Public Health England

Protecting and improving the nation's health

Health Promotion and Prevention

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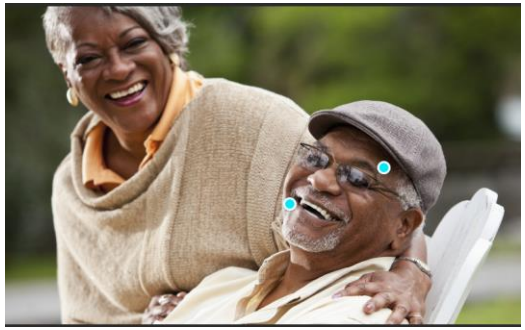
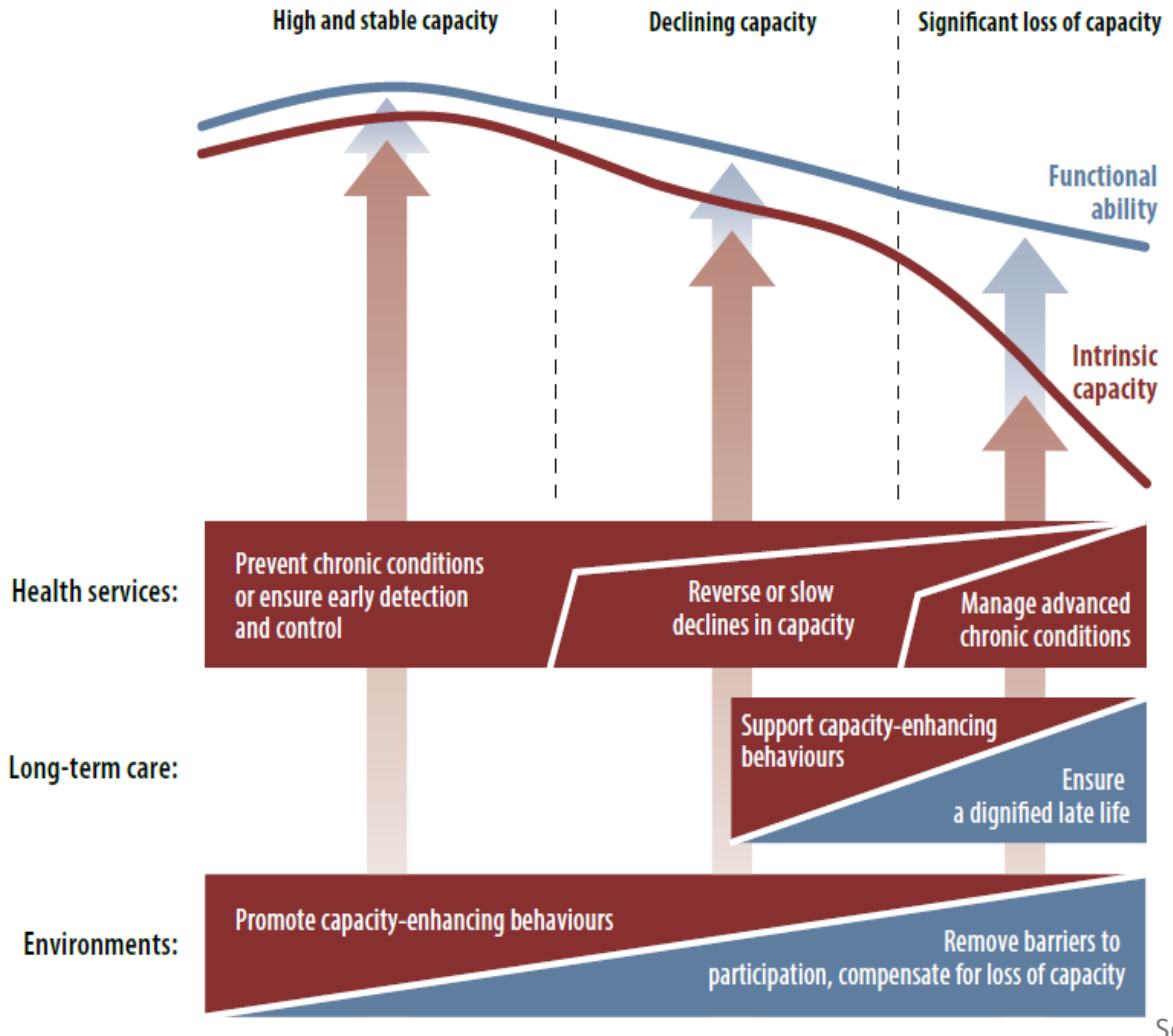
What counts as “old” ?



