

Concept Note: International Technical Meeting AGING IN PLACE

The aging population is a subject of international interest. Its effects are being felt in many different spheres, including the economy, public policy, the environment, and how services are organized in various fields, including health and social services. It also has an effect on each individual person.

In and of itself, population aging is the fortunate result of scientific advances and medical breakthroughs. However, it poses a major challenge for developing and implementing social policies and measures that help the person enjoy better socioeconomic conditions and a longer, better-quality life. Good quality of life is conditional on health and social services systems that are able to adjust and respond adequately to the social, health, and autonomy support issues that arise due to longer life expectancy.

Many countries are facing similar challenges. Actions for addressing these challenges are also similar. To this end, in 2017 the World Health Organization (WHO) launched its Ageing and Health Strategy,¹ which by 2020 aims to:

- Support healthy aging²
- Align health systems to the needs of older populations
- Develop systems for providing long-term care
- Create age-friendly environments
- Improve measurement, monitoring, and understanding of healthy aging

For the International Technical Meeting on Aging in Place, Québec has created a concept diagram based on the various WHO concept models,³ on the concept diagram for health and its determinants produced by Ministère de la Santé et des Services sociaux (MSSS) in 2012,⁴ and on the concept model created by Cardinal, L. in "Perspectives pour

un vieillissement de la santé" issued by Institut national de santé publique du Québec (INSPQ) and Agence de la santé et des services sociaux de la Capitale-Nationale (2008).⁵ The Technical Meeting will look at "Taking Action on Autonomy for Healthy Aging in Place."

Discussion and perceptions of the concepts addressed in this topic chosen by Québec for the technical meeting may vary from one country or individual to another. It is therefore important to have a common understanding of the concepts of "in place," "healthy aging," and "autonomy."

"In place" is considered in its broadest sense, i.e., the living environment and community chosen by an individual person. It must be understood as "aging at home." It refers to the living environment chosen by the person and to their social connection to their community. In this vein, one of the main priorities of the UN Convention on the Rights of Persons with Disabilities⁶ is that people with functional limitations have the right to live and be included in their community.

The notion of "healthy aging"⁷ is central to the concept diagram. It is based on the WHO definition of healthy aging as being a "process of developing and maintaining the functional ability that enables well-being in older age." This functional ability is determined by the intrinsic capacity of the person,⁸ the environments⁹ he or she inhabits, and the interaction between these.¹⁰

1. WHO (2017) Global strategy and action plan on ageing and health, p.6.

2. refers to the concept of functional skills as indicated on the following page

3. WHO (2016) World Report on Ageing and Health: Healthy Ageing model, Figure 2.1 p. 33 and A public-health framework for Healthy Ageing, Figure 2.4, p. 33.

4. MSSS (2012) La santé et ses déterminants. Mieux comprendre pour mieux agir. Carte de la santé et des services sociaux.

5. Cardinal, L., M.-C. Langlois, D. Gagné, A. Tourigny. (2008). Perspectives pour un vieillissement en santé : proposition d'un modèle conceptuel. Agence de la santé et des services sociaux de la Capitale-Nationale, Direction de santé publique and Institut national de santé publique du Québec, p. 48.

6. Mentioned in WHO (2016), p. 42; United Nations (2006) Convention on the Rights of Persons with Disabilities and its Optional Protocol. New York:

(<http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>, accessed 14 June 2015).

7. WHO (2016) World report on ageing and health, p. 28.

8. An individual's "intrinsic capacity" is understood as the combination of all the person's physical and mental (including psychosocial) capacities.

9. "Environments" is understood in the broadest sense, including physical, social, and policy environments.

10. World Health Organization Secretariat (2016), Report by the Secretariat: *Multisectoral action for a life course approach to healthy ageing: draft global strategy and plan of action on ageing and health*, A69/17, April 22, 2016, p. 7.

In the concept diagram, the notion of “autonomy” applies to the entire population just as much as the person, regardless of age. It covers the entire continuum from promotion/prevention to end-of-life support, regardless of the living and care environment. It is the interaction between an individual’s intrinsic capacities, i.e., their physical and mental capacities, and the environment. This notion of autonomy living is consistent with the WHO definition, i.e., being independent and able to make one’s own decisions (WHO 2016: p. 30).

Objectives of the meeting

Through shared information, reflection, and discussion in a spirit of sharing, the meeting will help develop the knowledge and positions of international experts on the criteria for ensuring “healthy aging” in place. The ultimate goal is to come up with consistent international technical opinions on the strategies to adopt.

Concept diagram

The concept diagram is first and foremost a tool used to clarify and define the original topic, “Aging in Place,” as announced by WHO.

As aging in place is a broad-spectrum axis, the importance of creating a concept diagram to clarify the approach and define the main axis and their common thread soon became apparent. To create the diagram, we read numerous WHO documents and documents related to the concepts it covers. The topics were selected primarily based on the following documents: WHO (2016) World report on ageing and health, WHO (2017) Global strategy and action plan on ageing and health and WHO (2017) Ten priorities towards a decade of healthy ageing.

