aged 65–74.

There is a marked difference between those under and over 65 years in terms of general health and lifestyle behaviour. As in those under 65, socio–demographic factors strongly influence health and lifestyle behaviours within the elderly population. There was strong faith in the health–care system, with the belief that ‘the hospital would take care of you if you became ill’. However, older people were not so influenced by life–style advice although most cited their GPs as sources of health related information. Only one in four older persons obtained health information from the media.

Professor Kelleher concluded that health promotion interventions must be focussed and must recognise the circumstances of people making health choices, noting that health service and health promotion programmes must be appropriately orientated to suit older people within each socio–economic group.

Points from Professor Kelleher's Presentation

- **A range of issues must be tackled if the health of older people in the Republic is to be improved:**
 - **The need to create cross-sectoral public policy which focuses on the social conditions of older people.**
 - **The implementation of public and individual educational strategies**
 - **The creation of supportive environments at home, in the community and in care settings**
 - **The re-orientation and improvement of primary care and hospital services**
 - **The establishment of community participation projects**

- **Professor Kelleher concluded that :**
 - **Health promotion interventions must be focussed and must recognise the circumstances of people making health choices**
 - **Health service and health promotion programmes must be appropriately orientated to suit older people within each socio-economic group.**

Health Promotion Strategies for the Future

Mr Jerry O'Dwyer, Secretary General, Department of Health and Children, Republic of Ireland, identified major challenges for promoting health in later life as being (a) extension of the length of life, and (b) the enhancement of the quality of life during the extra years – in effect, 'adding years to life, and life to years'. He noted that poor health and disability, particularly when they lead to loss of mobility, were by far the strongest contributors to psychological distress and low morale among older people. These factors place a particular onus on all within the health service to plan, organise and deliver a health service that has at least four characteristics:

- **The service must be delivered promptly to older people, in particular to the very old. A service, which is not delivered in time, is of no use, no matter how good it may be.**
- **The service must be comprehensive – not one that is just good in parts. The service must be of equally good quality across the board and be seamless in its delivery. Mr O'Dwyer noted that it is accepted that this is not being achieved, that some of the most basic things are lacking, for instance, a patient-identification number.**
- **The service must be delivered sensitively to people who are old or very old who may be experiencing difficulties in comprehension that sometimes goes with old age. It is useful to observe and listen to the way older people are treated in different settings, but especially if their hearing is poor or their comprehension is limited.**
- **The service must support older people to remain independent. There are many facets to this but the most important is not to treat older people as children. Given that well-being includes people's feelings about themselves, then health promotion must encompass the way we care for people and must include the attitudes displayed towards them when they look for services, whether preventative, curative or rehabilitative.**

Older persons' need for a support structure

It is also necessary to assess the health service from the perspective of people who want to maximise their health, irrespective of the age they may be. Services must be tailored to individual need. For some people, that may be no more than some means of keeping in touch in an emergency, while for others it may mean significant rehabilitation following an acute bout of sickness.

Many older people need to be persuaded that there are things that can be done for them, for example, to get them back walking or functioning in some other way.

There is a need to examine the factors which influence on older people, to look at the state of mind of older people who are availing of the services and whose perceptions of what is possible in health-care may well be lagging years behind the reality of modern hi-tech medicine. Mr O'Dwyer noted that some of the best PR on behalf of the health services is actually done by very old people who have received the benefits of a good geriatric unit or a good rehabilitation unit.

The challenges of an ageing population

Identifying the substantial rise in the numbers of older people in the population at large as a major challenge facing the health services over the next ten years, Mr O'Dwyer emphasised the need to develop strategies, infrastructure and policies which will address the needs of older citizens.

He also suggested that there should be a debate about ageing and being 'old' in Ireland, a country in which there are so many young people. In particular, the equation of being 65 with 'old age' needs to be challenged because the concept of 'retirement at 65' is a 'left-over' from an era in which people were worn out from work - in contrast to today when many are starting whole new lives at 55 or 60 or 65. Furthermore, there is a need to reflect on the potential psychological and societal advantages of a shift in perception in

relation to 'being old'. For example, if people were not perceived as being 'old' until they were 75 or more, this would be beneficial.

A rapidly changing society

Mr O'Dwyer said that a number of other factors had a bearing on the health and welfare of older people including labour supply, child-care needs, leisure opportunities and technology. He noted that in less than five years, the focus had changed dramatically from issues of unemployment to the need to retain older people in the workforce. People now have more money and also greater leisure time than ever before. Technology is also developing, and in this regard, there is a need for investment in educational programmes which introduce older people to new technology, helping them avail of the opportunities for using computer skills to combat loneliness and isolation. There is also a need to capture the wisdom and sense of tolerance of older people, and in particular, their perspectives on the rapid social change which they have experienced during their lifetimes.