WHO Framework for Healthy Ageing



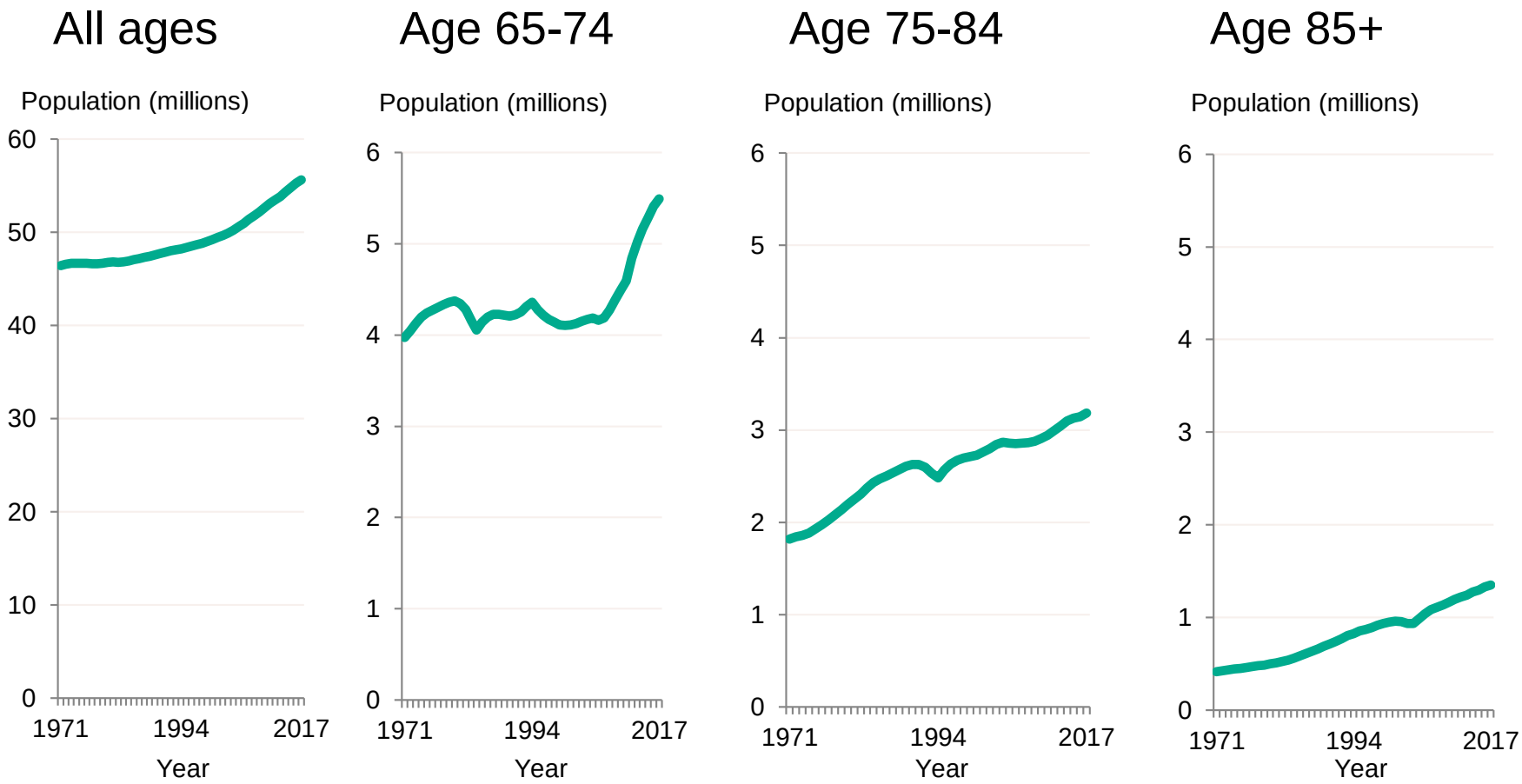
The WHO model emphasises 'functional ability', which is a combination of 'intrinsic' abilities, such as physical, mental and social assets, combined with an environment that enables you to realise your goals.

It's not about age as such!

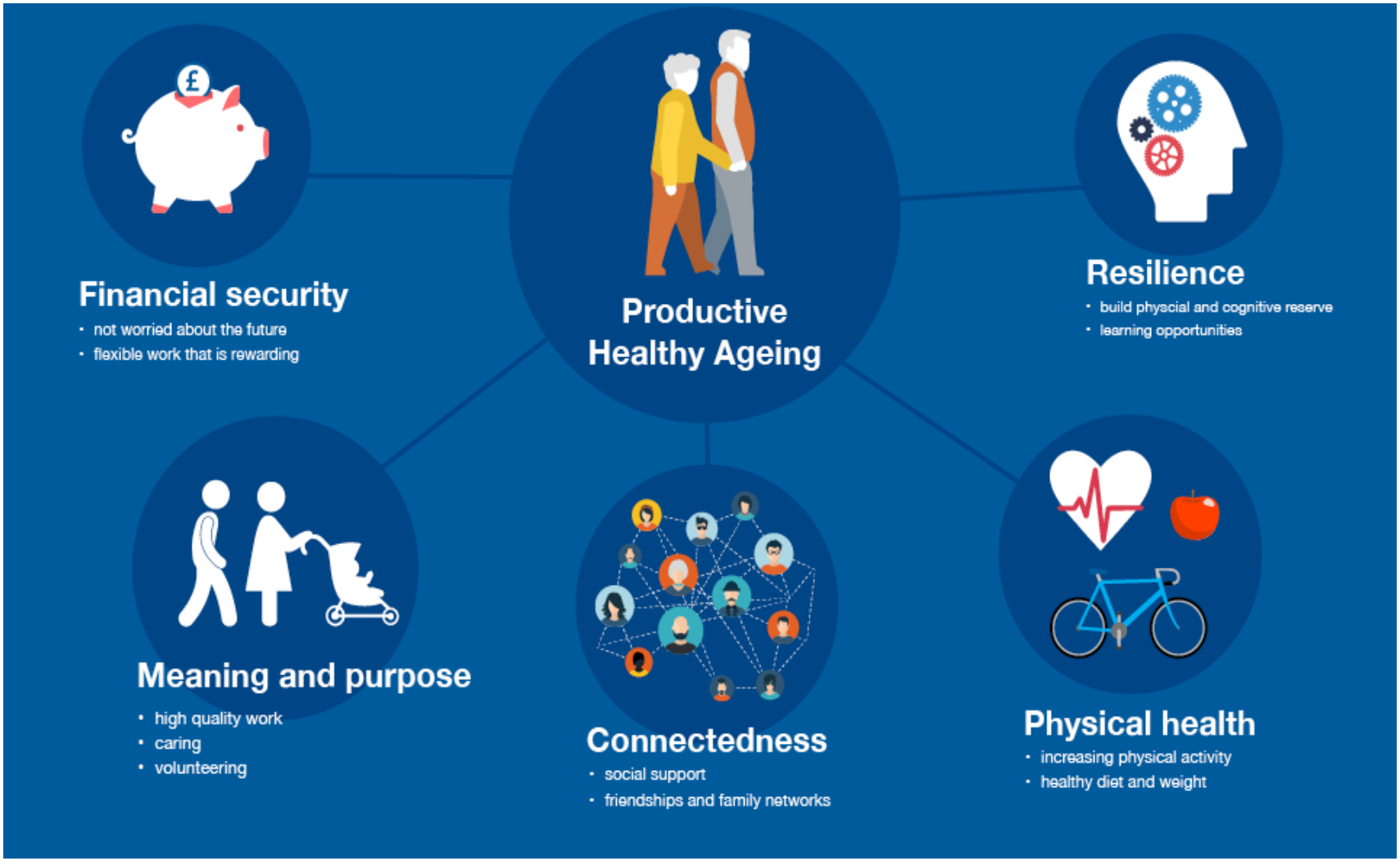
Removing environmental barriers is critical as people age.

