APEC
CHILE 2019

Policy Dialogue “From promotion and prevention to continuous, integrated and comprehensive care for a positive, active and healthy aging”

Puerto Varas, August 18th 2019

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APEC CHILE 2019

From 15th to 30th August 2019 the Third Senior Officials' Meeting (SOM3) and Related Meetings of APEC economies, took place in the city of Puerto Varas, Chile. It is in this framework where the Health Working Group of APEC, welcomed the Policy Dialogue "*From promotion and prevention to continuous, integrated and comprehensive care for a positive, active and healthy aging*", proposed by Chile. This document resume the activities and conversations held in this occasion, including the context of the global health agenda where the policy dialogue took place.

Healthy Aging in the Asia Pacific Region

The world is aging rapidly. Between 2000 and 2050, the proportion of people aged 60 and over will double, going from 11% to 22%, increasing four times the population of 80 and over (WHO, 2018). Demographic change will be faster and more intense in low and middle income economies, with 80% of people in this age group living in these economies (WHO, 2018). By 2015, economies like Chile has reach a proportion of older people similar to Japan, that is one of every four people has reach 60 years old and over.

The Asia-Pacific economies are not far behind: with an average life expectancy of 77.3 years, APEC economies have one of the highest levels of aging in the world. Thus, 39% of the world's elderly population is represented by APEC economies. In this context, the challenges of attending and giving quality health to this age group appear, to promote healthy aging. Therefore, and as postulated by the World Report on Aging and the Sustainable Development Goals (SDG), the commitment lies in "the development of long-term health and care systems, capable of providing good quality integrated care"[1].

From a life-course perspective, it is very important to generate conditions so that people can live actively and have a healthy ageing. Put in place public policies with a multisector/cross-cutting approach, able to integrate the determinants of health at a structural level (socio-economic and political context) and intermediate level (habits and lifestyles) is a key factor to make real the idea of healthy aging societies.

In 2019 the Health Working Group (HWG) theme was "*Supporting Health across the Life Course*", reflecting the importance of continued investments in health from birth to end of life in order to support a healthy economy.

In this regard, the policy dialogue defined as one of his goal to highlight the importance of preventive public policies and long-term care in the elderly, through the review and analysis of policies and programs that address the specific needs and care of this population group. The above, from an economic perspective and based on the review of successful experiences, in terms of investment, for the achievement of a positive, active and healthy aging within the APEC economies.

Building bridges with the global agenda of healthy aging

The policy dialogue took place in a context in which the agendas of international organizations and relevant actors of global health were approaching issue of healthy aging as a priority. During 2019 the G20, led by Japan and the European Union, under the presidency of Finland, addressed the issue.

In this frame, APEC and the Health Working Group (HWG) has contribute doubly to the global discussion about Health and Aging. First, through the Policy Dialogue (at a technical level), and also through the 9th APEC High-Level Meeting on Health and the Economy (HLM9) which the title was "Healthy Economies in an Aging World".

The Joint Statement of HLM9 emphasized the value of aligning APEC's work on healthy aging with the broader global health agenda. It recognized the need for a whole-of-government and multisector approach to healthy ageing and reaffirmed the importance of continued partnership and collaboration with other multilateral fora, civil society organizations, the private sector, and other partners. It also recognized that the exchange of experiences and best practices helps to shape and inform innovative policies and public services that not only improve health systems, but also help entire economies adapt to an ageing population.

[1] https://www.apecchile2019.cl/apec/prensa/noticias/apec-en-un-mundo-que-envejece-representante-de-alto-nivel-analizan

The 2019 was also an important year in the road of the preparation of the Decade of Healthy Ageing (2020-2030) that will be lead by the World Health Organization. In this regard, the activities carried out during 2019 were a concrete input to make real what was indicated in the Health Working Group's Work Plan for 2019, in order to focus on substantive policy-oriented discussion, ensuring that the HWG remains a strategic forum to advance global health priorities.

