



EUROPE



# Demystifying the myths of ageing







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Edited by Anna Ritsatakis

## Keywords

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## Abstract

This pamphlet indicates how certain problems associated with old age can be largely attributed to myths surrounding the aging process. It shows how many of these problems could be effectively tackled through changing lifestyles, appropriate care and adjustments in the social, working and physical environments. It aims to broaden the debate on the changes necessary to ensure that people of all ages take advantage of a longer and healthier life.

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## Forewords

As life expectancy improves, Europe is experiencing an increase in the older population often referred to as the “demographic time bomb”. The “time bomb” suggests that an ageing society will place a demand on health and social services and the sustainable economic development of a city. We must challenge this tunnel vision. This booklet does just this, and we are pleased to support its publication. It provides an effective tool for citizens and agencies to work together to tackle discrimination against older people and focus on the wider determinants beyond health and social care that can significantly affect the quality of life and well-being of older people. Examples include leisure services, incomes and benefits, social inclusion, housing and community integration. It is important that citizens, professionals and their political counterparts understand the dynamics of a healthy ageing population so that they can draw upon this to enhance their contribution. Healthy older people remain a significant resource to their families, communities and economies, and by dispelling the myths of an ageing society we can lay the foundations of a city in which people of all ages celebrate and take advantage of a longer and healthier life.

### **Eric Timmins**

*Councillor*

*Portfolio Holder for Adult Services, Sunderland City Council, United Kingdom*



Worrying about ageing populations is a standard feature of political discussions about long-term health care budgets and plans for the future supply of health care. This booklet provides a somewhat different and quite refreshing view. Its basic assumption is not unique or unknown – but it is still important to stress.

The title really says what it is all about: demystifying the myths of ageing. Europeans, as individuals and as populations, are getting older. Nevertheless, we have also been getting healthier in older age for a long time. People in their fifties are often far from the people our parents or grandparents were at the same age. A golden middle age is stretching out for more and more of us.

Politicians and other decision-makers have to focus and worry about an “older” future, since very old people with more complex health needs will increase in number. As the demystifying also points out, things will not work out for themselves.

This does not mean that we should exclusively focus on costs. Let us instead focus more on the quality of human life, on a longer, healthier life for those living them and for those around them. In the end, there is more money in it for all of us too – with a more competent, experienced workforce; new markets for active people in the late middle age or retirement age; and not least in seeing health as a crucial factor in improving our European economies and societies.

### **Birgitta Rydberg**

*Commissioner of Public Health, Stockholm County Council, Sweden*

*(Lead city of the subnetwork on healthy ageing of the WHO European Healthy Cities Network)*

The booklet was produced as part of the work of the subnetwork on healthy ageing of the WHO European Healthy Cities Network, where Stockholm is the lead city. Anna Ritsatakis, the main author of the booklet, and the member cities of the subnetwork did an excellent job in capturing the essence of these myths and in providing convincing arguments to dispel them. We are pleased to acknowledge the generous support of the City of Sunderland for printing this publication.

### **Agis D. Tsouros**

*Regional Adviser, Healthy Cities and Urban Governance,*

*Head, Centre for Urban Health, WHO Regional Office for Europe*

## Preface

This booklet has been written as part of the strategy of the WHO European Healthy Cities Network for healthy ageing in Europe.

It is designed as a generic model that cities across Europe can adapt to suit their local needs. Cities may freely substitute examples or illustrations more suited to their local culture and language.

In its present form, the document offers messages for several target groups: older people themselves, policy-makers and service providers. This multiple focus was considered necessary to offer a general sample of issues and actions, particularly for cities in which the healthy ageing concept is now taking off. The material can be used selectively, depending on the target group addressed.

Cities may further develop certain aspects of the material as their own policy needs dictate. For example, initial feedback indicates that a document expanding on the changes needed in society to enable people to live their entire lives at their full potential would be valuable for policy-makers, as would a handy guide providing more hints and tips for older people to make better use of their personal resources for healthy ageing.

**Anna Ritsatakis**

*Athens, Greece*





## Introduction

Men and women in Europe are enjoying longer and healthier lives.