Source: WHO report on ageing and health (2015)

England's population has been increasing and ageing



What is Productive Healthy Ageing?



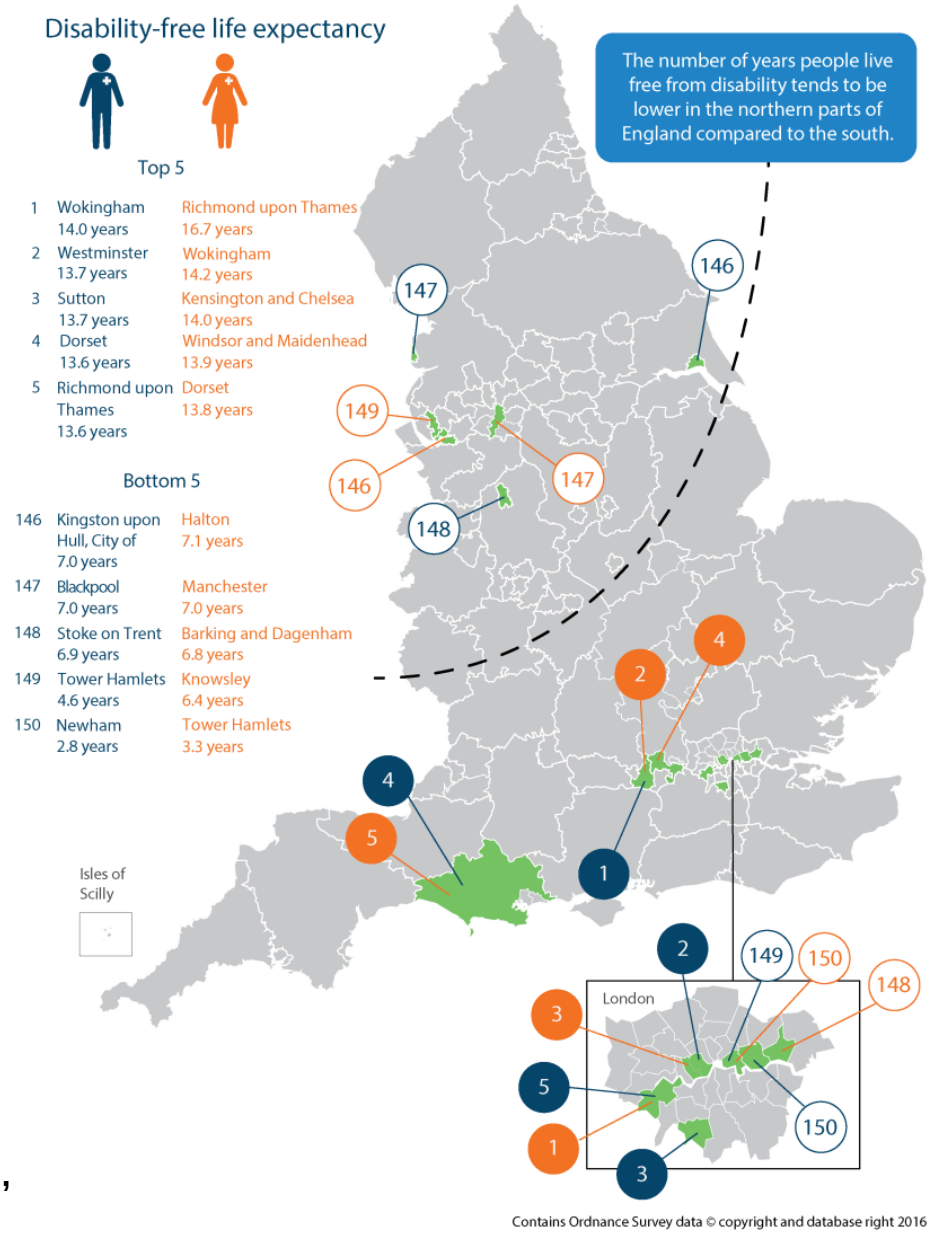
Inequity

- Healthy life expectancy varies across different geographical areas and varies with gender after 65
- Higher likelihood of disability among women and those from more disadvantaged areas in later life
- Older adults in ethic minority groups may also experience language barriers and **higher** levels of poverty than the general population. (Khan, 2014)

