



Alter und Innovation: Eine neue Sicht von Forschung und Praxis auf das Altern

WHO Working Group on Metrics and Research Standards for Healthy Ageing

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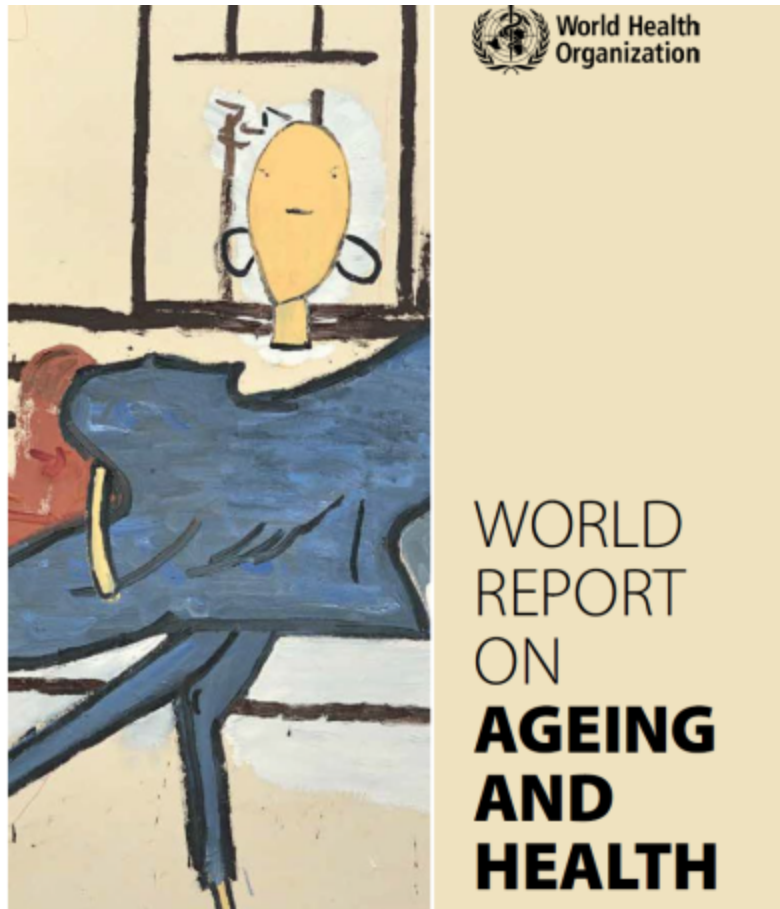
- 1) Zeitschiene zum «Jahrzehnt des gesunden Alterns»**
- 2) Gesundes Altern: Ein Paradigmenwechsel?**
- 3) Herausforderungen und Chancen für die Schweiz**



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2015: 1. Weltbericht zu Altern und Gesundheit





DRAFT GLOBAL STRATEGY AND PLAN OF ACTION ON AGEING AND HEALTH

VISION

A world in which everyone can live a long and healthy life

STRATEGIC OBJECTIVES

1. Commitment to action on Healthy Ageing in every country
2. Developing age-friendly environments
3. Aligning health systems to the needs of older populations
4. Developing sustainable and equitable systems for providing long-term care (home, communities and institutions)
5. Improving measurement, monitoring and research on Healthy Ageing

PLAN OF ACTION 2016–2020

GOALS

1. Five years of evidence-based action to maximize functional ability that reaches every person.
2. By 2020, establish evidence and partnerships necessary to support a Decade of Healthy Ageing from 2020 to 2030



Strategic objective 1.1: Establish national frameworks for action on Healthy Ageing



akademien der wissenschaften schweiz
académies suisses des sciences
accademie svizzere delle scienze
academias svizras da las ciencias
swiss academies of arts and sciences