As *The world health report 1998*<sup>1</sup> stated, "... the most important pattern of progress now emerging is an unmistakable trend towards healthier, longer life. Supported by solid scientific evidence of declines in disability among older people in some populations, this has considerable implications for individuals and for societies."

By 2030, almost one in three Europeans will be older than 60 years, and most will still have many years of life ahead of them. This is an important achievement, and the tremendous advances this longer, healthier life reflects should be celebrated.

Eurobarometer surveys indicate that, although many younger people are increasingly pessimistic about the future of their own pensions, there is enduring intergenerational solidarity within families in the care of older people, strong support for outlawing age discrimination and continued belief in the solidarity principle in relation to health care and pensions.

Policy-makers and the mass media however, tend to focus on meeting the costs of pensions and health care: the "burden of ageing". This tunnel vision reinforces a negative image of growing older, sustaining persistent myths. It fails to recognize the invaluable contribution of older people and to consider how roles may change in the future.

Looking at the broader picture is essential to understand and make use of the resources tomorrow's healthier older citizens represent, facilitating their continued contribution to society. Planning should aim for a society in which people of all ages can achieve their full potential throughout their lives, dispelling these self-perpetuating myths of ageing.

<sup>1</sup> *The world health report 1998 – Life in the 21st century: a vision for all*. Geneva, World Health Organization, 1998 (<http://www.who.int/whr/1998/en/index.html>, accessed 25 September 2008).

**This booklet examines some of the myths related to growing older, indicating where they are quite baseless, or the result of misconceptions, and how they might be tackled, or demystified.**

**The following are 12 myths related to growing older.**

- 1. People should expect to deteriorate mentally and physically.**
- 2. Most older people have similar needs.**
- 3. Creativity and making a contribution is the province of young people.**
- 4. The experience of older people has little relevance in modern society.**
- 5. Many older people want to be left in peace and quiet.**
- 6. Hospital beds and nurses are the main issue.**
- 7. Providing for older people takes away resources from young people.**
- 8. Spending on older people is a waste of resources.**
- 9. Older people are not suited to modern workplaces.**
- 10. You can't teach an old dog new tricks.**
- 11. Older people expect to move aside.**
- 12. Things will work out for themselves.**

## Myth 1

### People should expect to deteriorate mentally and physically

Perhaps the most well-established myth is that mental and physical deterioration are inevitable.

To some extent this is true. People do experience wear and tear as they grow older, but much of the decline in vigour in old age can largely result from people expecting to decline and how society perceives the role of older people.



Nothing holds more power over the body than the beliefs of the mind.

Increased physical activity and improving diet can effectively tackle many of the problems frequently associated with old age, such as changes in:

- lean body (muscle) mass
- strength
- basal metabolic rate
- body fat
- aerobic capacity
- blood pressure
- blood sugar tolerance
- bone density
- body temperature regulation.

Dealing with many apparent problems does not require expensive high technology. They can be offset in simple and practical ways.

- **Chronic dehydration** is a major cause of preventable ageing. Drinking more water is the solution.



- *Try leaving a colourful glass on the kitchen and bathroom sinks to remind yourself to drink every time you wash your hands.*

- **Muscle toning** is important for overall vitality. In fact, much of our muscle strength can be maintained into old age.

A university in the United States put frail nursing home residents 87–96 years old on a special weight-training programme. Within eight weeks, muscle strength had improved by 300%, their coordination and balance had improved and their overall sense of active life had returned.



- *If there are no organized exercising facilities near your home, keep walking. Take the stairs not the lift. Get off the bus one stop early.*
- *Try a little weight-lifting when you buy a bag of carrots or potatoes.*

Exercise should be fun.



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Enjoy it!

- **A sense of purpose** helps strengthen mental well-being.

- *Organize your own regular routines, including a good breakfast.*

- *If the weather allows, don't have your newspaper delivered; go fetch it.*



- *Offer to accompany young children safely to and from school.*

- **Social networks**, those with whom we share our joys and our problems, and with whom we give and receive support, are vital to our health and well-being, particularly as we grow older.