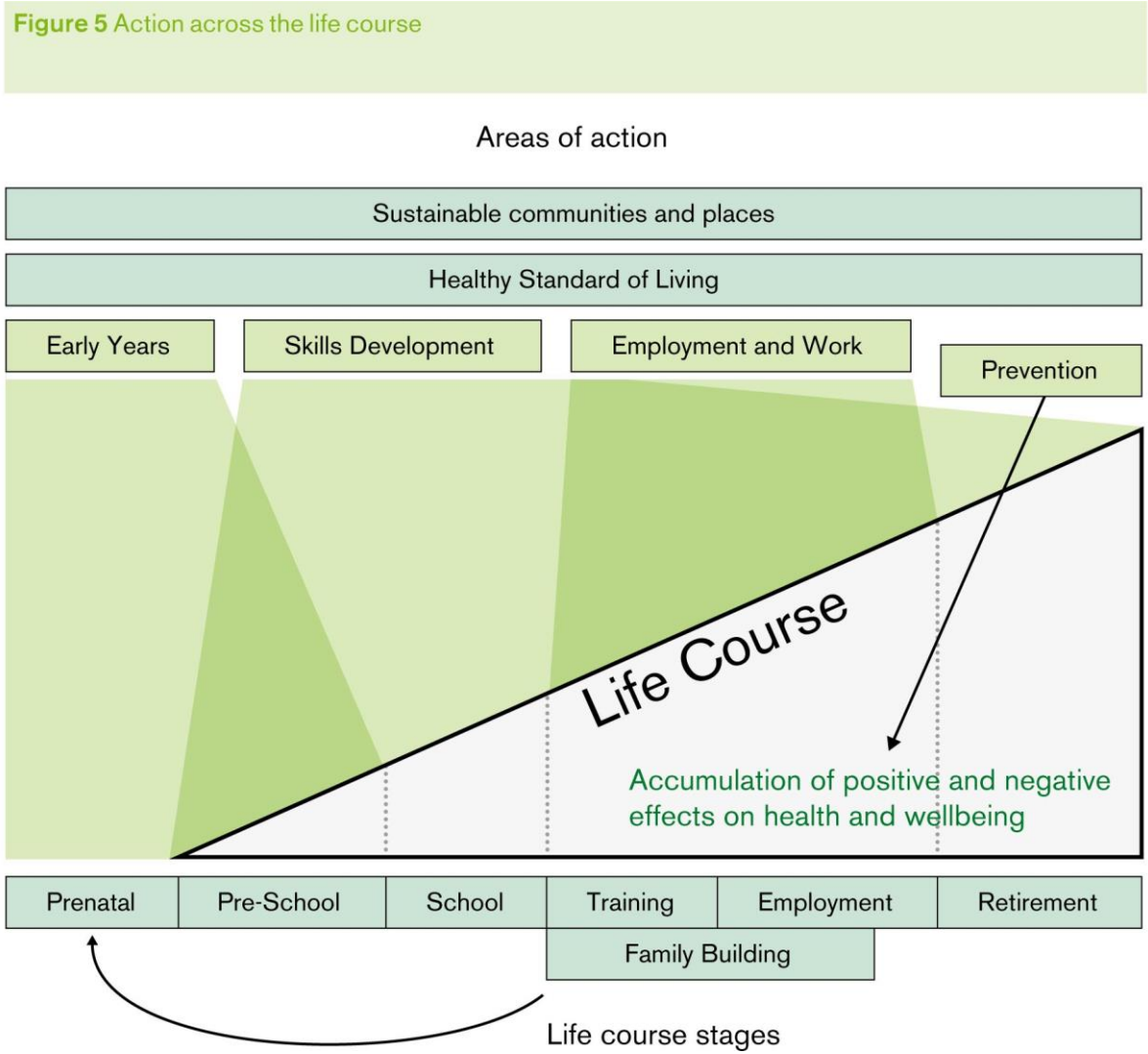
Men over 65 spend **8.4 years** living with a disability

Women over 65 spend **10.3 years** living with a disability

Although women have longer life expectancy than men, they are living longer in poor health