The Secretary General of the Department of Health and Children said that partnership was the key to moving forward effectively. The challenge was how to develop a health promotion strategy based on partnership. Older people must be encouraged to articulate what they wanted and the tendency of health service providers to prescribe for older people must be avoided. The process of building partnership was useful because it encouraged people to articulate their needs. Such a process would also ensure that participants would support what emerged from the debate, Mr O'Dwyer noted.

Points from Mr O'Dwyer's Presentation

- **The major challenges for promoting health in later life are (a) the extension of the length of life, and (b) the enhancement of the quality of life during the extra years.**
- **There is a particular onus on all within the health service to plan, organise and deliver a health service that has at least four characteristics:**
 - **The service must be delivered promptly to older people, in particular to the very old.**
 - **The service must be comprehensive – not one that is just good in parts.**
 - **The service must be delivered sensitively to people who are old or very old who may be experiencing difficulties in comprehension that sometimes goes with old age.**
 - **The service must support older people to remain independent.**
- **It is necessary to assess the health service from the perspective of people who want to maximise their health, irrespective of the age they may be.**
- **Services must be tailored to individual needs.**
- **There is a need to examine the influences on older people, to look at the state of mind of older people who are availing of the services.**
- **There should be a debate about ageing and being 'old' in Ireland. In particular, the equation of being 65 with 'old age' needs to be challenged.**
- **There is a need to reflect on the potential psychological and societal advantages of a shift in perception in relation to 'being old'**
- **There must be investment in educational programmes which introduce older people to new technology, helping them avail of the opportunities for using computer skills to combat loneliness and isolation.**
- **There is also a need to harness the wisdom and sense of tolerance of older people, and in particular, their perspectives on the rapid social change which they have experienced during their lifetimes.**
- **Older people must be encouraged to articulate what they require and health-service providers must avoid the tendency to prescribe for older people. The fundamental challenge is how to develop a health promotion strategy based on a partnership that encourages people to articulate their needs.**

Promoting Health among Older People in Northern Ireland – the Ageing Well Network

Mr Tom Cairns, Deputy-Director, Age Concern Northern Ireland, presented a comprehensive outline of the Ageing Well Network which is implemented by Age Concern Northern Ireland association with the Health Promotion Agency for Northern Ireland and the Department of Health and Social Services. A health promotion aimed at people over the age of fifty; the Ageing Well Network is aimed at community-based groups wishing to initiate health promotion activities of a high calibre. The Network operates throughout Northern Ireland with the basic objective of ensuring the growth of health-related programmes for older people which are based on needs within communities.

The programme ensures that the real value of community-based health promotion with older people is measured and that older people themselves are involved in the planning, organisation and delivery of the various health promotion projects. Underlying the Ageing Well Network is the recognition that health is far more than the absence of disease, that health and well-being are strongly influenced by housing, social contact, transport and income.

A large number of individuals and a range of organisations are participating in the partnership network. Mr Cairns noted that the Ageing Well Network was not just concerned with policy formulation: it demonstrates what health promoting activities for older people are possible. He expressed the hope that the opportunity to replicate the project in the Republic would be grasped so that what had been learned through the implementation of the Network in Northern Ireland might be implemented to the benefit of many more older people throughout the island as a whole.

Points from Mr Cairns's Presentation

- **The Ageing Well Network has been developed for community-based groups who wish to promote health-related programmes for older people.**
- **The programme ensures that the real value of community-based health promotion with older people is measured and that older people themselves are involved in the planning, organisation and delivery of different health promotion projects.**
- **Underlying the Network is the recognition that health is far more than the absence of disease - that health and well-being are strongly influenced by housing, social contact, transport and income.**
- **The Ageing Well Network is not just concerned with policy formulation but demonstrates what is actually possible in terms of health promotion for older people.**
- **The substantial experience gained in implementing the Ageing Well Network in Northern Ireland should be exploited for the benefit of many more older people throughout the island.**

Conference Rapporteur's Report

Dr Emer Shelley, Conference Rapporteur, delivered an overview of the Conference on Health Promotion for Older People at the end of the day's deliberations.