Swiss Platform Ageing Society

<http://www.ageingsociety.ch/ageing-society.html>

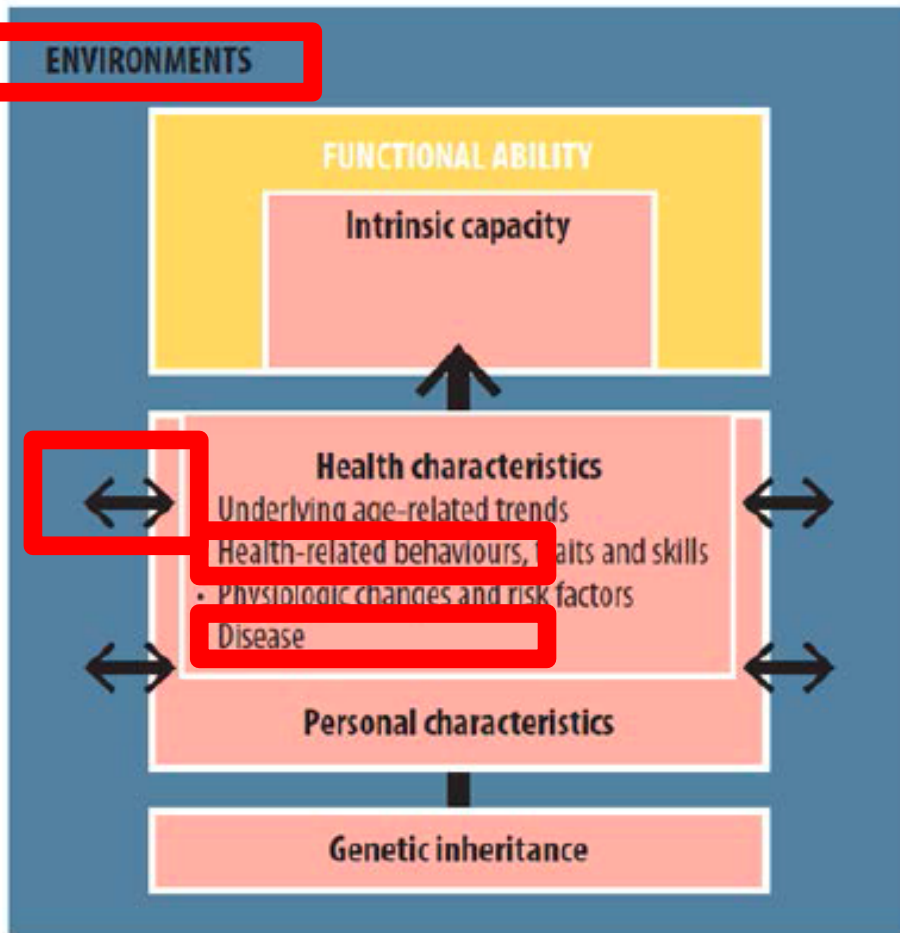
Strategic objective 3.1: Orient health systems around intrinsic capacity and functional ability

Strategic objective 5.1: Agree on ways to measure, analyse, describe and monitor Healthy Ageing



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Figure 1. Healthy Ageing (source: WHO World Report on Ageing and Health, forthcoming)



“Intrinsic Capacity” is the composite of all the physical and mental capacities of an individual.

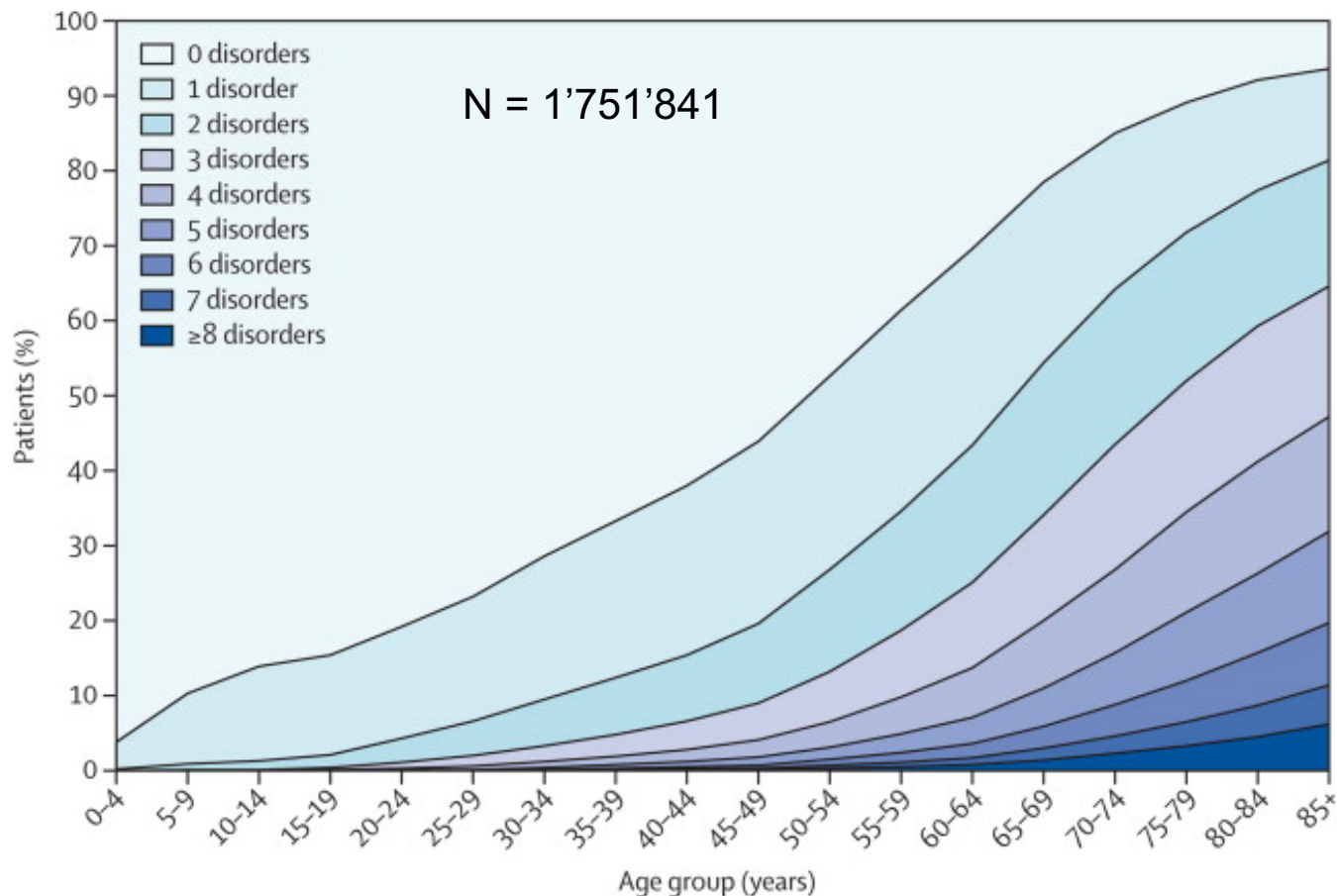
“Functional Ability” comprises the health related attributes that enable people to be and to do what they have reason to value. It is made up of the intrinsic capacity of the individual, relevant environmental characteristics and the interaction between these characteristics and the individual.