- *Take time to invite a neighbour for coffee.*
- *Share a meal with friends.*

## Staying healthy is a life-long process

Functional health and well-being must be nurtured throughout life and good habits maintained as we grow older. Eating habits, learning to take regular exercise and avoiding smoking and excessive drinking play an important part in determining our health later in life. Although life circumstances, including income and education, also influence behaviour, people can try to make the healthy choices.



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- *A healthy diet should be both balanced and psychologically satisfying.*



- *It is never too late to quit smoking.*



Not all older people know how best to use their own resources to maintain their full health potential and continue to get as much enjoyment as possible out of life. Some may believe that they are not capable of physical activity after a certain age. People with lower income and less education tend to more strongly lack confidence in personal capacity, leading to greater social inequality in health.

Service providers in the public and voluntary sectors need to work together with the over-50s to develop clear, stimulating information in language with which they feel comfortable.



Nevertheless, health education is not enough. It needs to be combined with opportunities delivered in a fun and interesting way, emphasizing how people can benefit from good diet and physical activity and reaching out to disadvantaged people.



Special sessions for gymnastics and swimming for various age groups over 50 years have proved successful in many cities. Organized walks offer not only exercise but also an opportunity for socializing for those who prefer the outdoors.

Older people will be more encouraged to walk if there are benches for them to take a rest now and then and clean, accessible public toilets.





## Appropriate health care

Some of the problems older people face may be the result of poor health care. Excessive medication is a prime example.

Many older people take more than four or five types of medication daily. Poor communication between the people seeking health care and health care professionals, people consulting multiple health care professionals and a lack of consumer information all contribute to inappropriate medication.



In Finland, an estimated 40–50% of hospitalization among older people results from the improper use of medicines. This can be avoided, and some community-based pharmacists are already taking innovative measures to deal with it.

- *Check that you have understood the instructions for taking drugs prescribed for you and follow them exactly. Make sure you always inform health personnel about the drugs you are already taking.*



*Do not be shy, just ask  
and ask again.*

- *Use a tablet sorter, or any method that suits you, to check when you have taken medication.*



**Maintaining intellectual, physical and emotional capacity for as long as possible  
can be summed up in five words.**

**Use it or lose it.**

**Keep mentally and physically active, adapting your activities to the way  
you feel comfortable.**

## Myth 2

### Most older people have similar needs

This is simply not true.

As with most things,  
one size does not fit all.



In any children's nursery, watch the early walkers, the early talkers, the noisy ones who run, jump and call attention to themselves and those who are content to observe or quietly play by themselves. A scientific study is not required to prove that people have individual characteristics, strengths, weaknesses, likes and dislikes.

The individual differences found in any human group appear to increase with age. People are influenced by their experiences throughout life and their opportunities or lack of them, and the differences observed in groups of younger people therefore often become more pronounced as they grow older. Thus, the oldest population segment is the least homogeneous.

Some people tend to refer to "old people" or "elderly people" as though they are a homogeneous group with similar characteristics and similar needs. The term "**older people**" is preferable to indicate the continuous change of ageing.

Think of the people you know. Some 80-year-olds are as passionately interested in life around them as they were in their twenties, whereas others half their age show less vitality.

Age has little to do with what is written on your birth certificate and can be defined in different ways:

- chronological age, as defined by the calendar;
- biological age, defined in terms of critical life signs and cellular processes; and
- psychological age: as old as you feel.



Older people have diverse needs, especially given differences according to sex, ethnicity and culture. We must recognize these differences and deal with them.



The considerable research in this field shows certain sex differences that highlight the diversity of older people and their needs. Although women live longer than men on average, they have more illness and disability during those extra years. There are strong indications that older women across Europe are more likely to have depression than men.

In several countries for which research is available, older women visit doctors more often and receive more health care than older men, and they seem to be prescribed more medicine, especially psychotropic medicine. In contrast, they tend to spend fewer nights in hospital and particularly older women from vulnerable groups may have a higher risk of getting poorer health care.

Since women, particularly in some countries, tend to marry at a younger age than men and can expect to live longer than men, older men who need care are more likely to be cared for by their wives than vice versa. Daughters and daughters-in-law are an important source of support and care for older men and women, but disabled older women are more likely to live alone than disabled older men.

In countries with extensive care provided at home, older women use such services more frequently than do older men. Women also use more residential services, although they seem to resist losing their independence more strongly than do men.

