Politics, policies, and gerontechnology

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V.T. Taipale. Politics, policies, and gerontechnology. Gerontechnology 2012;11(1):5-9; doi:10.4017/gt.2012.11.01.002.00 **Objective**: Contribute to the understanding of the global political environment and policy responses to the ageing population, and placing gerontechnology into the framework. **Background**: Personal follow-up of the political and research administration development in the field of ageing seen from different national and European Union (EU) viewpoints. **Conclusions**: The article describes that, although demographic development has been evident since the World War II, the political and policy responses have been slow to develop. United Nations initiatives in this field in the 1980´s failed, but were repeated in the 2002 with a more systematic approach and positive response. The Organisation for Economic Co-operation and Development (OECD) has played a major role creating concepts on ageing, such as active ageing and ageing in place, always from an economic point of view. The most recent development within the European Union (EU) shows increased awareness and need for innovations to meet the challenge of ageing. Gerontechnology has thus an important role to create positive and innovative solutions to support independent living and to solve physical and mental challenges of ageing.

Keywords: European and national ageing policies, research on ageing

Vision of the future:

"In 2030, older people live in a society where they are not 'older people', but people with much in common with all age groups. This includes a mix of capabilities as well as limited functions, living in an environment that enhances capability but does not marginalise those with least function"[1.]

HISTORICAL PERSPECTIVE ON POPULATION AGEING

The term `gerontology`was already mentioned by Galenos over 2000 years ago. Geriatric advice and books on health promotion in old age were also produced to encourage older people to train different activities of soul and body when ageing. However, geriatrics as we now know it started in the beginning of 1900´s and modern gerontology after the World War II. But, when did the world start to recognize the ageing of the global population? It was a very slow process. The statistics were there already after World War II. However, specialists on ageing as well as research on ageing were very scarce until quite recently.

Although few things in economic and social life are predictable, the ageing of population is one such thing. The ageing process will not only change the population structure of countries profoundly. The process will be intersectoral, part of everything. Thus it will cover all policy areas.

Ageing of the population should have been a focus of attention of all policy makers and politicians during last decades. The increase in the number of older people is not a matter of chance and should not have come as a surprise. To achieve positive health and social development, countries have built pension systems and improved health care systems and social services. In spite of these developments we still lack knowledge about the interaction of different policies and ageing phenomena.

ACTIONS IN GLOBAL POLITICS

The First UN Assembly on Ageing took place in Vienna in 1982[2]. The purpose of the Assembly was to alert the world to the reality of the rapidly ageing populations. In several countries, older people were in a disadvantaged position socially, economically, and in terms of health. Ministers of UN countries gave speeches on the developments and all the participating nations looked at developments in their own country. However, the implementation of the first global Action Plan on Ageing failed. There was no systematic follow-up procedure of the implementation process of the Action Plan. Ageing was maybe felt to be a remote phenomenon; it was not high on the political agenda with a real political determination to tackle the situation.

In the year 1991, The UN General Assembly adopted principles for older persons[3]. This document is a compilation of 18 principles grouped under four headings: Independence, Participation, Care, and Self-Fulfillment. Here is already identified what we strive for today: integration in society, residing at home as long as possible, educational opportunities, human rights and participation.

The second UN Assembly on Ageing was held in Madrid, 2002. During this period, 1982-2002, the world`s total population has grown, and age-

ing has become a megatrend. Life expectancy has increased in most countries. Some notable exceptions occurred in countries like Russia[4] and Ukraine[5] where male life expectancy declined from 64,6 years in 1980 to 54,9 years in 2002. Globally some negative trends can be observed: poverty has grown among older people and wars, conflicts and risks have increasingly left older people most vulnerable.

Once more all countries promised to start implementing changes in their policies along the lines of the Madrid International Plan of Action on Ageing (MIPAA) and to report regularly to the UN[6]. These national reports have not been very forthcoming; there still appears to be a lack of awareness about the global process. The UN regional offices are following up the implementation. In the European Region the government of Austria funded a monitoring process, which is now available[7]. In 2012, the UN will review the development 10 years after Madrid with a published report called 'The state of the world´s older people'.