Healthy ageing is not defined by a specific level or threshold of functioning or health. Healthy ageing reflects the ongoing interaction between an individual and the environments they inhabit, shaped by many factors as illustrated in Figure 1.



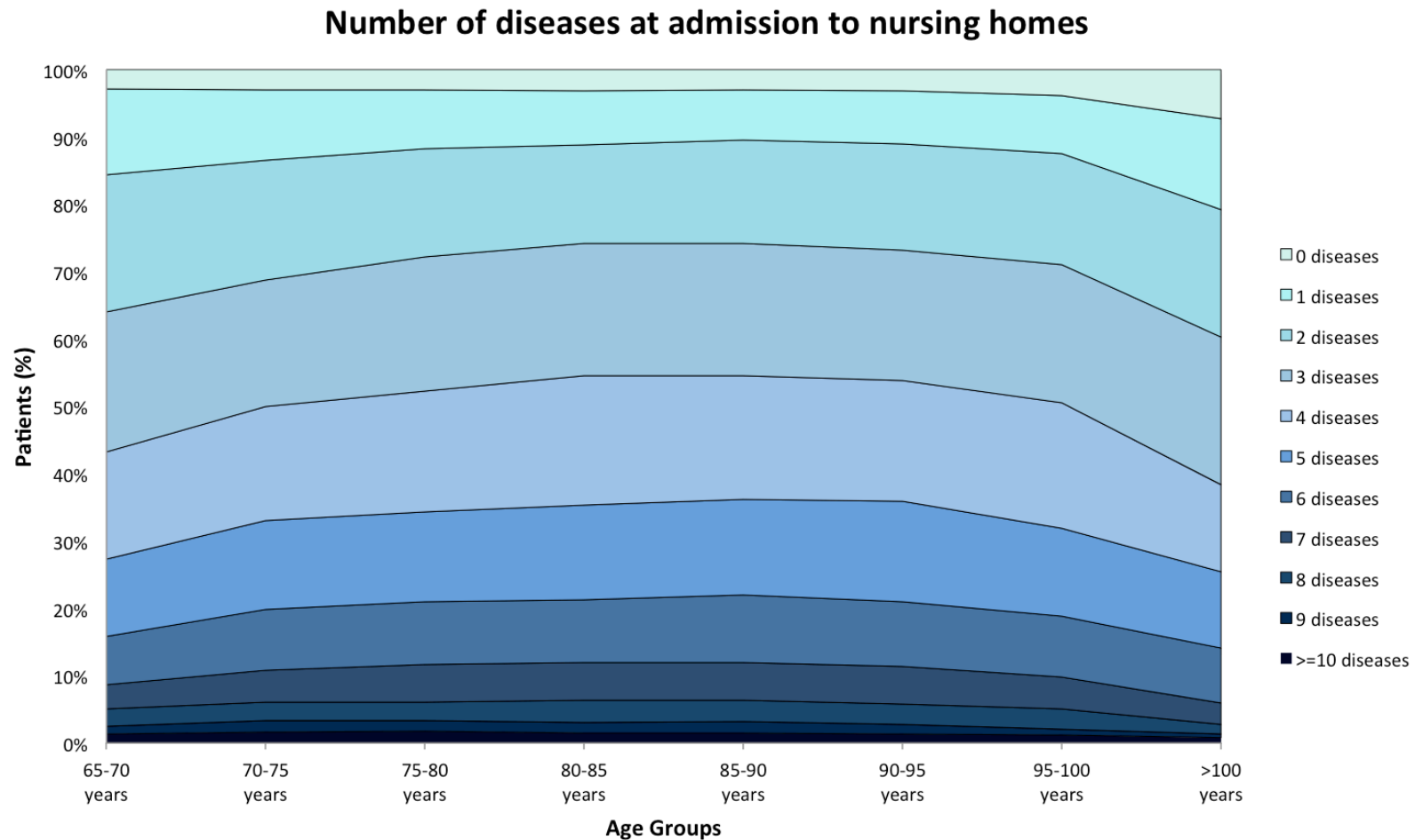
- 1) Zeitschiene «Jahrzehnt des gesunden Alterns»
- 2) Gesundes Altern: Ein Paradigmenwechsel?
- 3) **Forschungsperspektive: Multimorbiditäts-Profile**