Adopting a life course approach



Strengthens the transition across life stages

Can focus on assets and building resilience to promote well-being

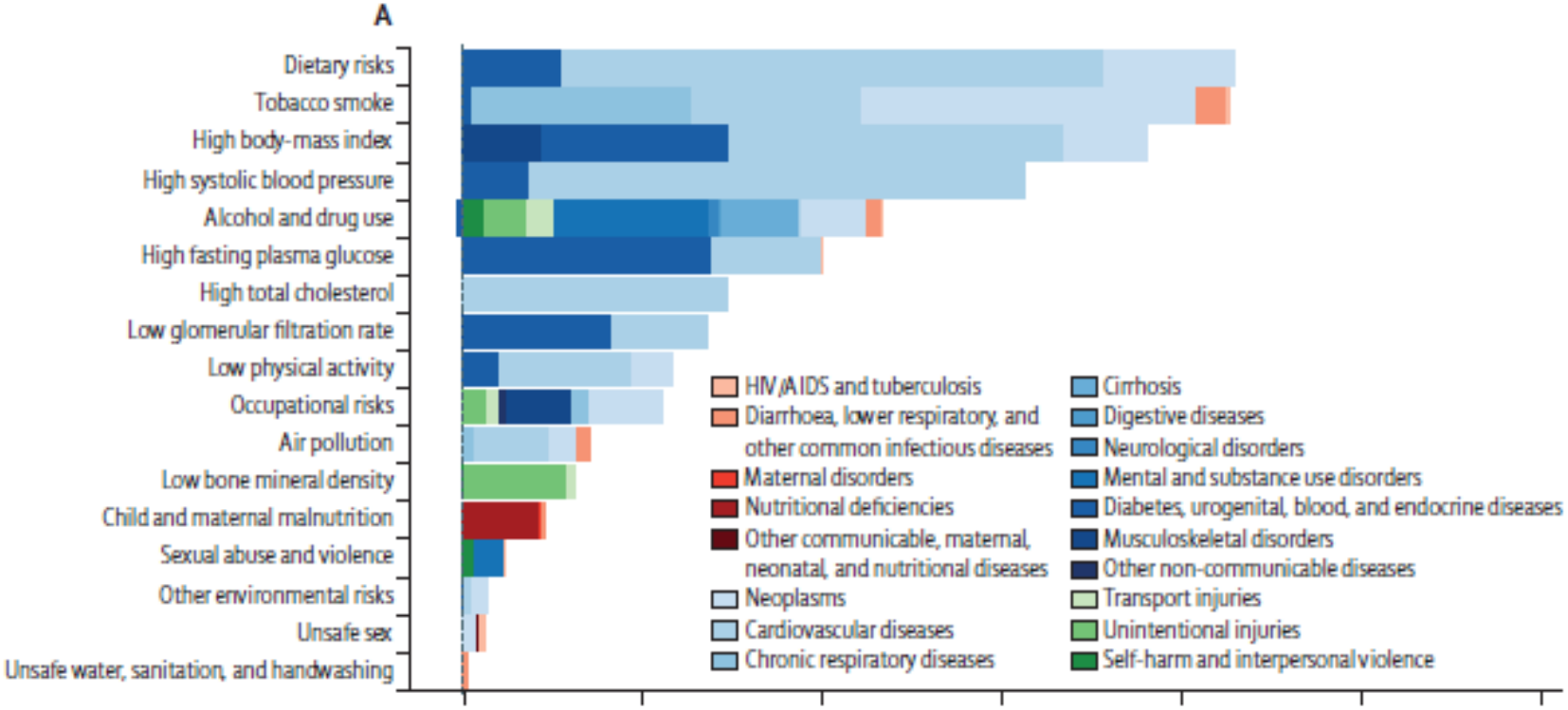
Facilitates a wide perspective of action across the range of determinants rather than a narrow topic based approach

Ensures action is not concentrated on one age group only

Acknowledges that older people are not a homogenous group and age alone is not necessarily the determinant of health and wellbeing

The major risk factors are clear

The way we live our lives has significant impact on our health. Good diet, exercise and healthy weight would see us living healthier lives.



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Healthmatters Midlife approaches to reduce dementia risk

1. The scale of the challenge

Dementia is a global issue. There are 47.5 million people worldwide living with dementia. By 2050, this is predicted to rise to more than 150 million.

Already an estimated 21 million people in England have a close friend or family member with dementia. Directly or indirectly, it will soon affect every one of us.

Public Health England (PHE) wants to reduce the prevalence and incidence of dementia. The pages that follow make the case for action in midlife to promote healthy lifestyles that can reduce the risk of dementia.

850,000 people living with dementia in the UK

By 2025

over **one million** people could have dementia in the UK

By 2050

this figure will exceed **2 million**

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2. The risk factors for dementia

Age is the biggest risk factor for dementia and the ageing UK population is fuelling an increase in cases.

Smoking is one of the biggest lifestyle risk factors. Other risk factors include:

- a lack of regular physical activity along with a sedentary lifestyle
- drinking excessive amounts of alcohol
- eating a poor diet high in saturated fat, sugar and salt and obesity in midlife

Smoking is one of the biggest lifestyle risk factors for dementia

Smoking doubles the risk of dementia by:

increasing the risk of

- cardiovascular disease
- diabetes
- stroke

narrowing the blood vessels in the heart and brain

causing oxidative stress which damages the brain

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3. Who is most at risk of dementia?

In the UK, 62% of people with dementia are female and 38% are male. This is likely to be down to the fact that women live longer than men and age is the biggest known risk factor for the condition.

There is greater prevalence of dementia among black and South Asian ethnic groups.

These groups are more prone to risk factors such as cardiovascular disease, hypertension and diabetes.

Other pre-existing medical conditions can increase the risk of dementia such as Parkinson's disease and stroke.

Women and dementia

In the UK, **62%** of people with dementia are female and 38% are male

- Dementia is the leading cause of death among women in the UK, **31,850 deaths per year**
- Women are more likely to take on the role of **caring** for someone with dementia
- Women who act as dementia carers feel **less supported** than male counterparts
- Many carers feel isolated and depressed – **a risk factor for dementia**

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4. Adopt a national focus on prevention

PHE and the UK Health Forum have issued the Blackfriars Consensus Statement which calls for a national focus to reduce the risk of developing dementia.

Public health measures to modify vascular risk factors have contributed to a large decline in deaths from heart disease and stroke over the past 50 years.

It is now believed that what's good for the heart is also good for the brain.

Around a third of Alzheimer's disease cases worldwide might be attributable to potentially modifiable lifestyle risk factors.

Around a **third** of Alzheimer's disease cases might be attributable to potentially modifiable risk factors.

A **20% reduction** in risk factors per decade could reduce UK prevalence by **16.2%** (300,000 cases) by 2050

What's good for the heart is good for the brain

Take control of your health:

Supporting falls prevention

Thirty percent of people aged 65 and over will fall at least once a year. For those aged 80 and over it is 50%.