The scientific committee charged with leading discussions and workshops at the meeting has been using the concept diagram to identify the topics to be discussed under the heading “Taking Action on Autonomy for Healthy Aging in Place.”

Although the diagram aligns with WHO’s vision of healthy aging, it breaks new ground in several areas. This innovative departure is consistent with the work of the Scientific Committee. After the meeting, the Committee not only hopes to provide technical opinions, but also

wants these opinions to include new responses, solutions, and strategies for dealing with the specific challenges face by different countries.

The first innovative aspect of the concept diagram is the target group. Healthy aging usually refers to people age 65 and up. In this concept diagram, the target group is the entire population, i.e., each person, throughout their lifetime (from cradle to grave). In this broader perspective, healthy aging is also a continuum of actions to support autonomy from promotion, prevention, support, and rehabilitation to compensation.

The second innovative aspect is the ecosystemic perspective inspired by the work of Bronfenbrenner, U. (1979).¹¹ The diagram shows how macrosystems influence microsystems. The main topics addressed are like Russian dolls, ranging from national and provincial policies, including the environment (local community), the health and social services network by territory, and the person as an individual. These axis are stacked to illustrate the interactions between each one.

The third innovative aspect is that the four axis, namely, “Taking Action on Policies,” “Taking Action on the Environment,” “Taking Action with the person,” and “The Person and Their Actions,” refer to movement, motivation, and willingness to act.

The fourth and final innovative aspect is part of the fourth axis, which discusses the person as an individual, their choices and actions. It is these choices and actions that affect autonomy for aging successfully in place. Particular attention will be paid to the person’s perception of aging successfully, as well as on the factors that encourage engagement and motivation. Often, the person, as advocates for their own autonomy or healthy aging as well as for the environment and policies, are overshadowed by views on how the environment affects them. How does this two-way relationship work?

11. Bronfenbrenner, U. (1979) *The ecology of the human development experiments by nature and design*, Cambridge Mass: Harvard University Press, 330 p.

Figure 1

Concept Diagram – Taking action on autonomy for healthy aging in place
International Technical Meeting on Aging in Place October 2018



Topics and subtopics addressed in each axis

Axis 1, “Taking Action on Policies,” deals only with national or provincial policies. It will be about the challenges of policy coordination for the various sectors that play a role in healthy aging in place as well as challenges associated with financial resources, given the importance of needs and how needs change as the population ages. It will also address how older people actually influence policies, programs, and other government decisions and how these decisions affect autonomy and healthy aging in place. The goal of this axis is to explore and discuss how to coordinate the various sectors, how to manage resources, and how to consult with older people to achieve a meaningful impact on autonomy and healthy aging in place.

Axis 2, “Taking Action on the Environment,” looks at local built and social environments. It also deals with community engagement (cities, villages, neighborhoods, districts and municipalities). Knowing that environment and community engagement have an influence on individuals’ autonomy and capacity for healthy aging in place in the community, here we will discuss “How do we get there?” and “What are the factors for success and the prerequisites?” based on the reality of each country.

Axis 3, “Taking Action with the Person,” covers the health and social services network for the older people and those who care for them with the goal of taking action on autonomy and healthy aging in place. This action ranges from assessment to integration of services and includes prevention by taking action on factors such as risk, empowerment, support, rehabilitation, and compensation.

These activities are based on collaboration and shared decision-making using tools that include a global assessment centered on the needs of the person and their families. Data from assessments and from service plans can provide a reliable database to support clinical, organizational, and political decisions.

Knowing that the integrated service network practices and the approaches mentioned above are recognized as best practices, we will identify the elements that can be drivers for success or challenges, depending on the specific contexts of the various health and social services systems around the world.

Axis 4, “The Person and Their Actions,” looks at the person and what they can do to facilitate autonomy and healthy aging in place. Here we will discuss the importance of overall consistency (policies, public health messages, clinical and management practices, etc.) and how such consistency affects individual engagement. We will pay particular attention to the importance of an accompanying chain (with a variety of participants) intended to encourage autonomy and successful aging for the person. In other words, how the policies introduced, implemented, and updated in clinical and management practices can be perceived by the person as part of a consistent whole. This overall consistency helps the person feel involved and motivated to make choices, take action on their lifestyle, autonomy, and health, and become active, engaged citizens. This will show them that through their choices and actions, they can initiate change and exercise their power of social innovation.

In conclusion, we have chosen these axis as they are supported by the ten WHO priorities for healthy aging over the next decade. The Scientific Committee hopes that the discussions and technical opinions generated at the meeting will steer WHO towards innovative solutions in response to the ten priorities. The Committee also hopes that, as a conclusion to this international event, decision makers from each of the countries will be able to find the right answers to the various challenges their countries face, whatever their reality.¹²

12. It is understood that “reality” will vary according to each country’s population aging profile and economic status (low income, middle income, or high income).