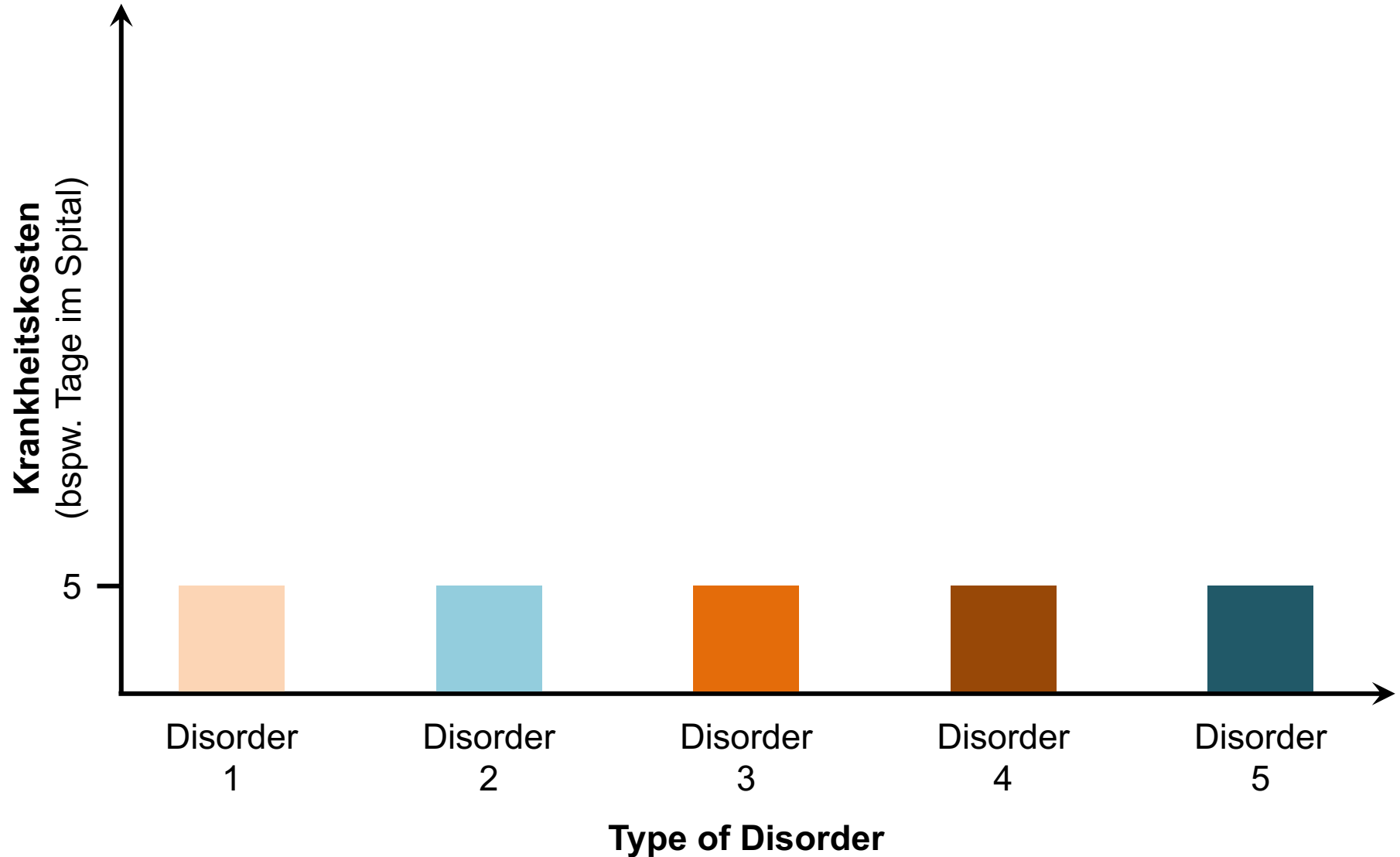
Multimorbidität DIE Erkrankung des Alters - Koordinationsintensive (und häufige) Erkrankung