Dr. Moffatt and Mr. Howarth both pointed to the increasing numbers of older people in our populations as we go into the new Millennium and referred to the increased life expectancy among older people North and South. They reminded the Conference that those 'added years should be healthy years' and also emphasised the importance of taking a holistic view of health and of recognising the broader aspects of health promotion. In that regard, the Ottawa Charter identifies five key elements for health promotion: building health by public policy, creating supportive environments, strengthening community action, developing personal skills and reorienting health services.

Dr. Brian Gaffney built on the themes of the Ministers by pointing to the culture of ageism and to the popular assumption that ill health is inevitable in later life. Looking at evidence from randomised trials from various countries, Dr Gaffney concluded that there were many examples of effective programmes and pointed to three challenges:

- that the gains in life-expectancy should be shared equally across the social classes**
- that the increase in the length of life should be matched by increase in quality of life, and**
- that older people be encouraged to become involved in society in general**

Professor Cecily Kelleher's presentation outlined findings on older people from the Republic's National Health and Lifestyle Surveys which examined older people's health behaviours and their perceptions of their own health status.

She provided interesting examples of findings from qualitative research and the differences in attitudes towards health in the older generation compared to the attitudes of the younger people. Older people were reluctant 'to go running to the doctor'; in the past visiting or sending for the doctor was perceived almost as a last resort.

Professor Kelleher's comments about listening to people were appropriate in the light of a comment made at a workshop questioning an over-emphasis on statistics. It was essential that older people 'should be seen as people' and in particular that 'retired people should be seen as people who are now ready to get on with the third phase of their lives'.

Examples of best practice in healthy ageing

There were six workshops, at each of which two examples of best practice in health promotion in Northern Ireland and in the Republic were presented. Each workshop had one project presentation from the North and one from the South. Topics covered included participation in the arts, exercise, accident prevention and community development.

Major issues which emerged in the workshop discussions included how to bridge the gap between policy and practice. Policies are fine but implementation is a major challenge. Policies were deemed to be very important for purpose of planning and advocacy.

Another major issue that emerged at several of the workshops related to networking and the problem of transferability, specifically, the issue of transferring expertise within jurisdictions or across borders.

Themes identified in Workshops

The themes which were discussed at the workshops were classified under four main headings: Partnership, Community Development, Training & Evaluation, and the Health Services

1. Partnership

Partnership between the statutory, voluntary and community agencies was a recurring theme throughout many of the workshops. The Workshop which addressed the work of the Homefirst Community Trust pointed to the importance of involvement with the voluntary sector, while the Newcastle Project found that partnership was vital in providing “more clout” in order to obtain support from potential sponsors and in dealings with the statutory agencies.

Several of the workshop participants pointed out that the agencies enter partnerships with their own agendas – despite their best intentions. It was felt that it was very important, at the outset, to recognise these different perspectives and to agree a common agenda. It was also felt that the statutory agencies should be willing to negotiate and to be more flexible in the use of resources.

2. Community Development

Community development was regarded as being important to ageing well and it was stressed that community-based health promotion programmes should be carried out at an appropriate pace. Provided the programmes are well conceived, it is possible for those involved in their development to gradually withdraw and leave the community to continue the work. However, it was well-recognised that withdrawing from projects can be fraught with difficulties.

3. Training, Evaluation, Volunteering and other issues

Training was seen by many participants to be crucial within projects. Evaluation was also considered vital and the need for standardised tools for comparative evaluation was recognised. Volunteering came up in several of the workshops as an important issue, specifically in terms of encouraging people to have the courage and the confidence to volunteer. Training was seen as crucial in bolstering the confidence older people to enable them become effective leaders within projects. It was pointed out in this regard, that older people were oftentimes concerned that if they volunteered their services they might become locked into major commitments of time and energy.

It was pointed out that with the booming economy in the South and with the growing pressures on families in urban and rural areas, fewer people were in a position to offer themselves as volunteers. Consequently, promoting volunteering among older people and encouraging them to utilise and resuscitate their skills were issues identified by workshop participants as being extremely important.

There were a number of examples of gender issues, particularly from some projects whose organisers found difficulty in getting men to participate in the activities. The project in Kilrea, Co. Derry would have preferred to have had a greater number of men attending, while the project in Lenadoon in Belfast had a very good way of involving men by means of sausage and beer evenings! It shows that in health promotion it is necessary to be creative and to be 'where people are at' in terms of encouraging participation in projects.

Involvement of younger people in projects was also seen to be important and enriching for both young and old alike. Funding and resource issues were mentioned at a number of the workshops and it was recognised that oftentimes it was merely a question of providing tea and coffee as a social add-on to some other activity.