Education is important for people's opportunities in the labour market, their income and their ensuing financial situation when they grow older. Although the level of education is improving overall, older women still seem disadvantaged, especially in southern Europe. In some northern European countries, older female employees have a higher participation rate than men in training courses, but this is not the case in Greece, for example.

The male–female imbalance in relation to opportunities for access to knowledge and lifelong learning is worsened by the fact that older women have the lowest ownership of mobile phones and computers and the use of the Internet.

Much more information is needed on how older men and women take care of their health in relation to their use of alcohol and tobacco and their patterns of nutrition and physical activity.

In some countries, same-sex registered partnerships have become more common in recent years. Information on the implications of this for older people is inadequate, but the survivors of such partnerships do not always receive proper protection from the social security system.

- *Not all cities have an adequate profile of the older people living in the area of their jurisdiction. A clear understanding of their socioeconomic, family and other characteristics is basic to planning for their varied needs and potential contribution.*
- *Older people need to be given the opportunity to describe their own needs and experiences and to suggest solutions to meeting their problems and ways of using their knowledge and vitality.*

## Myth 3

### Creativity and making a contribution is the province of young people

The myth that creativity and a productive life are the province of young people is persistent. Imposing compulsory retirement ages and linking creativity and societal contribution to economic productivity have largely created this myth.

Social insurance systems need to negotiate the length of time people have to work and make insurance contributions to receive a retirement pension. However, compulsory retirement ages have created totally artificial barriers.

Productive workers do not become dependent the day they become 65 years old.



Again, one size very definitely does not fit all in Europe in this area. Recent discussions in Greece, for example, indicate that sections of the labour force are strongly interested in early retirement. In contrast, in France, 57% of those still working said they would prefer to choose their retirement date.

**“Many people do not want to retire at 60 or 65; about a third of respondents in a survey in the United States felt they had been forced by circumstances to retire earlier than they wanted to.”**

*The world health report 1998 – Life in the 21st century: a vision for all. Geneva, World Health Organization, 1998.*

The important factor is choice. When people have completed a minimum level of input to economic production, they need to be able to choose when they leave the labour market. Has there been meaningful discussion on flexible retirement in your country or city?

- *Who could bring the health arguments to such a discussion in your city?*

People contribute to society in many ways other than through the labour market. Older people continue to play vitally important roles throughout their life, for example:

- ✓ as carers of older partners and relatives;
- ✓ as grandparents;
- ✓ as suppliers of psychological and sometimes financial support to the family;
- ✓ in voluntary work, where retired people play a major role;
- ✓ as homeowners and consumers;
- ✓ in culture and religion, which know no age barriers;
- ✓ as transmitters of tradition and experience; and
- ✓ with their stored knowledge, skills and wisdom.



## Decision-makers do not have a sell-by date.



Business and political leaders are frequently considerably older than 60 years. How old are the members of parliament in your country or the councillors in your city? How many successful entrepreneurs in your city are older than 60 years?

There is no age limit to talent and creativity.



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The contribution of older people to society is an essential part of Europe's continuing development. The experience, knowledge and managerial skills of the over-50s are invaluable in the "productive" sector. Older workers are consistent and reliable.

In the voluntary sector, the over-50s are the mainstay of nongovernmental organizations. Older carers are the backbone of the informal system of caring for infants, people with disabilities and older people who are no longer independent. Without their contribution, the informal caring sector and thereby much of the formal system of health and social services in many cities would simply collapse.

Many families with young children or members needing support would not function normally without the help of older relatives.



Many people are particularly inspired or attempt entirely new activities long after reaching 50 years.

Michelangelo Buonarroti designed St Peter's Basilica in Rome when he was older than 70 years and was still working when he died at 89 years.



Pablo Picasso painted and Arthur Rubinstein played the piano at similar ages.



Maria Iordanidou, whose popular books were adapted as a television series in Greece and continue to delight viewers, started to write *Loxandra*, based on the life of her grandmother, after she turned 60 years.

Mary Wesley began writing novels at 71 years.

Mikis Theodorakis's 80th birthday in 2005 was cause for a huge celebration in Greece. He continues to enchant his audiences.