Multimorbidität in Schweizer Pflegeheimen



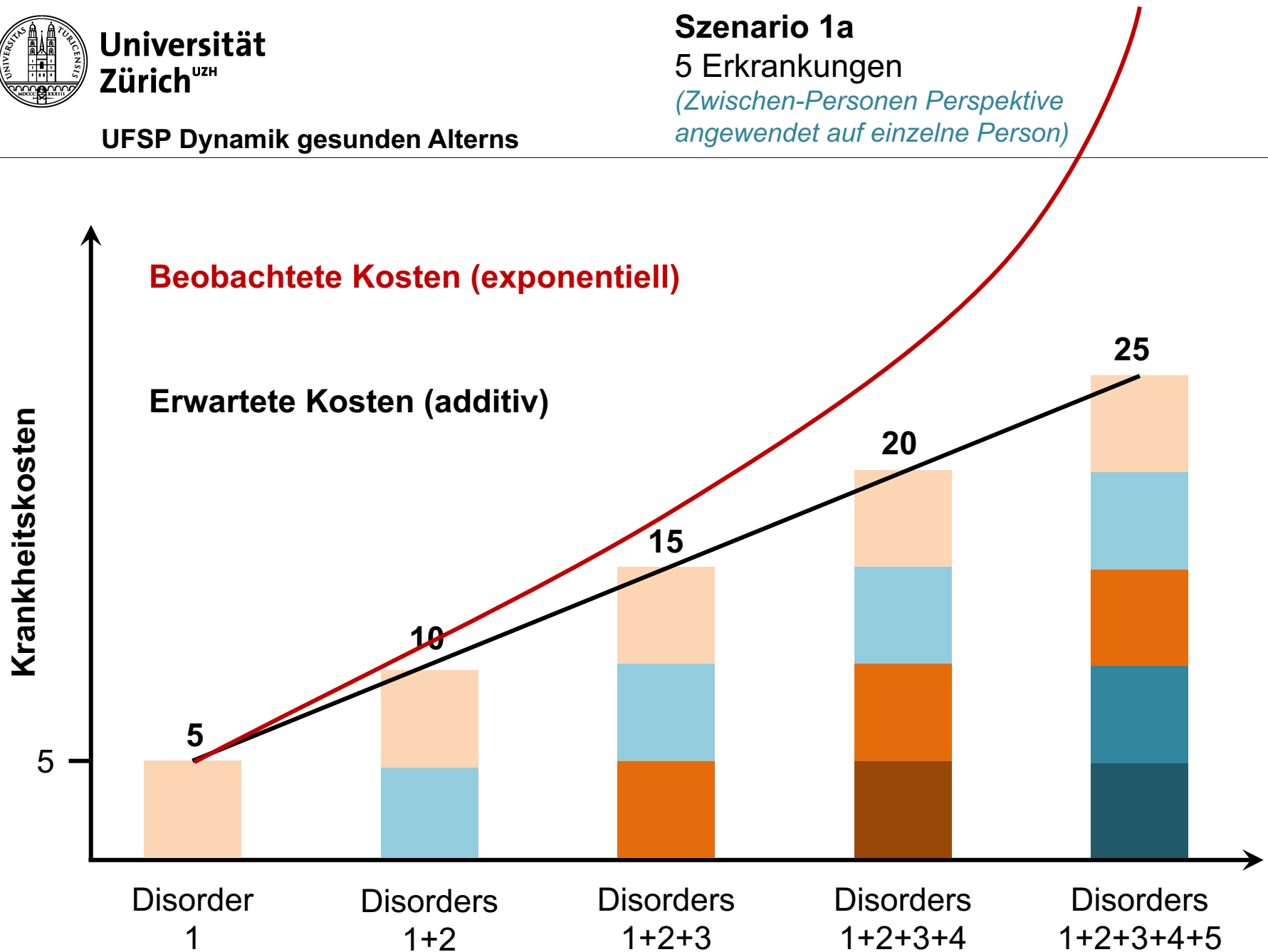




Szenario 1a

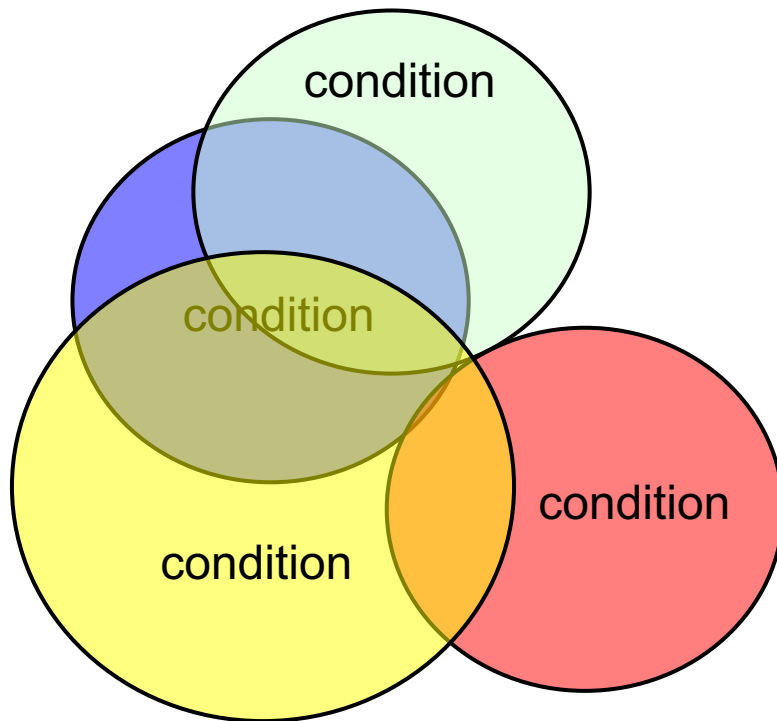
5 Erkrankungen

*(Zwischen-Personen Perspektive
angewendet auf einzelne Person)*





Multimorbidität

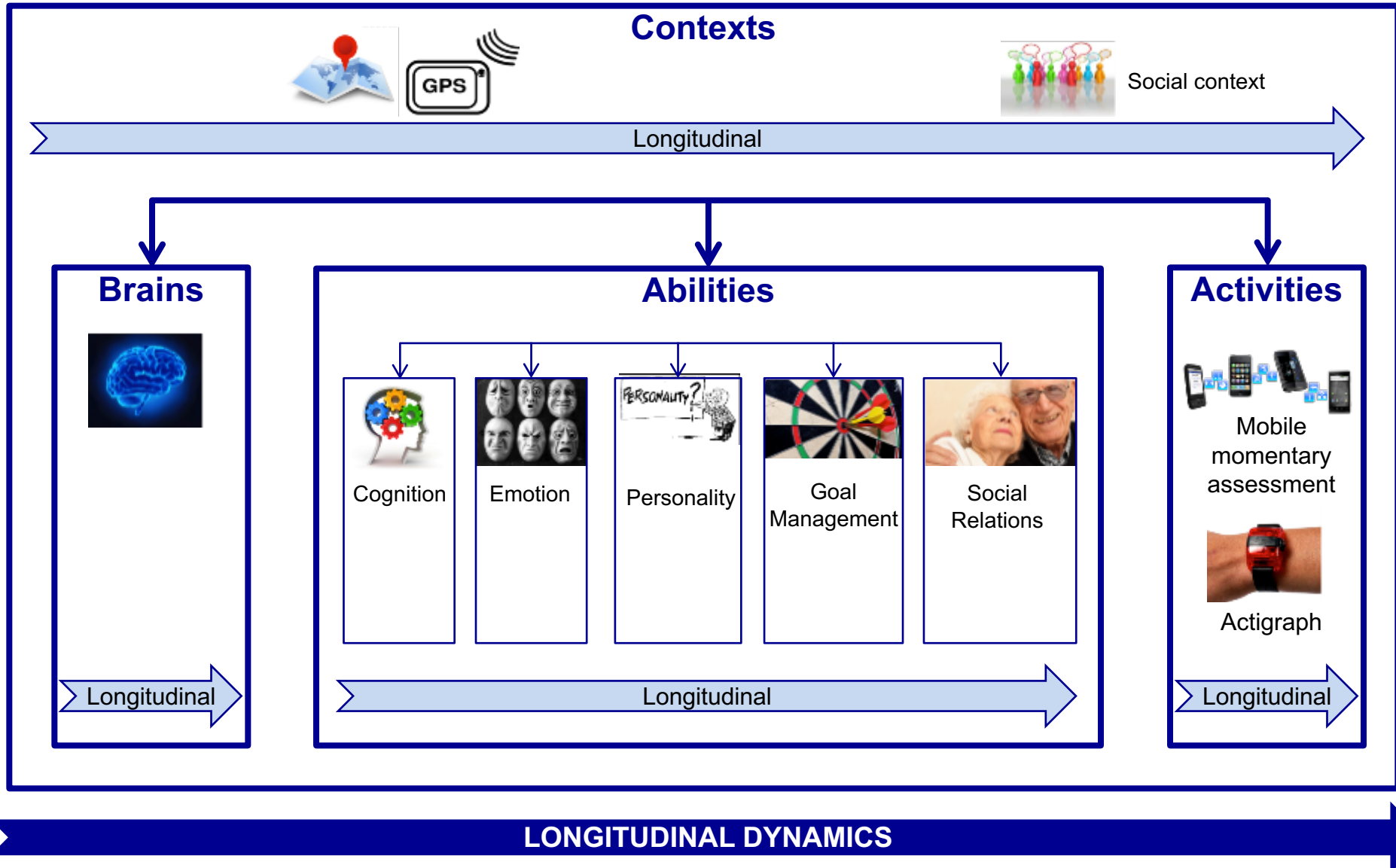


**Bei jeder einzelnen Person
systematisch einzubeziehen:**

- **Disease-Medication Interactions (DMIs)**
- **Disease-Disease Interactions (DDIs)**
- **Treatment-Treatment Interactions (TTIs)**
- **Treatment-Real Life Function Impairment Interactions (TRFIs)**
- **Treatment-Context Interactions (TCIs)**
- **Treatment-Individual x Context Interactions (TlxCIs)**



