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ROUNDTABLE ON “HOW TO ENSURE AGEING WITH DIGNITY?”
UN Library Talks, Geneva, Palais des Nations, 23rd May 2017
Contributing to the Implementation of “2030 Sustainable Development”
Sustainable Development Goal 3:
Ensure healthy lives and promote well-being for all at all ages.

Round 1: How could an older person prepare and achieve an active ageing life style?

Panellists: Hans Graf, Yifang Yang, Kozo Matsubayashi, Silvia Perel-Levin

Dr sc. pol. **Hans Peter Graf** retired 2 years ago at the age of 65 from his 9 years part time job as Secretary of the *PLATFORM of Geneva Elders' Associations*. At present he continues his commitments for better aging as an activist, conference organizer / speaker and expert to empower people and to lobby authorities *). Indeed, today's elders and their associations represent a fantastic resource that has to be acknowledged, fostered and valued.

His 14 years professional experience as an Executive of the Geneva Chamber of Commerce and Industry and his solid academic back-ground as a former Senior fellow at the then newly created Graduate Institute of Public Administration (idheap) gives him a thorough knowledge of people, networks, institutions, public policies and of the way they operate in Switzerland. It also developed his awareness and understanding of the crucial importance of appropriate favourable “underlying conditions” / working and living environment (“conditions-cadre” / “Rahmenbedingungen”) for human and economic activity which should include well-being for all at all ages!

A major focus of his work is the promotion of ageing in place. Hans Graf tries to boost advice, support, awareness, design, equipment (including gerontechnologies), and services enabling the elderly to remain as long as possible in the home of their choice, even when frail and dependent. This means the adaption of living environments in advance, using Universal Design to preserve functional independence, creating ergonomic care environments, overcoming loneliness and providing a range of alternative housing opportunities.

How could an older person prepare and achieve an active ageing life style? Main messages:

1. Become aware that ageing after retirement may last up to 25 years or even longer, most of it probably in good health without major impairments, i.e. a time span as long as childhood and upbringing. This will stand for years of constantly reinventing / rediscovering life with its pleasures and challenges, hence a time of continuous adaption, learning and redevelopment of relations with other people!
2. Enjoy, give a sense to life, get involved and develop activities, projects and commitments. This will be a source of satisfaction and self-esteem as well as recognition. Doing so will renew networks and hence avoid or adjourn loneliness or the downturn of capacities and abilities, which might end up in - regrettably so widespread – depression.
3. Overcome the prevailing negative views of ageing (ageism) and catch its chances & opportunities instead of focussing on concomitant losses. While growing old, one will be more than just a beneficiary of support and of long-term care. Today even more than in the past the elder continue to play an essential role for their peers and for the younger generations, thereby constituting a major economic and social resource for society, for their families and communities, as caregivers, volunteers, mentors, ... and active citizens!
4. Take care of oneself: eat well and drink enough liquid (not too much alcohol); keep and practice mobility (30' walking per day); stay in contact with people, look for loving relationships: receive, give and ... make it.
5. Get informed about the realities of ageing and its different stages in deteriorating health, from functional independence to frailty, dependence and end of life. They add to the inequalities in material conditions.
6. Discover the conditions and attitudes that allow the mastering of all these stages, e.g. adapt living environment, develop knowledge, acquire sense of control and resources in order to cope with a changing world and new circumstances. Head for empowerment and act rather than to be a victim of ageing. Doing so will improve the quality of life. It may allow for compensation of possible impairments linked to age or to (chronic) disease. This may prevent or delay the latter's negative consequences where functional decline leads to situations of disablement / disadvantage / handicap. Keep physically and mentally active, maintaining functional independence as long as possible.
7. When confronted with decline, strive for resilience and adapt to this adverse situation, e.g. by a *strategy of selection – optimisation – compensation (SOC)* and by shifting to different sets of views, activities and life styles, e.g. more spiritual. Moreover learn to live with limitations and to accept help and support.
8. Do not confuse the loss of functional independence (i.e. the need for support in the activities of daily life) with the loss of dignity or autonomy, i.e. the capacity to be one's own person, to live one's life and to make meaningful choices according to one own's reasons and motives. Even when dependent, the elderly are adults not children and should be treated as such!
9. Accept – even greet - the phases of terminal decline and death. They are moments of transition, as was birth. Discuss them with family, friends, carers and doctors. Prepare advance care planning directives, stating values and wishes and the ways to be treated and to depart.