At 79, Tullia von Sydow decided to become a first-time candidate in Sweden's general elections.



## Myth 4

### The experience of older people has little relevance in modern society

Today's world is vastly different than that in which older people grew up. In contrast to their grandparents, children communicate through mobile telephones and the Internet. Two-year-olds comfortably use the remote control of a video player.

Some older people also enjoy surfing the Internet, but this may not be where their experience is most important. Retired professionals and craftspeople have experience to share that cannot easily be picked up from books. Nongovernmental organizations supporting low-income countries frequently use the expertise of such people: why not in our own cities?

Older people probably have more time and patience than stressed working parents to help children read and write and to teach younger people the skills and joys of cooking and gardening and of handicrafts such as knitting, which are largely disappearing.

Everyone needs to know how to sew on a button now and then. Even Internet surfers have to eat, and cooking is apparently becoming a lost art for many young people.

The chef Jamie Oliver recently tried to introduce healthy school lunches in several London schools. He found that children were eating mainly processed foods both at home and in school. To convince children to eat the healthier meals he prepared, he needed to take them to see vegetables growing and to involve them in cooking them.



Cultural traditions and, in some countries, religious traditions play a strong role in retaining local identities in the face of a spreading one-size-fits-all fast-food mentality. Older people can play a crucial role in transmitting such traditions.



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Stories are an important part of a child's world, and older people have endless stories to tell. More imagination could be applied to using this experience beyond the small circle of grandchildren.

- *Local kindergartens, schools, libraries and bookstores could make use of storytelling gifts.*



## Myth 5

### Many older people want to be left in peace and quiet

Some older people look forward to having more time for reading and just relaxing, particularly when they have a surviving spouse to share this tranquillity. Nevertheless, given the opportunity, most older people do not withdraw or disengage from social interaction.



Research into leisure activities throughout life shows that the frequency of the activities taking place in the home appears equal for all adult age groups.



In Athens the community centres for people older than 60 years are extremely popular, and members want more parties, more dances and more excursions.

Changes in sexual activity are affected more by the lack of a suitable partner and the role forced on older people by family and society than by choice.



- *Community centres, either for older people or in conjunction with similar programmes for other ages, can and do provide a suitable environment for a wide variety of social activities.*

Given the chance,  
the quest for adventure remains.

**At 40, John Glenn  
was the first person from  
the United States to orbit  
the earth.**

**At 77 years old,  
he was back in space.**

## Myth 6

### Hospital beds and nurses are the main issue

As recent reports from the European Commission show, staffing health services in Europe with sufficient qualified nurses remains a pressing problem. This is only part of the issue.

First, older people need to keep fit and independent for as long as possible, supported by policies that cut across all sectors to influence the **determinants of their health**. They need adequate income, housing, access to all kinds of health, social and cultural services and strong social networks to enhance their quality of life. They need opportunities to continue contributing in all aspects of society, without age-discriminating restrictions.

Through its Health for All policy, WHO has stressed that promoting and protecting the health of all age groups requires developing intersectoral policies to tackle health risks and support policies in other sectors that are conducive to better health. Many countries are developing methods to assess how policies in other sectors affect health (health impact assessment). In addition to healthy ageing, health impact assessment and urban design for healthy ageing are priority areas of work of the WHO European Healthy Cities Network and national Healthy Cities networks.



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Similarly, in 2006, the Finnish Presidency of the European Union highlighted the importance of actively incorporating **health in all policies**.

Older people disproportionately use hospital beds and nurses and many will continue to need them, but research shows that this is often inappropriate and wasteful. The increasing emphasis on keeping older people in their homes requires shifting resources from acute settings into more preventive services in the community.

There are relatively few examples of catering for the specific needs of older people, who frequently show multiple symptoms. Meeting their special needs and integrating the care provided by health services with other social and support services ensure shorter hospital stays, faster recovery and the regaining of independence.

In Vienna, for example, when inhabitants of sheltered housing lose their independence through illness, in addition to health care, they receive a barrage of rehabilitation services with the aim of returning them quickly to independent living within the sheltered home environment.

When older people do need care, **families are still the main providers**, including older people themselves who care for spouses or other relatives. Studies across Europe have shown the extent and variety of care from such caregivers but also their need for support for them to continue in this essential task without harming their own lives and health.