The Policy Dialogue: "From Promotion and Prevention to Continuous, Integrated and Comprehensive Care for a Positive, Active and Healthy Aging".

The Policy Dialogue was prepared for the Ministry of Health of Chile and was held on the sidelines of the second APEC HWG meetings on August 18 2019 in Hotel Enjoy, in Puerto Varas, Region de Los Lagos.

Goal**: H**ighlight the importance of preventive public policies and long-term care in the elderly, through the review and analysis of policies and programs that address the specific needs and care of this population group. The above, from an economic perspective and based on the review of successful experiences, in terms of investment, for the achievement of a positive, active and healthy aging within the APEC economies

Expected results:

1. Present and discuss experiences of public policies related to the elderly.
2. Analyze the possibilities of measuring and comparing the expenses associated with prevention and long-term care.

Outputs**:**

1. Generate inputs for future documentation and systematization of mechanisms to measure costs associated with health care for the elderly, including long-term care.
2. Generate inputs for the creation of a common document of parameters presented by the economies, highlighting good practices in public policies associated with the elderly.
3. Creation of an aging work group with a work schedule and established products.

The Policy Dialogue was also conceived by Chile as a tool to begin the discussion within the HWG about the upcoming agenda of Health for APEC Economies, (the Healthy Asia Pacific Agenda 2020 arriving to his end), and particularly for promote the inclusion of the theme of Positive Aging.

Methodology and organization of the policy dialogue

The first part of the policy dialogue was devoted to the presentation and discussion of cost-effective actions to reduce, for example, the economic impact generated by delayed health benefits, unnecessary hospitalization, lack of access to rehabilitation, and the lack of access to specialists.

The second part was a discussion panel. Dr. Matias Irarrazaval, Head of the Department of Mental Health of the Division of Prevention and Control Diseases of the Ministry of Health of Chile, has guided a conversation were the four international experts and representatives of the economies discussed about the topic of Ageing.

The third part was a zooming of the APEC economies on the subject. In this part, the delegates of the APEC economies presented the particular situation of each one of these, including in this topics such as: life expectancy, major causes of disability and dependency, preventive strategies and public policies associated with the care of the elderly.

Finally, through a Workshop, the delegates of the economies experienced and analyzed what the loss of levels of autonomy, functionality and recurrent pathologies in elderly people implies on a personal level. The aforementioned in order to sensitize the participants, leading them later to a role play in which they must decide where to put the emphasis on investment in public policies.

150 people representatives of economies and a general public attend the policy dialogue.

Next Steps

January 2020	•Report "Policy Dialogue on Health Across the Life Course" circulated within APEC economies by Chile
Febraury 2020	•Meeting in SOM1, Malaysia •Presentation of the Report, and feedback from economies •Proposal of sub-group on Aging (presentation of the document to request information)
March 2020	•If the sub-group is approved, Chile will circulate equest contribution from economies
April 2020	•Feedback and inputs from the economies
May 2020	•First Report draft circulated by Chile
June 2020	•Feedback from the economies
August 2020	•Final Report presented in SOM3 to the economies (HLM)

OPENING

Welcoming Words.

Ms. Cecilia Morel. First Lady of Chile.

Dear authorities, representatives and delegates of the different APEC economies and of the international organizations present in the meeting that is being carried out today. It is a great honor to welcome you to our country, our beloved Chile, and wish you the greatest success, especially in this activity that will address such an important issue, as a priority in our country and in my heart.

From my cabinet, we are promoting the policy *"Elder Adult, Better Adult" (Adulto Mayor, Adulto Mejor)*, thinking in the ageing of our population in our countries that is calling us to work harder to find the best solutions in order to have a healthy economy that incorporates the growing Third and Fourth Age.

It is necessary to keep them in mind, respect them, incorporate and make them participants in the development of our countries.