There were differences between North and South regarding what venues might be available for projects and there were issues also about accident insurance. The importance of access to transport for older people was emphasised by participants in each of the workshops.

It was stressed that older people themselves should be involved at all stages of a project – from planning through to implementation and evaluation. It was also generally recognised that it can be difficult to get support for projects that involve ‘well older people’.

Overall, it was acknowledged that the community development model can be transferred but it needs to be properly adapted in its new location to address specifically local issues.

4. The Health Services

In terms of education programmes, some people were very taken by the Active Age Programme which was presented by Mr Tom Cairns of Age Concern Northern Ireland. This generated a great deal of interest because it was so professionally constructed with such rigorous training. There was substantial interest, therefore, in its transferability. It seemed a project that would be very useful for all-Ireland and would offer great potential for implementation throughout the island.

The importance of education in the pre-retirement years was also recognised, specifically the need for pre-retirement programme in the workplace, with the inclusion of positive elements such as exercise and nutrition considered to be very important. It was felt that there was great potential in the use of television and some examples of relevant TV programmes were cited. Peer education was emphasised, as was the importance of the Internet.

With regard to any project, expectations should be clarified so that all concerned are clear as to what can be delivered. There are great challenges in providing information at the appropriate levels and particular challenges in involving older people who are difficult to reach through normal channels and who would benefit most from these kinds of activities.

Health Promotion must be seen in a broader context than the health services. Nonetheless, a great deal can be done by means of health service initiatives, by providing leadership, by involving other agencies and by advocacy.

There were several examples of health service personnel being involved in projects, one being a community dietician working with the Kilrea project. Some projects were more obviously driven by the health services, for example the accident-prevention project in Dun Laoire, organised by the Eastern Health Board. Another example was the Health Fair for Older People, jointly organised by the staff from Homefirst Community Trust and Newtownabbey Senior Citizens Forum.

With regard to the prevention of accidents, there is substantial evidence to support the view that accidental falls are preventable and that prevention programmes are cost-effective. Those most at risk of falling are the frail elderly, who are most likely to be in long-stay units. The results of the Baltinglass Hospital study showed that falls could be reduced in this age group.

There is need for a positive, pro-active approach to disseminating information on accident prevention. In the first instance, information should be directed towards those who are over 75 who have already had a fall. People going into homes to provide a service, such as public health nurses, home helps etc, should be very conscious of accident prevention. In the community context, falling can also be prevented, though it is more difficult to see the results as there is a wide range of older people with differing risk factors involved. This is not solely the remit of Public Health Nurses, although fall prevention programmes could be co-ordinated by them. It is essential that all relevant health service personnel be trained in issues relating to fall prevention, i.e. home helps, home care attendants, et al.

Health promotion in institutional settings also raised certain issues. There should be consultation with residents, with their families, with staff and also with providers of local services. Health promotion should be undertaken in partnership with the local community and this was seen as a means of implementing a seamless service.

From an institutional base day care, respite care and other services of interest to the community can be provided. In this way staff in an institution can provide much needed leadership in the establishment of seamless health promoting services.

The Sonas approach to addressing communication difficulties in older people with dementia was outlined at one of the workshops. As a means of activating potential for communication in dementia sufferers, the approach has tangible benefits for patients, relatives, staff and service providers. It benefits not only older participants but leads to greatly enhanced staff morale. Where staff morale is low and staff turnover high, the Sonas approach was acknowledged as being a successful and cost-effective initiative with great scope for transferability. Its benefits in terms of improved communications are reflected in other areas including activities of daily living behaviour and orientation. It was felt that the programme should become an essential component of new training programmes for people working in residential care.

Summary of points identified in the Conference Rapporteur's Report

- **It is essential to take a holistic view of health and to recognise the broader aspects of health promotion, in particular the five key elements for health promotion identified in the Ottawa Charter: building health by public policy, creating supportive environments, strengthening community action, developing personal skills and reorienting health services.**
- **In relation to health promotion for older people, there are three major challenges for policy-makers and service-providers:**
 - **ensuring that gains in life-expectancy should be shared equally across the social classes**
 - **ensuring the increase in the length of life should be matched by an enhancement of the quality of life**
 - **ensuring that older people are encouraged to become more involved in society in general**
- **A major issue is that of how to bridge the gap between policy and practice – the formulation of policies is necessary and policies are very important for the purpose of planning and advocacy, but their implementation is a major challenge.**
- **Another issue is the problem of transferability, specifically, the transferring of expertise within jurisdictions or across borders.**
- **There is need for effective partnership between the statutory, voluntary and community agencies, with such partnership vital in providing “more clout” in the process of gaining support from potential sponsors and in dealings with the statutory agencies.**
- **It is important to acknowledge from the outset that agencies enter partnerships with their own agendas, despite their own best intentions. Consequently, the differing perspectives of agencies involved in partnerships must be taken into account when formulating common agendas. On the other hand, statutory agencies should be willing to negotiate and to be more flexible in the use of resources.**
- **Community development is vital to the process of ageing well. Community-based health promotion programmes should be carried out at an appropriate pace and, provided the programmes are well conceived it is possible for those involved in their development to gradually withdraw and leave the community to continue the work.**