- *Health services need to be geared more closely to the specific needs of older people.*
- *Caring for the caregivers is an urgent priority and requires more imaginative thinking and recognition of their role as equal partners.*
- *The experience of older people receiving health care can be used to advise on making health care services more effective and responsive to their needs.*



## Myth 7

### Providing services for older people takes away resources from young people

This is a misconception.

Many of the changes needed to improve the quality of life of older people **benefit all age groups**. Take as an example **safety measures**: safe crossings on busy roads save lives at any age. Better lighting in the streets and at home reduces the risk of falling for everyone.

Investing in quite simple home adjustments such as easily accessible bathing facilities and support handles can also reduce accidents that are painful, expensive to treat and can result in high mortality among older people. Safer cooking facilities would protect young children as well as their grandparents.



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**Structural improvements** such as pavements without obstacles also make getting around cities easier for mothers with young children and people in wheelchairs or pulling shopping carts. In the United Kingdom, low-floor buses with spaces for wheelchairs have been of enormous value to parents with children in prams.

Easier **work positions** with proper seating and adequate lighting not only enhance older workers' capacity to work but can improve conditions in the workplace for everyone.



Older people, particularly those living alone, cannot use many “family-size” products in supermarkets. Packaging supermarket products in **smaller sizes** for older people living alone can also help students and other single people.

Good **public transport** to reach essential services such as health care, shops and green spaces improves mobility for people of all ages, helps to reduce car traffic congestion and reduces pollution.



Green spaces for safe exercise and relaxation benefit the whole community.

*Many more examples could be given of policies supporting older people that serve the general good.*

## Myth 8

### Spending on care for older people wastes resources

This is simply not true. Spending on appropriate services for older people can save money.

For example, people can be kept mobile and active in their social networks, reducing their need for additional care, if comparatively small amounts of money are spent on:

- providing spectacles, hearing aids and aids to walking, including chiropody;
- ensuring the correct use of pharmaceuticals; and
- providing advice on diet and exercise.

In housing, for example, the focus should be wider than just specialized, sheltered housing. Ensuring that general housing stock is built to serve as lifetime homes creates the flexibility necessary to meet the changing lifetime needs of the whole population.



Services such as shopping schemes, help with help with gardening and home maintenance, laundry, and meals can be vital to independent living, and well worth the money.



## Myth 9

### Older people are not suited to modern workplaces

Where and how people work affects their health and the number of years they feel capable of working.

Professional athletes, for example, may need to change career at 35 years, whereas writers just keep writing.

People doing strenuous and repetitive work may have more difficulty in continuing to work at an advanced age, whereas self-employed people, such as those in agriculture, who regulate their own hours, may continue lifting, climbing and bending for as long as they feel fit.



The institutionalization of retirement and the perceived needs of economic policy partly reinforce much of the misconception regarding older people and the workplace. The establishment of the retirement age has little to do with working capacity. Issues such as perceived fluctuation in employment opportunities for young and old people, long-term policies for restructuring the economy affecting sectors employing large numbers of older people, the needs of older people unable to work and pressure from trade unions all affect the formal rules of retirement.

Some declining industries indeed have large numbers of older workers, some of whom are poorly educated, have obsolete skills, have attitude problems and have changing job-performance capabilities.



Although older workers are frequently believed to comprise an obstacle to younger people finding a job, this is not necessarily true. A survey in Italy, for example, showed that of every four jobs older people vacated, young people only filled one.

The health impact of forced retirement can be quite traumatic, since employment is not only a source of income but for many people an important part of their identity. It can be a source of self-fulfilment and expression: a regular pattern of living, community life, social contacts and friendship.

Older workers tend to be more reliable on the job than their younger counterparts. They tend to take fewer short-term absences from work than their younger colleagues.

When they are offered opportunities for improving themselves and maintaining their work ability, older workers can perform just as well, if not better, than younger colleagues at the start of their career.

Studies of the behaviour of older workers have shown that specific segments of **mental growth** can actually be reinforced as people grow older:

- strategic thinking
- deliberating and considering the issues
- presenting logical grounds for decisions
- taking a comprehensive perspective.