I wish you the greatest success, to keep us together working, harmonizing and coordinating our different activities for the elderly in our countries.

Thank you very much.

Opening Remarks.

Dra. Paula Daza. Public Health Undersecretary of the Ministry of Health of Chile.

Thank you very much. First of all, I want to welcome every one of you for being here, in Chile, in our country, in our south, that is one of the most beautiful parts of the country. So we have 3 days of work, and as our Prime Lady said, this is one of the most important features that we have today.

I want to open my remarks. As we know, we are living and unprecedented reality in our world. In almost all of our societies the elderly, we are living more and more years and this imposes many challenges for all of us with this additional opportunity and we have the opportunity for participate [participating] and enjoyment of our people in this time of the years.

But to continue participating in social and family life it´s essential and especially, more important, it´s to our functionality whose purpose is to make people as independent as possible in the daily life and activities. We must ensure the functional health in our elderly as an indicator of subjective well- being but also as an investment from an economic point of view.

Keeping our population with a good level of functionality allows them to live their lives fully and instead it avoids significant expenses to our health systems and to our countries, both in care of people with dependency and their caregivers.

On the other hand it´s essential to update our strategies to provide better and better healthcare to this population considering their particular needs and the new health concepts we have in the next years. The challenges are very concrete: How to deal with the sustained increase in chronic diseases. How to deal with multi-morbidity. How to consider the health and economic impact of the disease burden on our population. And how to care of one of the most important challenges, we think, the care of the caregivers inside the families as well as their own well-being. We know that most of our caregivers are also challenging the old age.

I want to stop in this point because among the new challenges we face it´s taking care of informal care. In our country, most of our caregivers are informal care. And the vicious circle associated many times with them: the reduction of family income, worsening of the health conditions, the poor quality of life and deterioration, being the consequence extra burden for the caregivers. We know the impact that the caregivers have, especially in mental health. This meeting in APEC is an effort to bring together today not only our economic people; the academia, the education, the civil society and all the experts today, [what we have today] we have today, is a big, big opportunity to bring us the things that we have to work [with]

To build this model we must act together with multiple actors: the public sector, the private sector, the civil society, the education system and international institutions.

Finally, we propose to change the vision the society has today regarding older people; this is a very, very important challenge. One of them is to understand that also they constitute and increasingly attractive group for the perspective

of our economy. Why not? Some people already speak of the silver economy as a source opportunity to solve the challenges of human capital and the productivity that brings us to drop in the birth rate, but also as a new market while this demand specialized product and services for the third and the fourth age. 00.16.46

We invite you all today, all tomorrow and all this week to this policy dialogue to talk about the elderly people of today and those we [who] will be in the future. And think about the best public, private and social society, to bring better and better policies for them.

We hope we will have very good ideas and we know this is a big, big opportunity to be one of the best economies to have this challenge today. I hope you enjoy your day, I hope we have a big day tomorrow in work and I hope you enjoy also the visit to this beautiful city that is Puerto Varas.

Thank you very much.

PRESENTATION OF GUEST SPEAKERS

Taking action in APEC for ageing.

The first part, were presentations of guest experts in Aging: Pedro Olivares, of the Superintendence of Health of Chile; Dr. Islene Araujo, from the World Health Organization; Nanako Tamiya, from the University of Tsukuba; and Edwin Walker, of the United States Department of Health and Human Services.

Experts intervention:

EXPERT	TOPIC	
Dr. Islene Araujo **Senior Adviser, Ageing and Life Course/ WHO Division of UHC and Life Couse**	How to strengthen the health systems of the APEC economies to face the changes that the aging of the population entails?	
Nanako Tamiya **Professor and Chair Department of Health Services Research, University of Tsukuba, Director of Research and Development Center for Health Services**	Long-term care strategies in elderly people What do we need to implement better health and long-term care and improve user perception?	
Pedro Olivares **Senior Researcher** **Superintendencia de Salud.** **Chile**	Promotion and prevention strategies. Identifying the investments necessary to maintain the functional health of the elderly. What do we need to enhance the cost-effectiveness of public policies aimed at caring for the elderly?	
Edwin Walker **Deputy Assistant Secretary for Aging/ U.S. Department of Health and Human Services, Administration for Community Living**	The place of emerging technologies: Living longer, healthier and independent.	