- **Volunteering is an important issue, specifically the need to encourage people to have the self-confidence to volunteer. Training was seen as crucial in bolstering the confidence of older people, enabling them to become effective leaders within projects. However, older people may be concerned that if they volunteer their services they may become locked into major commitments of time and energy.**
- **With the booming economy in the South and the growing pressures on families in urban and rural areas, fewer people are in a position to offer their services as volunteers. Consequently, promoting volunteering among older people and encouraging them to utilise and resuscitate their skills are extremely important.**
- **Evaluation is also vital and there is a need for standardised tools for comparative evaluation.**
- **Encouraging older men to be involved in health promotion programmes is vital and it is necessary to be creative in developing higher male participation rates in projects. Involvement of younger people in projects is also important and can be very enriching for both young and old alike.**
- **Funding and resource issues are central to the success or otherwise of programmes. A very small amount of funding may be all that is required to make a project successful.**
- **The availability of suitable venues for projects and the issue of accident insurance are important, as is access to the necessary transport to enable older people avail of the programmes.**
- **Older people themselves should be involved at all stages of a project - from planning through to implementation and evaluation. It is generally recognised that it can be difficult to get support for projects that involve 'well older people'.**
- **The community development model can be transferred but it needs to be properly adapted in its new location so that specifically local issues may be addressed.**
- **The importance of education in the pre-retirement years is also well recognised, specifically the need for pre-retirement programme in the workplace, with the inclusion of positive elements such as exercise and nutrition.**
- **There is great potential in the use of television, peer education and the growing use of the Internet by older people.**

- **With regard to any project, expectations should be clarified so that all concerned are clear as to what can be delivered. There are great challenges in providing information at the appropriate levels and particular challenges in involving older people who are difficult to reach through normal channels and who would benefit most from these kinds of activities.**
- **Health Promotion must be seen in a broader context than the health services. Nonetheless, a great deal can be done by means of health service initiatives – by providing leadership, by involving other agencies and by advocacy.**
- **There is substantial evidence to support the view that accidental falls are preventable and that prevention programmes are cost-effective. Those most at risk of falling are the frail elderly, who are most likely to be in long-stay units.**
- **There is need for a positive, pro-active approach to disseminating information on accident prevention. In the first instance, information should be directed towards those who are over 75 who have already had a fall.**
- **People going into homes to provide a service, such as public health nurses, home helps et al, should be very conscious of accident prevention. In the community context, falling can also be prevented, though it is more difficult to see the results as there is a wide range of older people with differing risk factors involved. It is essential that all relevant health service personnel be trained in issues relating to fall prevention, i.e. home helps, home care attendants , et al.**
- **Health promotion in institutional settings gives rise to certain issues. There should be consultation with residents, with their families, with staff and also with providers of local services. Health promotion should be undertaken in partnership with the local community.**
- **From an institutional base day care, respite care and other services of interest to the community can be provided. In this way staff in an institution can provide much needed leadership in the establishment of seamless health promoting services.**
- **The Sonas approach to addressing communication difficulties in older people with dementia was seen as a means of activating potential for communication in dementia sufferers. The approach has tangible benefits for patients, relatives, staff and service providers and benefits not only older participants but leads to greatly enhanced staff morale. The Sonas approach was acknowledged as being a successful and cost-effective initiative with great scope for transferability.**

Final remarks

The Conference concluded with remarks by Dr. Michael Loftus, Chairperson, the National Council on Ageing and Older People. Dr. Loftus thanked the officials of the Health Promotion Unit of the Department of Health and Children (Republic of Ireland), the Health Promotion Agency for Northern Ireland, the Department of Health and Social Services (Northern Ireland), Age Concern Northern Ireland and the National Council on Ageing and Older People for their investment in terms of time and resources which ensured that the Conference on Health Promotion for Older People was such a successful event. He also thanked the participants at the Conference for their many contributions to discussions and workshops and expressed the hope that the Conference would lead to many fruitful developments in the future.