Older workers can be loyal to their employers and committed to their work. The wisdom and experience accumulated over the years can be invaluable in helping them discern more quickly the priority issues and can enable them to shed unnecessary tasks.

## Myth 10

### You can't teach an old dog new tricks

This well-known saying is yet another myth of ageing. Studies show that older people are frequently more highly motivated and persistent than their younger counterparts in training courses.

When mixed age groups learn together, not only can older people be better students but their presence frequently motivates younger people to try harder. Older students and trainees make good use of their life experience in helping them deal with new situations and can rely on their greater understanding of people.

The problem is not whether older people can learn new tricks but how they are taught. Many older people may not feel comfortable with methods of teaching suitable for much younger people, but when they are allowed to proceed at their own pace and in their own way they can be equally if not more successful. This applies when the courses they follow rely more on practice than theory, allow time for assimilating new knowledge piece by piece and allow time for repetition.

In fact, the preference of older people for building up learning in small blocks very well reflects the practices recommended in modern management books that instruct their readers to divide tasks into smaller manageable pieces.

This could again be a case in which what is good for older people might be good for other people.



Unfortunately, the economic climate rather than the needs of the over-50s frequently dictates the provisions made for learning new tricks. With the present and foreseen pressure on social security systems and the real need to provide resources for retraining to keep older workers longer in the workforce, there is a danger of neglecting other learning opportunities that older people enjoy.

The over-50s need opportunities for learning new skills and opening new horizons while still in the labour market to help smooth their transition from employment to other forms of activity. Even in the oldest age groups, high-quality learning opportunities in informal settings with a social element are vital for mental and physical well-being and combating social isolation.

Previous education and skills partly determine the types of learning opportunities from which various population groups can benefit. These differences must be taken into account by providing a wide range and level of learning opportunities.



## Myth 11

### Older people expect to move aside

Older people are much better informed than in the past.

They are much more aware of how ill health can be alleviated and their quality of life improved. They are also a growing and increasingly vocal group.

The strength of the “grey euro” is making itself known in the marketplace.

Given the opportunity to voice their opinions and advice, older people can make valuable and sometimes surprising contributions to decision-making related to promoting health and well-being in their community.

One way of achieving this has been by involving older people in community decision-making bodies. In some cases in Scandinavia and the United Kingdom, for example, this has led to the establishment of *elected older people's councils*.



## Myth 12

### Things will work out by themselves

Perhaps one of the most dangerous myths of all is that, left to themselves, things always work out.

In this modern world, change comes rapidly. Twenty years from now, society will look quite different in many respects.

The situation, capacity, aspirations and needs of older people must be discussed openly in forums in which older people, including the most vulnerable ones, can voice their opinions.



Nevertheless, finding a way of changing perceptions, ensuring lifelong development for older people and a bright future for today's children, requires discussing much more broadly.



Possible scenarios for the future need to be discussed, for example, in schools, young people's organizations, universities, workplaces, employers' organizations and trade unions and by health and other care professionals, urban planners, architects and engineers.