Islene Araujo

How to strengthen the health sysTems of the APEC economies to face the changes that the ageing of the population entails?

"Ageing will drive the change of society to a more human society, a more caring society and a society who cares also for the environment and invest in health ageing means creating a future that gives older people the freedom to live lives that previous generations could never have imagined".

Dr. Araujo points out that the World Health Organization Integrated Care for Older People (WHO ICOPE) program is one that addresses that individual and systems level changes have to respond to the needs of older people. In this sense, all of this have to respond to the great diversity in physical and mental capacities of older populations, and provide care to elder people in relation to a centered and integrated health care service, coordinated with social care.

In general, she said, there is an urgent need to transform the Health System, all around high, middle and low-income countries.

What we currently have in our Health System is a system where the care is dedicated to the younger population, acute disease and with fragmented services. Now we have a new population: more and most people with 65 years old and above, that needs integrated care with the objective on maximize intrinsic capacity and their functionability.

In this line, there have been proposed 4 pillars (related to the ICOPE programme):

1. Provide care in communities close to where people live, so elder people will have access to the services.
2. A Person-centered assessment and care plane, and not in the disease.
3. A multidisciplinary working team, where professionals should work together in the primary goal of improve the capacity and functionability of old people.
4. Engaging communities and supporting caregivers.

Following the main idea, – the need on the transformation of the Health System, related to the care of elder people – ; in order to support the Member States on the implementation of the long-term care, the WHO developed the ICOPE strategy which provides a set of tools that helps countries and professionals to reach this transformation (ICOPE handbook for health professionals: https://apps.who.int/iris/bitstream/handle/10665/326843/WHO-FWC-ALC-19.1-eng.pdf?sequence=17)

Which are the minimum needs we have to consider to achieve this goal, the goal of keeping elderly people healthy as long as possible?

To maintain the capacity and functionability of old people, so they will be healthy as long as possible, it is necessary to maintain the cognition, the mobility, and the vitality of the elder. By doing all of these, they could be independent. And, in order to do this, the Primary Health Care will need to have a multicomponent exercise and nutrition interventions.

Nanako Tamiya

Long-term care strategies in elderly people. What do we need to implement better health and long-term care and improve user perception?

"The continuity of care is very important"

In general, she argues that the experience of Japan in the last 50 years have had a good balance between formal and informal care, cost awareness and data.

Because of the growing on the elderly population, during 2000, the government of Japan decided to create an insurance specifically focus on long-term care related to both chronic and social care. This insurance include four main points, so it was and it is possible to afford and sustain the system:

1. Stratified taxes; to co-pay the focused insurance.
2. Family responsibility; because, in a primal order, the care of the elder person it is a family responsibility.
3. Social responsibility; because it is a social responsibility to take care of elderly people.
4. Digital data; so it is possible to have exhaustive information, digital data information, about medical care.

To make this policy known, the government of Japan used marketization, so the information about this was available to everybody and every old person could feel invited and beneficiary of the program.

By 2025, it is scheduled to start with an integrated community-based system. This will include medical care, long-term care and voluntaries working as caregivers. To afford it, the government of Japan will measure the cost and the effectiveness of medical care and long-term care by individual level, person by person, based on existing digital data information.

Additionally, it is important to take in account the informal care. In Japan, informal care play a main role before the long-term care; so it is important to develop information that reveals how many people works as caregivers in their own homes, with the objective of defray how much money and time it is invested doing informal care.