WHO-Modell → Forschung und Praxis zusammenführen





UFSP Dynamik Gesunden Alterns

WHO Healthy aging	Mobility profiles	Specific instruments
Environments	1. Neighborhood green space 2. Walking within and outside the local neighborhood: Main destinations used for walking and frequency and duration of walks to each destination (self-report)	1. Data collected from high resolution landmap true colour aerial photography (Gong, Gallacher, Palmer, & Fone, 2014) 2. Neighborhood Physical Activity Questionnaire (NPAQ; Giles-Corti, Timperio, Cutt, Pikora, Bull, Knuiman, ... & Shilton, 2006)
Functional ability	Being and doing what one has reason to value with respect to mobility (self-report)	Modified version of the Schedule for the Evaluation of the Individual Quality of Life (SeiQOL; O'Boyle, Brown, Hickey, McGee, & Joyce, 1993)
Age-related trends	1. Balance (self-report) 2. Gait (self-report) 3. Gait (real-life measure): Walk analysis	1. Performance Oriented Mobility Assessment (POMA; Tinetti, 1986) 2. Telephone-based Mobility Assessment Questionnaire (TMAQ; Verghese, Katz, Derby, Kuslansky, Hall, & Lipton, 2004) 3. GaitRite (http://www.gaitrite.com/index.html)
Behaviors	1. Physical activity (real-life measure): Body-mounted sensors to assess 16 different states of physical activities 2. Physical activity (self-report): Weekly frequency and duration of various physical activities	1. Barcoding human physical activity to assess chronic pain conditions (Paraschiv-Ionescu, Perruchoud, Buchser, Aminian, 2012) 2. CHAMPS Physical Activity Questionnaire (Stewart, Mills, King, Haskell, Gillis, & Ritter, 2001)
Traits	Personality traits (self-report)	NEO-FFI (Courneya, & Hellsten, 1998)
Skills	Fear of falling (self-report): Low levels of fear	Falls Efficacy Scale International (FES-I; Yardley, Beyer, Hauer, Kempen, Piot-Ziegler, & Todd, 2005)
Interactions	1. Motives and goals (self-report): In leisure and health sports and the psychological conditions for sport commitment (e.g., Body/Appearance, Positive Exercise Experiences) 2. Goals: Goal identification in cognitive rehabilitation (individualized intervention)	1. Berner Motiv- und Zielinventar höheres Erwachsenenalter (BMZI-HEA; <i>Motives and Goals Inventory in Old Age</i>; Schmid, Molinari, Lehnert, Sudeck, & Conzelmann, 2014) 2. Cognitive rehabilitation (Clare, 2010)
	3. Needs (structured interview): Mobility needs inside and outside the home and transportation needs of older adults with mental disorders 4. Needs (self-report): Illness-related needs of individuals with cognitive impairment and dementia	3. Camberwell Assessment of Need for the Elderly (CANE; Reynolds, Thornicroft, Abas, Woods, Hoe, Leese, & Orrell, 2000) 4. Bedürfnisinventar bei Gedächtnisstörungen (BIG-65; <i>Needs Inventory in Memory Disorders</i>; Schmid, Eschen, Rüggeger-Frey, & Martin, 2012)