Minimise the amount of time spent sedentary (sitting) for extended periods

1 Falls are the number one reason older people are taken to the emergency department in a hospital

2 In around **5%** of cases a fall leads to a fracture and hospitalisation

3 Unaddressed fall hazards in the home are estimated to cost the NHS in England **£435 million**

All adults should undertake muscle strengthening activity, such as

yoga

exercising with weights

carrying heavy shopping

at least 2 days a week

Adults (19 to 64) should aim for at least

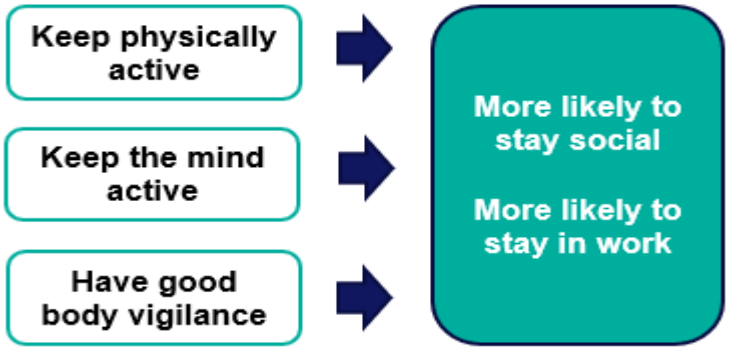
150 minutes

of moderate intensity activity, in bouts of 10 minutes or more, each week

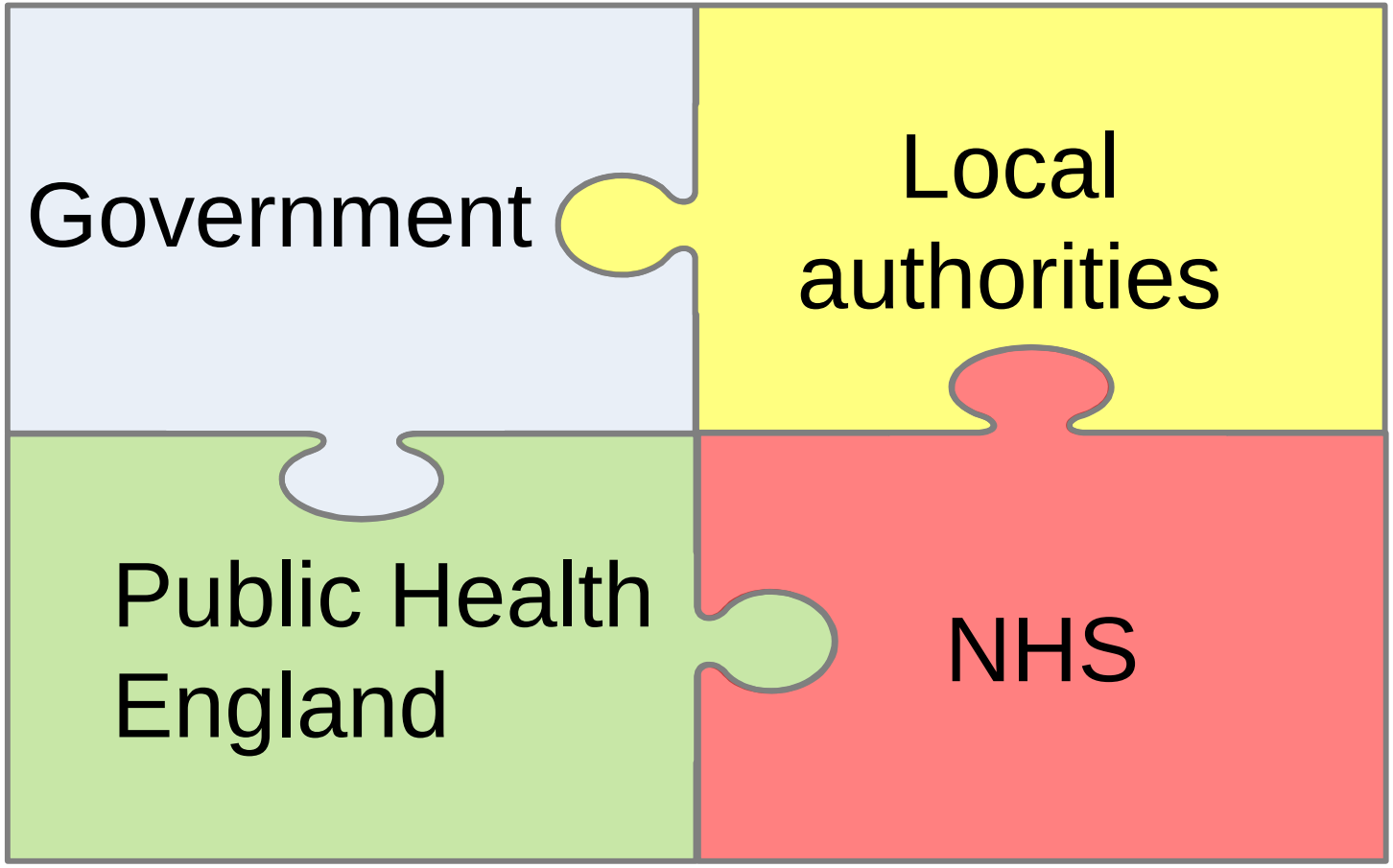
This can also be achieved by 75 minutes of vigorous activity across the week or a mixture of moderate and vigorous activity