In conclusion, it is necessary to have data information if we want to do focus policies. In this sense, doing evidence-based policies could help the central and regional government to generate pertinent programs. Japan has tools to do investigation related to medical care and long-term care and, because of that, they could developed a sustainable care system focus in elderly people.

Which are the minimum needs we have to consider to achieve this goal, the goal of keeping elderly people healthy as long as possible?

Respect for caring is very important. Caring is indispensable to support all the people in the community, especially talking about old people. In this sense, the goal of keeping elderly people healthy as long as possible is related to how we treat the informal and formal caregivers. We should take in account both older people and caregivers needs.

Pedro Olivares

Promotion and prevention strategies. Identifying the necessary investments to maintain the functional health of the elderly. What do we need to enhance the cost-effectiveness of public policies aimed at caring for the elderly?

"We have to add quality to our life years, more than add years to our life"

Dr. Olivares showed a novel view of promotion and preventing studies to keep functional health of older people and how to enhance cause effectiveness and public policies for older persons.

In this order, he explained that we should understand and consider all the new factors that an ageing society has, and what it means this in the Health System and in the Long-Term Care System: because of the accelerate growth of elderly people, there is going to be a rise on the demand of the Health and Long-term Care Systems.

One of the main effects on mentioned systems, because of the growth of ageing, is the charge related to the chronic non-communicable diseases (cancer, cardiovascular, diabetes and neurodegenerative). Related to these, another important element is the multi-morbidity, considering that approximately the 60% of elderly people have two or more chronic non-communicable diseases.

In this sense, the proposal to keep functional health of older people, that have special needs and demands, is to integrate all body structure, activity and social participation cares as a health prevention strategy.

Japan and South Korea have exhaustive Long-term Care Systems that determines the type of care an elderly need. In these, the role that the caregivers have is very important because they are the ones whose knows the specifically care that one or another elderly person needs.

In conclusion, longevity brings growth in the charge of chronic non-communicable diseases and disability, which, together, is challenging the ultra-specialized current Health System. It is needed a Health System and Long-term care System that integrates all the types of care that an elderly needs. In consequence, is time to think and invert in a more integrated system, in technology that could help ageing, so to focus on the person and in the cycle of life.

Which are the minimum needs we have to consider to achieve this goal, the goal of keeping elderly people healthy as long as possible?

In his opinion, we have to consider a change in the health professionals's curriculum programs. The problem with the currently health curricular programs is their focus on infectious diseases, on nutrition, which it does not incorporate an integrative vision of health. To keep elderly people healthy as long as possible, we should have an integrated health system that provides integrated services and take care of all the needs an elderly has, in all one system.

Besides the change on the health curricular program and the health system; both changes should consider the "Health Economy" as an important tool to develop, so we will be able to have sustainable health and long-term care systems.

Edwin Walker

The place of emerging technologies: Living longer, healthier and independent.

"The question I am going to pose is: Can technology transform ageing? I will propose that the answer is: No. Actually ageing will transform technology if we do this right".

In general, Dr Walker talked about the place of emerging technologies and not as a sole solution but as an important and enable to improve functionality. It is said that technology should be responsive to and play a role in maintaining health, independence and functional ability.

In this frame, the USA has make two reports. The first one entitled "Independence, Technology, and Connection in Older Age" that develops the topic of Healthy Aging. The second one, entitled "Emergent technologies to support an ageing population", that looks how to improve the quality of life of elderly people, how to enhance individual choice, how to reduce the financial and emotional burden of carte to individuals and their families, and how to reduce the cost of the provision of care on the American healthcare infrastructure.