In 2000 the UN set the Millennium Development Goals (MDGs), the most powerful signal in the field of social development. MDGs, it should be noted, include all nations; they are not only for poor developing countries. For instance, the integration of sustainable development principles into country policies is a challenge to all countries. However, ageing is not explicitly mentioned in the MDGs and there are no set targets[8]. Ageing is a megatrend: soon there will be more older people in the developing countries than in the developed world.

The UN Population Fund (UNFPA) has raised the topic of ageing periodically, but it appears that this special UN agency concentrates mostly on children and women of reproductive age. The newly established UN Women displays the same preference for women under 49.

The World Health Organisation (WHO), founded in 1948, uses life expectancy as an indicator of good health status of the countries. Long life has therefore been an explicit objective of the member nations. Developing ageing expertise within the WHO has unfortunately not been forthcoming. During Director General Halfdan Mahler's tenure (1973-1988) the approach to health problems was horizontal, stressing the importance of primary health care, and comprising multidisciplinarity and social aspects of life. The vertical approach later showed up diagnoses of diseases and their treatment[9]. Ageing as a phenomenon thus became compartmentalized in multiple minor disabilities and major illnesses. When the UN and WHO convened a high-level

meeting on non-communicable diseases in 2011, the ageing of the global population and their health needs were not on the agenda[10].

OECD AND EU ACTIVITIES
Globally, the OECD (Organisation for Economic Co-operation and Development) has been a major actor within developed industrialized countries organizing many conferences on ageing and creating the defining concepts. From the 1990´s onward, the OECD has developed the concept of 'ageing in place'[11]. This means simply that elderly people should be able to stay for as long as possible in their own homes, and that they should be able to receive good residential care close to their own community. Also the concept of 'active ageing' which emerged in the USA in the 1960´s already, was brought to the administrative and government attention by the OECD[12,13]. The term 'active ageing' has become central to international and national ageing policy development; however, there is a paucity of literature comparing countries' active ageing implementation strategies and their subsequent progress.

The OECD defines active ageing as "the capacity of people, as they grow older, to lead productive lives in the society and the economy." This means that people can make flexible choices in the way they spend time over their lifespan – learning, working, and partaking in leisure activities and in giving care. The main focus of the OECD policy is to promote choice for older people to remain productive. The WHO 'Active Ageing Framework' was launched in 2002, and is an umbrella health and wellbeing policy[14]. Active ageing is defined as: 'the process of optimising opportunities for participation, health, and security in order to enhance quality of life as people age'. The EU defines active ageing as: 'A coherent strategy to make ageing well possible in ageing societies'.

Active ageing is about adjusting life practices to the fact that we live longer and are more resourceful and in better health than ever before, and about seizing the opportunities offered by these improvements. In practice it means adopting healthy lifestyles, working longer, retiring later, and being active after retirement. "Despite the looming financial and social implications of an ageing world population, active ageing policies remain at risk of being less focused on the social determinants of health, promoting them merely as rhetoric", state Hutchinson et al[11] in their review on literature on active ageing which is an assessment of all the active ageing policies.

The EU Commission started to pay attention to its population development in the late 1980`s.

The year 1993 was celebrated as a year of active ageing; this theme is repeated in 2012 as 'the year of active ageing and solidarity between the generations'. In the Mental Health Pact of European Union which was signed by EU ministers, EU Commission and WHO´s European Regional Office in 2009, mental health of older people was one of four topics and a ministerial meeting was organized in 2010 in Madrid[15]. In the field of the Framework Programmes of EU research, ageing has occupied different positions. After having been neglected in the first Framework Programmes the topic popped up in the Fifth Framework Programme (1999–2002) as a key action called 'The Ageing Population and its Disabilities'. Unfortunately there was no direct follow-up in the Sixth or Seventh Framework Programmes, except for some financing networking, for instance ERA-Age project. The Directorate of Information Society and Media has supported the information society dimensions of ageing. The Futurage programme[16], launched in 2010, will develop a European roadmap on ageing research on the needs and phenomena of older people in next 10 to 15 years.