Opportunities – healthy people

- **Service organisation and delivery :**
  - **Integrated approach to risk factors.** Multiple risk factors in less advantaged areas
  - Targeted intervention at times in life when **substantial change** occurs (e.g. retirement, children leave home, becoming a carer, menopause)
- **Awareness raising & health promotion :**
  - **Use of Digital tools** to promote behaviour change – 28% of over 65s own a smartphone and the proportion of adults aged 65 years and over who shop online trebled since 2008, rising from 16% to 48% in 2018
  - **Everybody Active Every Day.** Tailored advice for older people and carers in how to get more active, safely and appropriately
  - Promotion of **screening services** available in the local area



Tackling these issues required an integrated approach to Public Health

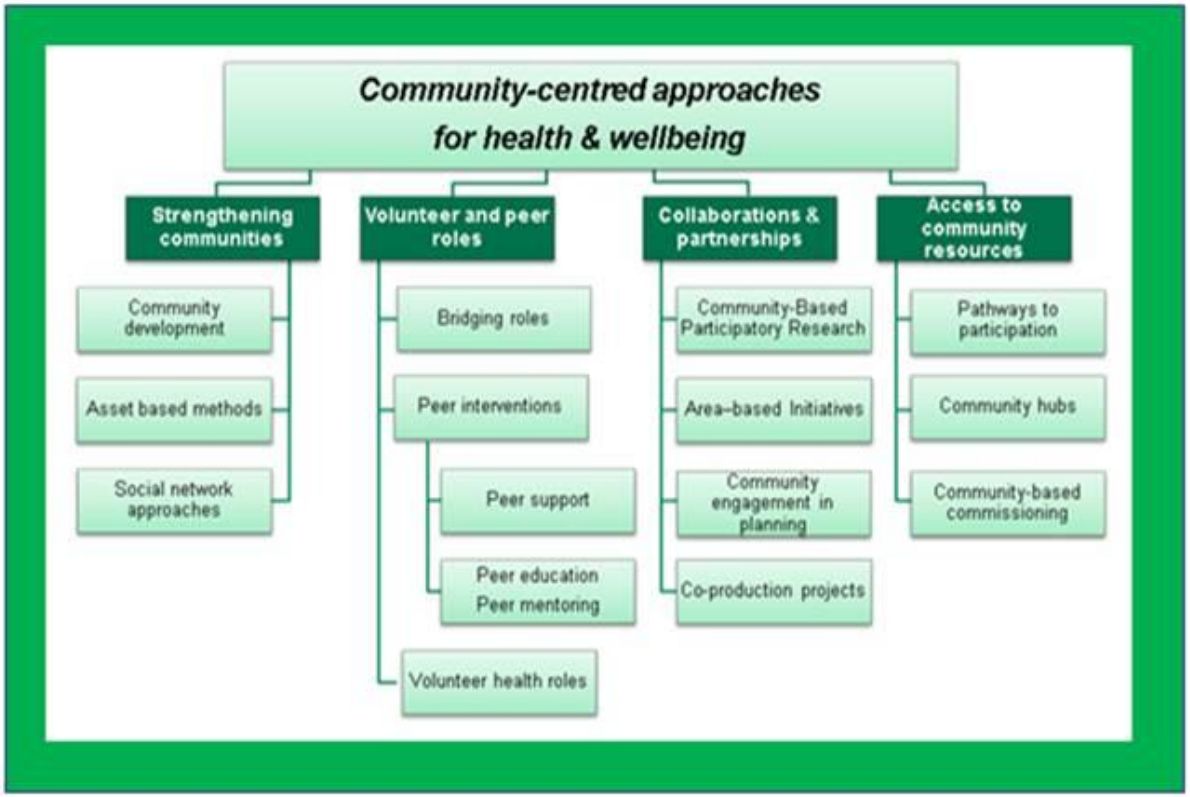


Healthy People, Healthy Places, Healthy Communities

Healthy People
We are not passive bystanders in the creation of our health. Our chances of good health are shaped by the lifestyles we lead.

Healthy Places
Healthy people need healthy environments. Consider our schools, our workplaces, our homes and our streets; these all help to create health.

Healthy Communities
Communities create and protect our health by connecting us as individuals and by promoting certain norms of behavior.



Positive health outcomes can only be achieved by addressing the factors that protect and create health and wellbeing and many of these are at a community level.

Opportunities – healthy places

- **The workplace – keeping the workforce healthy**
  - LAs and public sector partners to **lead by example** as champions, also older workers champions
  - **Mid-life career review** planning – including pension & financial planning
  - Skill up the older workforce in the use of **digital technology**
  - Tackling **ageism** in employment – employment models for working longer : recruit, retain, retrain
  - **Flexible working** arrangements including for those living with disability or carers
  - Support older people with health conditions, such as MSK, **back to work**
  - Provide **healthy lifestyles** information and support

Opportunities – healthy communities

- Reframe older people as **an asset, not a drain** (contribution to spending, caring and volunteering - £40 billion a year)
- Use **community capacity building approaches** to strengthen social networks, build resilience and empower communities to tackle local health issues
- Address **loneliness and social isolation**, build the evidence base, including for social prescribing and prevention. Groups most at risk include recently bereaved, older men with health conditions.
- Promote **volunteering opportunities** that will improve quality of life, wellbeing and social connections: physical activity, conservation, intergenerational and educational activities, or activities such as promoting physical and mental health as health champions, community navigators, peer educators.