Related to the Primary Functional Capabilities and how to improve the quality of life of elderly people, it had been proposed six points that could be covered by technology:

1. Key Activities of Independent Living:
    a. Hygiene: smart bandages that monitor healing
    b. Nutrition: robotic feeding systems
    c. Medication: wireless medication pill organizers; electronic packaging
2. Cognition (related to Alzheimer and age-related cognitive changes):
    a. Cognitive monitoring: assess reasoning, memory, and communication abilities)
    b. Cognitive training: enhance baseline activity and provide cognitive rehabilitation
    c. Financial Security: enable independent financial management and prevent exploitation
3. Communication and Social Connectivity:
    a. Hearing: developed enhanced hearing loss simulation programs
    b. Communication with diverse communities: expand ability to convert recorded audio and video into text
    c. Social communication technologies:
4. Personal Mobility.
    a. Assisted movement: provide assistance with navigating home and neighborhood
    b. Rehabilitation: explore the role of virtual reality for improving functional independence
    c. Monitoring and safety: improve reliability and usability of sensor systems to monitor movement and activity
5. Transportation:
    a. Driving: assess driving fitness and control vehicle access; assist drivers to extend their driving fitness
    b. Public transportation: assist with navigation and scheduling
6. Access to Healthcare.
    a. Telehealth: improve healthcare access and quality with the use of smartphones
    b. e-Care planning: improve coordination of care, facilitate shared care planning; developing tools that optimize communication and foster to continuity of care.

In conclusion, the Report (https://www.whitehouse.gov/wp-content/uploads/2019/03/Emerging-Tech-to-Support-Aging-2019.pdf) recognizes the importance and impact of demographics, which evidences that we are going to be an ageing society, so we need to develop technological strategies and tools to enhance healthy aging and independent living. It serves as a guide for public and private sector to improve quality of life, enhance individual choice, reduce caregivers stress, and cut healthcare costs. And it encourages bringing together researchers, and public and private sector stakeholders.

Which are the minimum needs we have to consider to achieve this goal, the goal of keeping elderly people healthy as long as possible?

We need to take a very holistic comprehensive prevention approach. It should include all sectors and all populations; it should include the public sector, the private sector. It should be person-centred and it should include caregivers. Moreover, what it should be see is the integration of health, being public health, health care and social or human services. The integration of all of three is the key to meeting the needs of today´s population but tomorrow ´s population as well.

DISCUSSION PANEL

The second part was a discussion panel where the experts discuss and exposed their opinions about Ageing and how they think prevention and promotion should be developed for a healthy ageing.

With the moderation of Dr. Matías Irarrázaval, the discussion was the following:

Presenter:

Okey. Doctor Islene Araujo, Doctor Nanako Tamiya, Doctor Pedro Olivares, and Doctor Edwin Walker, please join us on the stage. And we welcome doctor Matías Irarrázaval, he will be in charge of the panel. He is head of the Department of Mental Health of the Division of Control and Prevention of Diseases from the Ministry of Health of Chile. So, doctor Irarrázaval, the panel is all yours.

Moderator Doctor Matías Irarrázaval:

Hey, great. So I think that we´ve have a great morning, it was four incredible speakers that showed us many things related with dementia, ageing, so. It was great to have Dr. Araujo and talk about the ICOPE program. I think that the ICOPE program from WHO which aims to respond to the great diversity in physical and mental capacities in older population is a great advance that we can discuss later on.

And then Doctor Tamiya showed, showed us the experience of Japan in the last 50 years of having a good balance between formal and informal care, cause awareness and data, so it was also a great presentation.

Doctor Olivares showed us a novel view of promotion and preventing studies to keep functional health of older people, and how to enhance cause effectiveness and public policies for older persons.

Finally, Doctor Walker presents us about the place of emerging technologies and not as a sole solution but [as] an important and enable to improve functionality.

So we have many questions related with the presentations because I think they were very interesting presentations.

I am going to start with Doctor Araujo. There were many comments about ICOPE strategies. And one of the comments is if ICOPE strategies can be used as a primary or secondary preventive strategy or intervention. There were many people commenting about the finished study, the FINGER, a multi-domain like styling intervention trialwhich shows the most effective interventions are in older adults at risk, so it´s more like a secondary or selective intervention. So we would like to know about what are the comments of doctor Araujo about the ICOPE strategy.