Beispiel: Multimorbiditäts-Profile

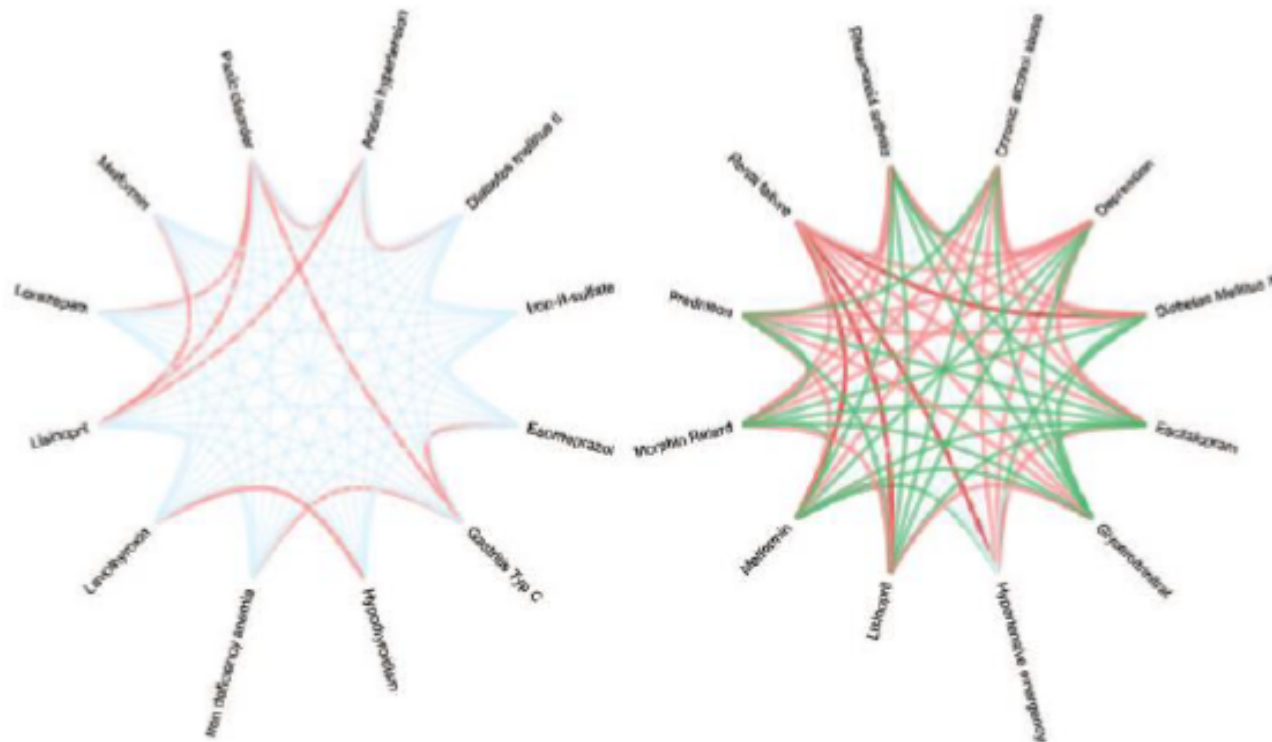
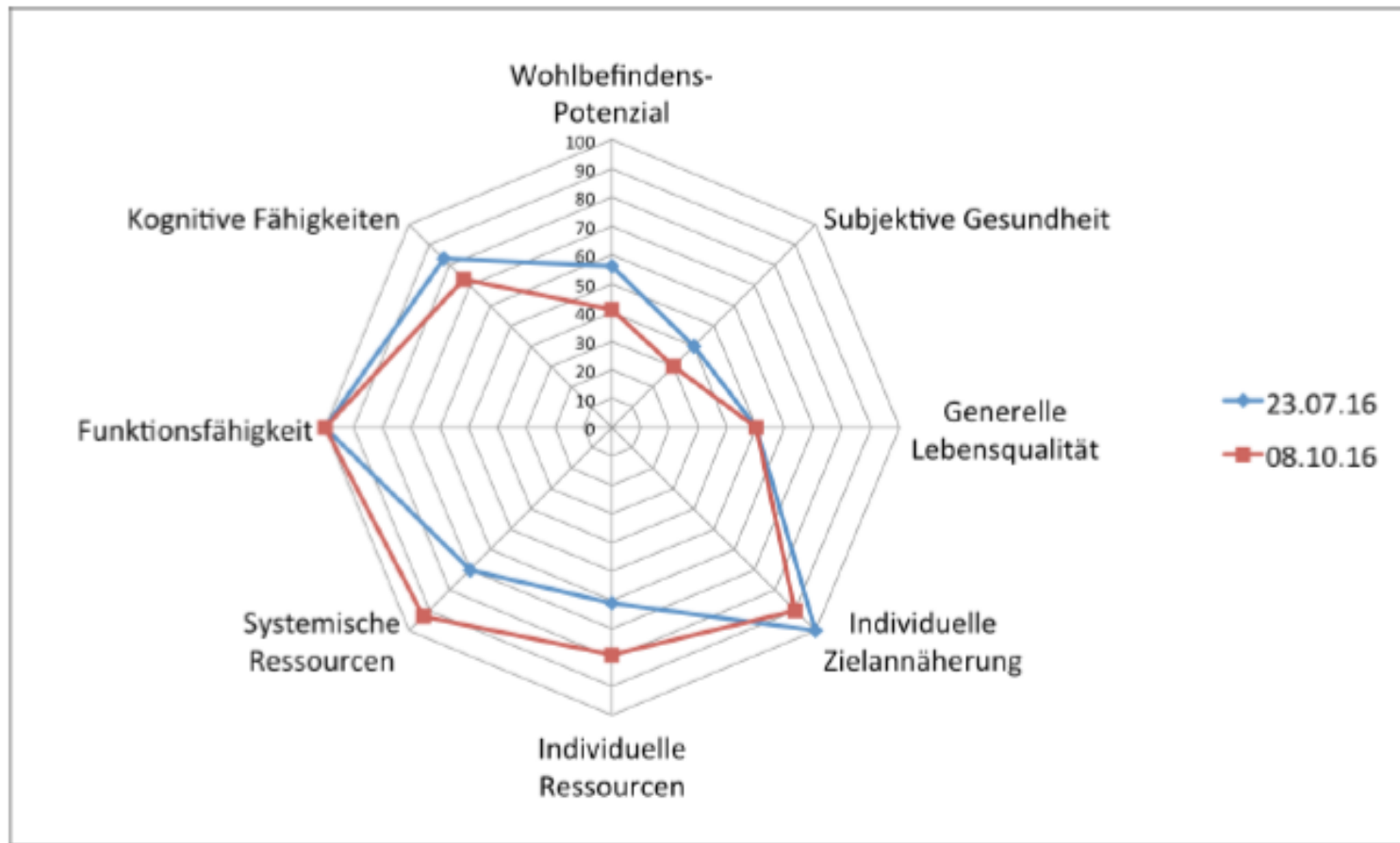


Figure 1. Network graph generated from the multimorbidity interaction matrix on the basis of the participants' ratings of interaction severity, showing (A) the graph for the low conflict case with little risk of harmful interactions, and (B) the graph for the high conflict case with a high risk of harmful interactions.



Beispiel: Möglichkeitsräume erfassen





(1) Gesundes Altern mit neuem Blick auf das Altern

(2) Modell benötigt Innovationen

(3) Investition in Innovationen sind gut angelegt

- **Neuartiges Wissen für alle**
- **Mehr Teilhabe 60+**
- **Mehr Digitale Bildung und Gesundheitskompetenz 60+**
- **Mehr Gerechtigkeit 60+**
- **Mehr Wertschätzung 60+**
- **Mehr Wertschöpfung für alle**