Proposal for
Well-being in Later Life: the Oldest Old Workshop
JPI- More Years Better Lives

Planning Committee

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Proposed Objectives of the Workshop:

- To understand the growth of the 85+/90+ population across Europe and in Canada
- To discuss the implications of this growing population on services and supports, including both formal support and family and friends, as well as on culture and social life
- To assess the gaps in research data on these individuals and identify challenges and opportunities to address these limitations
- Using a partnership model of older persons organizations and researchers, to develop areas where more research is needed to inform policy and practice.
- To identify measures to strengthen the research in the area.

Anticipated Outcomes:

- Concrete strategies to improve the availability of quality data for the oldest old;
- Proposed research questions and/or areas of research relevant to the oldest old;
- Identification of the ways in which researchers and social organizations can collaborate in partnered proposals to improve the transferability of research results to policy and practice.

Introduction

The Planning committee of the Oldest Old Workshop met in Amsterdam in and again in Rome at the end of the SOAB/SAB joint meeting. This proposal is disseminated to the committee member for further discussion. Below is the outcome of our discussion and the potential format for the workshop based on a partnership format.

Defining the Oldest Old

The oldest old, people aged 85+ or 90+, are the most rapidly increasing part of the population in many/ most rich countries. By 2050, the number of people aged 80+ is expected to grow 350%, and the number of people aged 90+ 470%. In contrast, the total population aged 60+ will increase by 56% (United Nations 2015). The decline in old age mortality is relatively recent, the life expectancy at the age of 85 really started to rise only 30 or so years ago. Although there always has been very old individuals in the population, as a major population group they are new. In the very old groups, women comprise the significant majority.

Functionality, both physical and mental health, will be an important component of this workshop however, the workshop will have a comprehensive focus on both demographic, health and quality of life factors of the oldest old.

Rationale for a Workshop on Wellbeing and the Oldest Old

The emergence of oldest old group has many consequences to our societies and health and social policy. This is the age group in most need of help and care services. In older age groups, the likelihood of functional disability and dependence is directly associated with age and even beyond the age of 90, each extra year of age increases the likelihood of poor functioning. Yet the oldest old are a very heterogeneous age group, individual differences are greater than in younger people. There are independent, active individuals who fully participate in social life, but also those who are totally dependent on help by others.

From the medical perspective, there are hardly any individual in this age group without a disease diagnosis and multi-morbidity is a rule rather than an exception, but the consequences of these diseases vary and it is widely accepted that functional status rather than diagnoses are the best indicators of health status among them. A major driver for long-term care and poorer quality of life are memory disorders, dementia, and in near future no cure or efficient prevention can be expected.

In fact, health and quality of life of the oldest-old are poorly known. This is partly because of the special challenges in research with them; only very few studies have representative population samples available, most often people living in institutions and those with poorest health are left out. Due to the scarcity of research, even the predictors of health and functioning in this groups are not well known, but there are signs that they are not necessarily the same as in younger old age groups.

The time trends of functioning in this group are poorly known. The few existing population studies suggest either improvement or stability of functioning among nonagenarians (Christensen et al 2008; Jylhä et al 2015). We do not know whether the years gained after the age of 80 or 90 are years with high functioning or years with disability. Whatever the answer, it is clear that most people experience a period of frailty and dependence before death. There are reasons to believe that the higher the age of death, the longer is this period of need for care. Because of this, and also for other reasons, the end-of life care in this age group poses a special challenge and the practices by now are not well developed.

Obviously, there are major cultural and cross-country differences in life quality and circumstances, e.g. income, family, social relations, loneliness, participation, even in the rich part of world; these differences are not well known. Nor is the way in which services and supports need to be adapted to meet the needs of the oldest old. A unique aspect of this workshop(decided at the Rome meeting) is the engagement and partnership with the Social Advisory Committee consisting of international delivery and advocacy organizations focused on the needs of the Oldest Old. With this in mind we suggest that the workshop be co-created with significant input by members of the SAB and members of the SOAB.

In summary, it is clear what we know about the 65+ population in general, or about people aged 75+ in total, is not sufficient in the situation of an unprecedented growth of the oldest old population. The goal of active ageing is relevant also for this group, but more research and perhaps programs different from what works in younger old age are needed.

References;

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