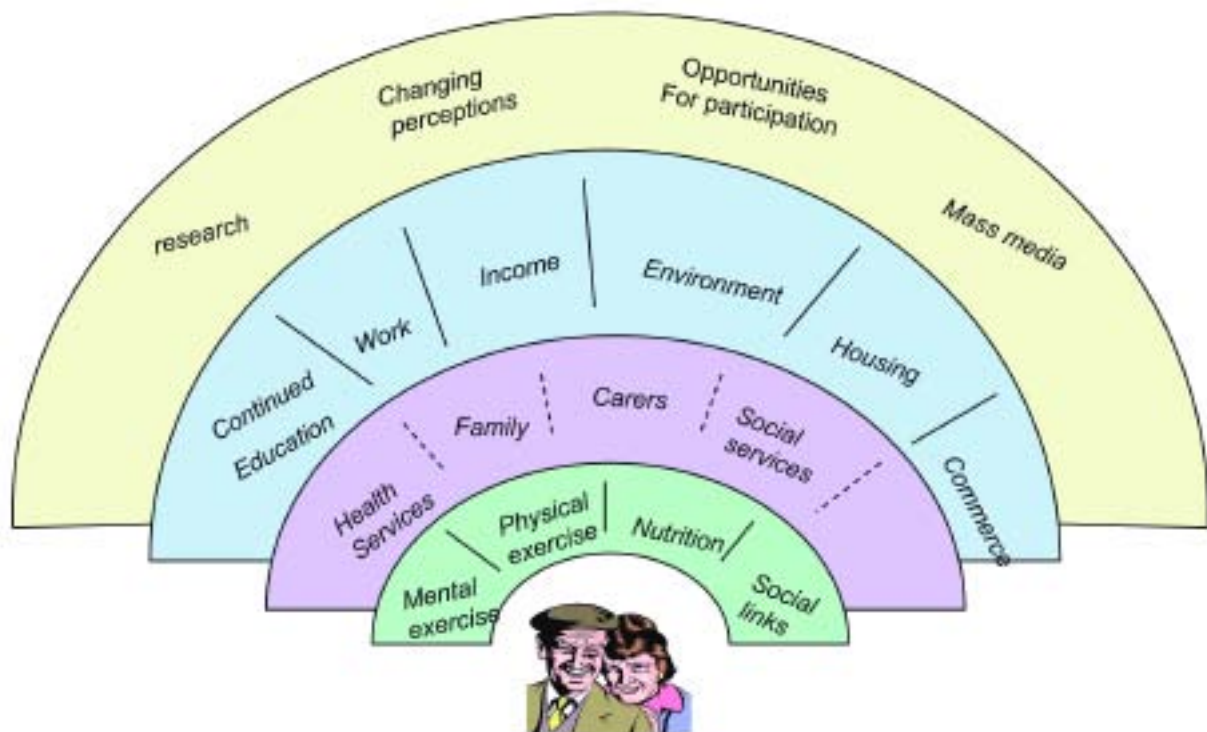
Some countries and cities have recognized the need to plan for an ageing population, and policies and strategies for healthy ageing are being developed at the national and local levels.



## Acting at different levels

The health of older people is affected by: the life they have led; their behaviour; their personal and family situation; the services available to them; the social, economic, cultural, and physical environment in which they live; and the perceptions of growing older.

This is shown below in an adaptation of a well-known public health model.



This means that promoting and protecting the health of older people and moving to a society in which people of all ages are able to reach their full potential requires action at different levels.

- At the ***individual level***, we can maintain our health in many ways such as improving eating habits, drinking sufficient water, taking regular exercise and keeping our minds busy and our circle of family and friends active. We can also contribute our talents towards a healthier society.
- ***Health, social and other services*** must be accessible and appropriate to the needs of older people and better integrated. Family and friends who care for older people also need support.
- ***All sectors and levels of government*** can respond better to the needs of older people, especially frail or poor people, reducing obstacles to their continuing independence. This means, for example, ensuring adequate income and appropriate working conditions, avoiding age discrimination and providing safe environments and housing and opportunities for continued self-development and education.
- ***Perceptions of growing older must change***, and some of the myths surrounding the ageing process must be tackled. This can be done partly by providing reliable information, improving data and research and through a strategy ensuring that people of all ages understand and discuss this: decision-makers in the public and private sectors, in schools and universities, in trade unions and professional associations and particularly through the mass media.

This booklet has briefly explored some of the issues of healthy ageing to open the debate. The demographics of the situation make it clear that action is required. A new Europe with an older population is already developing. Europe faces an opportunity never before presented in history: a vast resource of relatively healthier and well-educated older people.

These developments need to be acted upon, opening channels for discussion at the local, national and international levels to make the best use of this wealth of experience and vitality. Over the next 15–20 years, the foundations should be laid for a society in which people of all ages celebrate and take advantage of a longer and healthier life.

There is still time to consider new solutions, but action is required now to develop a society for all ages.



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## The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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# Demystifying the myths of ageing

This pamphlet indicates how certain problems associated with old age can be largely attributed to myths surrounding the aging process. It shows how many of these problems could be effectively tackled through changing lifestyles, appropriate care and adjustments in the social, working and physical environments. It aims to broaden the debate on the changes necessary to ensure that people of all ages take advantage of a longer and healthier life.



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