AGEING WELL IN ALL POLICIES
Ageing is a most important issue for the next 40 years and comparable with the environmental challenge. All nations are faced with demographic, structural, social and technological changes of major importance. These changes are likely to have consequences in a variety of areas, including, financing of social security systems, financing and organisation of health, and care systems. Moreover, ageing will influence all policy. Independent living is a most critical element in positive ageing; policies must be targeted to support individuals as well as the whole community and society.

All responsible politicians, civil servants and NGO's should be aware of the consequences of greying societies. E.g. in the EU, by the year 2020, the 15 to 24 year-old population is projected to have fallen from the 55 million of the 1980s to 37 million. Pursuing appropriate policies on the family and children is one matter, but new responses have to be found, whether in terms of increasing the level of female employment, facilitating and supporting older workers to remain in employment, or in terms of the sustainability of retirement systems and measures to take care of dependants.

There is a strong correlation between age and disability and it is estimated that about 70% of people with a disability are aged over 60. Furthermore, there is a significant correlation between the incidence of multiple impairments

and age. However, the national policies on people with disabilities and those on older people are very rarely compared, not to mention streamlining them. NGOs on older people and on people with disabilities usually do not make the process of mainstreaming the policies and activities any easier.

Research on ageing is today a vigorous competitive field. Unfortunately research on ageing has mostly been partial and fragmented into different disciplines[17]. The lack of a solid scientific basis in this field is a serious problem for the societies with far reaching consequences. Emphasis should be put on well-designed longitudinal studies, on cross-national and cross-cultural comparative studies. Knowledge gaps exist. Therefore policy makers have difficulties in planning effectively for the future. There is an urgent need to stimulate the scientific community to work in a multidisciplinary way.

Research on ageing deserves more attention in the future. Politicians and other decision-makers have apparently not shared this view in the past: only very few EU member states have scientific institutions or programmes that are completely focused on research on ageing. Unlike Europe, the USA and Japan have strong national ageing research programmes and institutions. To address the problems regarding the greying world, interdisciplinary research is necessary across fields as different as molecular biology, diseases, psychosocial phenomena and culture. Besides strategies of healthy ageing, prevention and therapeutic interventions, research on the support of older people with multiple disabilities needs to be undertaken. Policy makers should reconsider their future approach on ageing. The societal needs cannot be overlooked or underestimated. Therefore, there is a need not only for increased resource allocation but also for a longer-term political and policy commitment. A vivid dialogue between policy makers and researchers is needed to create evidence based policies as much as possible.

Older people are a great resource in greying societies. Most of the people over 65 years contribute to the functioning of their societies and create social capital. Positive ageing requires a multisectoral, transdisciplinary approach. It should be generated across the policy spectrum, in all sectors. This means that responsibility for ageing well must be adopted at all levels. In transportation there is a constant need for accessibility and availability; in commerce we need goods suitable for use by older people; and in community planning the everyday life of older people can be greatly enhanced. Where are the

professors of education for older people, the 'gerogogues' compared to pedagogues? Culture, national security, and combating exclusion are activities that greatly affect the lives of older people.

To develop appropriate ageing policies, governments will need substantive knowledge concerning the needs of their older populations and the options available as the 'senior boom' takes hold. Ageing will need to be understood in a much broader extent, in transdisciplinary environments not yet developed.

THE ROLE OF GERONTECHNOLOGY
The technological development over the last three to four decades has been unforeseen. World Wide Web, mobile phones, and personal computers unimagined some decades ago, are now available to most people of the developed countries, and a considerable part of the population of the developing countries can also enjoy the use of these new innovations. Technological development could allow bridging and equalising the differences which earlier have been difficult to cope with, distances between urban and rural population, differences between men and women, differences in health and disability, between older and younger people.

Unfortunately many older people are left behind in this technological development. The EU Directorate General Information Society is striving for eInclusion, aiming that 'no one is left behind' in enjoying the benefits of ICT. The eInclusion policy, therefore, aims to reduce gaps in ICT usage and promoting the use of ICT to overcome exclusion, improve economic performance, employment opportunities, quality of life, and social participation and cohesion.