*) see inter alia my “10 Recommendations : preparatory ‘homework’ ”, Roundtable III : Recommendations on how to manage long term care in Europe”, in *Long term care : what challenges for Europe ? Symposium Proceedings, European Parliament, Brussels, 13 November 2013*, Brussels : EIH - European Institute for Health, pp. 38 -41, downloadable on <http://www.eih-eu.eu/2013Conference> → Proceedings

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 Venue: UN Library Events Room (B-135), Palais des Nations, Building B, 1st Floor
 Tuesday 23rd May, 16.00-18.00

CH 2011 vs 1994

"The distinctive feature of the elderly is not dependence, but frailty" *)



"Senior citizens as untapped resources for sustained societal wellbeing: Policy Implications and Challenges"

Hans Peter Graf

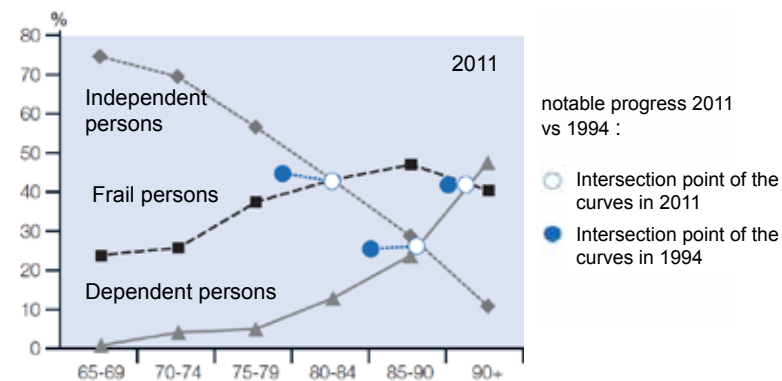
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*) LALIVE D'EPINAY Christian, CAVALLI Stefano, *Le quatrième âge ou la dernière étape de la vie*, Lausanne: PPUR, 2013, p. 27 (Collection : Le Savoir suisse 93)

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Evolution of functional health status with advancing age in the Swiss cantons Geneva, Valais, 2011 vs 1994

The proportion of frails and dependents increases with age (especially for the oldest-old), but a majority of the elderly remain independent !



LALIVE D'EPINAY Christian, CAVALLI Stefano, *Le quatrième âge ou la dernière étape de la vie*, Lausanne: PPUR, 2013, p. 22 (Collection : Le savoir suisse 93)

Sources : 2011 : Study VLV, dir. M. Oris, CIGEV., Université de Genève: Geneva and central Valais, persons living at their home and in institution, N = 1424.
 1994 : Study CIG, dir. Chr. Lalive d'Epainay, CIG, Université de Genève. Geneva and central Valais, persons living at their home and in institution, N = 2101

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Independent, frail, dependent elder persons

Functional health status :

Independent

Non-frail persons with no incapacities for their Basic activities of daily life (BADL), i.e. self-care tasks = Bathing /showering / Personal hygiene & rooming, Dressing, Functional mobility (ability to walk within the flat, get in and out of bed, and a chair), Self-feeding

⊕ instrumental activities of daily life (IADL): Shopping , Housekeeping, Food preparation, Responsibility for own medication, Ability to handle finances, etc.

Frail

Frail persons, but with no incapacities for their Basic activities of daily life. Frailty = state of vulnerability to poor resolution of homeostasis following a stress as consequence of cumulative decline in multiple physiological systems → eroded homeostatic reserves : relatively minor stressor events trigger disproportionate changes in health status, typically a fall or delirium. Dimensions of frailty : sensory, neuro-locomotor, energy metabolism, cognitive morbidities

A person is qualified **frail** when **two of these dimensions** present harm

Frailty = constitutive feature of the oldest-old persons.

Dependant

Frail persons with at least one incapacity for their Basic activities of daily life

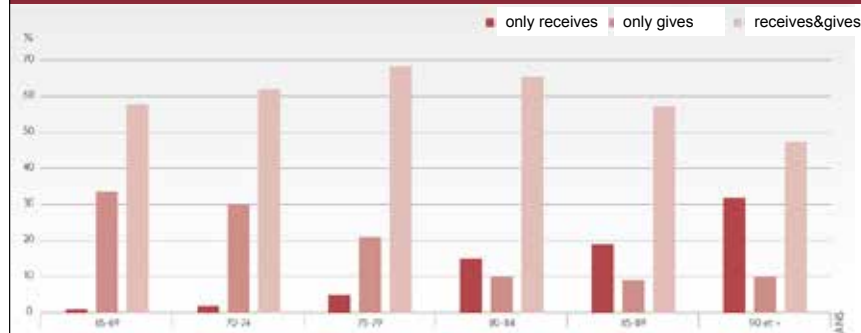
LALIVE D'EPINAY Christian, *La retraite et après ?* Leçon d'adieu, 2003, slides 20 -23, 30

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Geneva 2011/12: elder adults ≠ only beneficiaries of care and support, but continue to be givers

even for the **oldest old**, where their increasing needs go along with reduced capacities for giving !

Receive and / or give support to people (≠ in the same household) who are close, Geneva 2011-12



- = also disclaim of the widespread assumption of reduced family and solidarity
- however 10 % do neither offer nor receive support = particularly vulnerable

"Qualité de vie des seniors en Suisse" IP213 NEWSLETTER | BULLETIN D'INFORMATION DE L'ENQUÊTE « VIVRE, LEBEN, VIVERE » (GENÈVE), février 2015 . Newsletter/ Bulletin d'information adressée aux 3500 personnes ayant participé à l'enquête intercantonale Vivre, Leben, Vivere (VLV) en 2011-2012

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