Translating evidence into action…

Supervised physical activities (e.g. walking schemes)

Dementia friendly communities

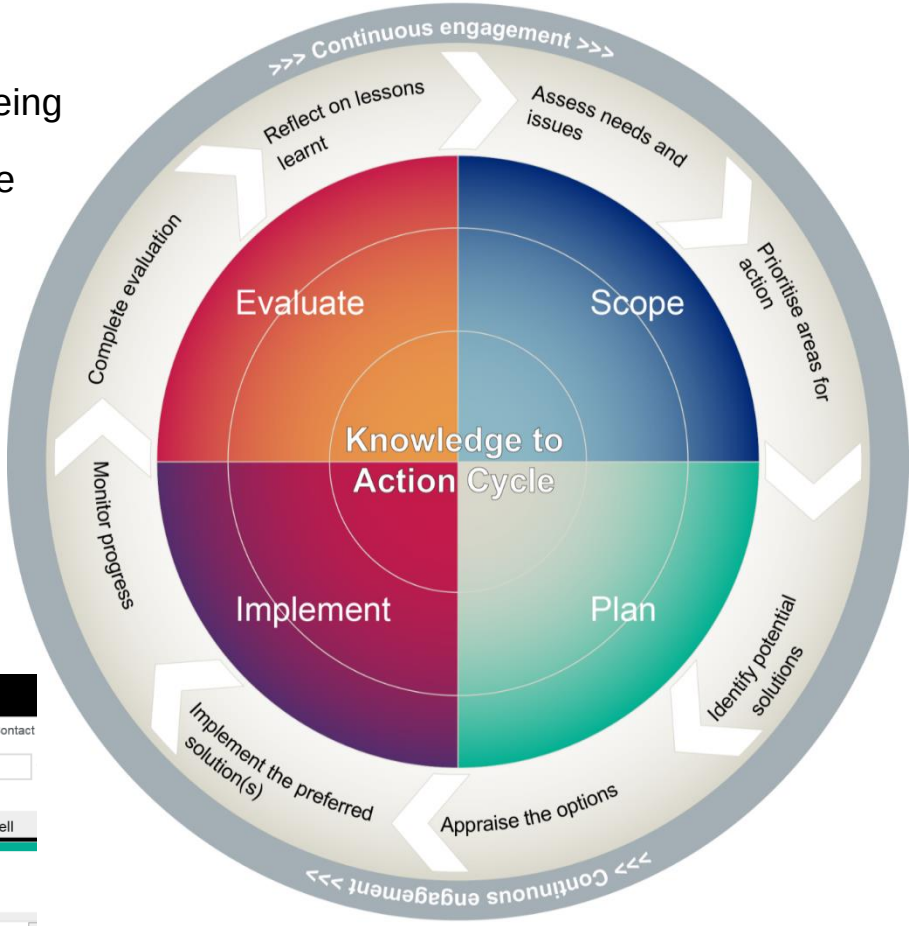
Incentivised volunteering schemes

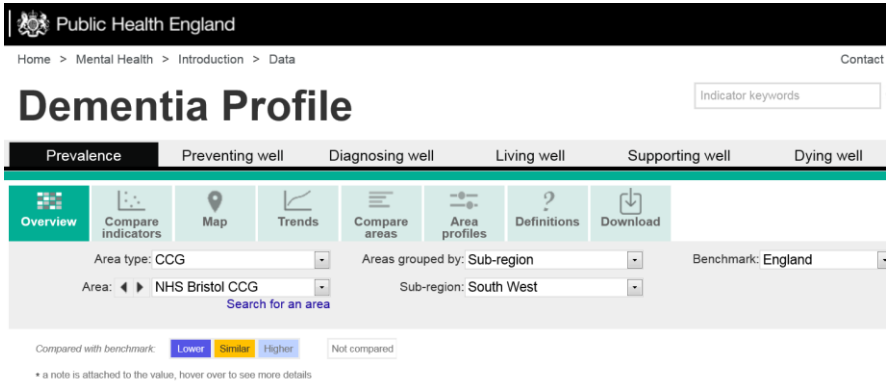
Active citizens

Better Value Healthcare

PHE work programme

- Systematic approach – K2A cycle
- Consensus statement for Productive Healthy Ageing
- Enhancing the data – New Healthy Ageing Profile coming on 2nd April
- Scoping potential for a future Healthy Ageing campaign
- Review of evidence for issues affecting rural and coastal communities
- Addressing multi morbidities





Conclusion

- These are **complex and multi-factorial** issues that require partnership working across a range of organisations
- There are **opportunities** to build upon excellent examples that exist at local level but need to scale up and roll out interventions at pace for maximum impact
- A **life course approach** offers opportunities to intervene at different time points and in a holistic way
- Research identifies promising practice. We are clear what the risk factors are, but the evidence base now needs to reflect **how these risk factors interact**
- Useful lines:
  - ‘what’s good for the heart is good for the brain’
  - ‘it’s never too late to take action to improve your health’
  - ‘sit less, move more!’

Resources: Productive Healthy Ageing

- Health Matters: Productive healthy ageing and musculoskeletal health
  https://publichealthmatters.blog.gov.uk/2017/12/06/health-matters-productive-healthy-ageing-and-musculoskeletal-health/

- PHE & Centre for Ageing Better (2018) Muscle and Bone Strength and Balance Evidence Review
  https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721874/MBSBA_evidence_review.pdf

- PHE (2018) Falls Return on Investment Tool
  https://www.gov.uk/government/publications/falls-prevention-cost-effective-commissioning

- PHE (2018) MSK Return on Investment Tool
  https://www.gov.uk/government/publications/musculoskeletal-conditions-return-on-investment-tool

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