An important part of the eInclusion agenda is tackling demographic ageing with the help of ICT: a better quality of life for the elderly, reduced cost of care, business opportunities in the 'silver economy'. Nevertheless, the challenges prevail even in one of the most developed information societies, Finland. A report published in 2002 by Statistics Finland, 'Emerging Information Society', distinguishes between different age groups among older people. Recently an opinion poll was conducted in Finland with a representative sample of older population up to 89 years[19]. It seems in the earlier report as well in the 2011 poll that the both internet and computer use decreases abruptly after age 60, and only six per cent of persons over 85 years owned and/or used a computer in 2011. It is these age groups of older people in particular that should be given access to the skills needed in the information so-

ciety. Otherwise we will have a group with inadequate skills who will live at risk of exclusion for tens of years, and this phenomenon would exist even among every new cohort of retired persons.

When was the term 'gerontechnology' born[18]? In the late 1980`s a need for multidisciplinary research was becoming evident. Assistive technologies and medical technologies were not enough to cope with the growing issue of the different needs of the ageing population. It was understood that ageing is neither an illness nor anything deviant or abnormal. Ageing of the societies can be a resource, but this will require shifts in attitudes from a medicalised approach to a socio-cultural approach. Thus gerontechnology has been multi-professional from the very beginning, asking of social sciences, such as social psychology and sociology and cultural sciences, to cooperation.

A new concept always needs to fight for its existence. Multidisciplinarity adds an extra challenge, to be not regarded as always somewhere in-between and not real. The research area has to gain acceptance to be funded and to be sufficiently credible to be notified by policy makers. The starts were well aligned when gerontechnology was born. Well-known, appreciated researchers such as Professor Herman Bouma in the Netherlands played a key role with national and international co-workers. The political atmosphere in the Netherlands was also ambitious at that time and open to new challenges. Since its inception, the field of gerontechnology has faced many different political and financial challenges. Reorganisations in the world of universities, changing governments, all had effects. But the policies and politics are there. Nowadays there is considerable interest in demand-side innovation policies in a number of countries; this is one of the challenges for gerontechnology.

Gerontechnology constitutes an excellent partner for innovation policies creating wellbeing and health and a better quality of life for senior citizens[20]. Research-based, user-friendly solutions will be needed to feed into social and technical innovation on mass scale, not only in terms of products and systems for multiple minor disabilities and rehabilitation, or innovations for prevention and care, but also for enabling participation and supporting higher standards of living. We all know, that future older persons – for instance, we – will be different. We will be better educated and have better level of general health and wellbeing. We will live increasingly alone – this is a significant trend, a first in the history of mankind[21]. Most people will have more

reasonable pensions. Older people will be more active politically and at the same time become more demanding. We are used to thinking about preserving biodiversity, but we also have to learn to think in terms of age diversity. Older people will be a most heterogeneous group. There are also great challenges: an increased risk of dementia and an increased risk of marginalisation and poverty.

Future third-age people will themselves be resources when their own activities serve to model the potential characteristics of the coming generations of older people. Gerontechnology will have a major role in connecting people, in age management during the working life, in health promotion with fun technology, and in preventing loss of function. Wellbeing in old age calls for opportunities for general health and mental health, for security, social relations, physical activity not to mention leisure and pleasure. Gerontechnology will be needed in all of these spheres of life, to build up a meaningful life for older people.

LESSONS LEARNED

Although the ageing of the population will be a megatrend which will challenge all policies in the near future, the political response has been slow. Although the demographic development and all the prevailing statistics were known for decades, this fact did not change the political and policy atmosphere. Maybe ageing in the modern world has a stigma comparable to the stigma of mental illness, stigma which makes ageing people invisible in the political arena because middle aged people are afraid of their ageing. A greater effort is needed to change the attitudes and decisions concerning our common future. Fortunately the UN is calling for action by reviewing the global development on ageing this year and the EU has many ongoing promising activities on ageing. But the global research community also has its responsibilities in disseminating the results of the research on ageing and contributing to the dialogue to create evidence-based policies.

Gerontechnology today faces a double challenge. On one hand it has to strengthen its position in science, it has to be innovative in creating solutions which benefit not only older people but make life easier for all the people. On the other hand it has to participate with its knowledge capital in the global process to raise awareness on the needs of older people.

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