Doctor Araujo:

ICOPE, we ´ve viewed a lot on what the countries were doing. We looked at Australia, US, we looked at Thailand in terms of the strategy itself; and also we looked at Africa, that they have a very strong community health program. And we looked at clinical research and studies like LIFE and SPRING (Sustainable Program Incorporating Nutrition and Games) and, etcetera.

The cohort, randomized control trials like SPRING and LIFE studies, they showed the strong effect of multicomponent exercises associated with protein supplementation or nutritional supplementation and also cognitive stimulation, cognitive training if you address also social isolation in preventing frailty and cognitive decline in older adults. That´s why in terms of the intervention ICOPE is so strong in this three pillars, that is something actually you can deliver in primary healthcare settings like in a community based even a caregiver would train the volunteer, can learn the protocol with the help of technologies because all these. For example, they have to do the exercise, and there are already apps developed for that and ICOPE will be an app as well. So actually, we looked at the signs and we simplified it.

And with regard to the strategy what we saw as, for example, you showed this slide of high health courses in the US. US, if you saw the slide of the first presenter, or it was doctor Pedro Olivares, I don't remember which one, or I think it was Doctor Nanako, and she showed the health care case of many countries, and when you look at US it´s the top.

That´s because the care in the US, especially the healthcare, is very institutionalized, is very hospitalized, and very medicalized; there is even a medicalization of ageing and also high medicalization of death; when you die it´s to be hospitalized, with a lot of medical procedures, etcetera. And when you look the history of Japan, it shows there´s a high cost in Japan of long-term care, and this is a society problem because more and more there is institutionalized care and older people in Japan are very social isolated. Much institutionalization is due to older people being alone at home and do not have anyone to talk to for a long time. So, this is about society change and how to bring not only families but younger generations to caregiving, how to create that society values caregiver men, to caregivers, etcetera.

And so that ICOPE brings in all of these aspects because it´s a lot of community based, community engagement, engaging men, engaging families, but also engaging younger people in caregiving. We have the support from the primary healthcare centers, and also we have the support from the social care system as well.

It is showed when all the caregivers are supported, they say: *I can care for older people at home.* It´s usually the lack of support also it´s one of the factors that leads to institutionalization.

Moderator:

Thank you very much, Doctor Araujo. And we have some questions for Doctor Tamiya. One of the questions is about "How important is to include oral health in the caring of older people? It´s because we know that sometimes older people can have pneumonia or can have nutrition problems". So in your opinion: What is the importance of oral health in the case of older people?

Doctor Tamiya:

Thank you. I am not a specialist in oral health but now, it´s very, very important, so oral health is a very, as you said, is a very biggest big cause of pneumonia. So I think in the long-term care insurance in the 2016, we set the priority for oral care and nutrition. Now a lot of dentists and dental hygienists come and visit the institution or home and it will be covered by long-term insurance. So I think we pay attention a lot to oral care but the system to evaluate effectiveness is not yet established. Just we finished, it´s not finished but we almost medical clinic data is available for evaluating the effectiveness but for dental area, the dental clinical data is not so aligned yet. So, is it okey for the question?

Moderator:

Yeah, thank you, it was a very specific question but I think it was important to try to address or include oral health in the discussion; thank you.

And for Doctor Olivares there´s a couple of questions also. Which one is…this is a big one: Which one is the best way to advance in the equity financing for long-term caring for older people?

Doctor Olivares:

Heavy, heavy question. The truth is that the financial sustainability of long-term care systems is a great challenge for those in charge of public policy. Achieving that sustainability, including the care demanded and required by the population of older adults undoubtedly requires design and implementation evaluations. The design of a long-term care system should include gradualness of the services offered. The decision to integrate technology it would be a contribution and support for the independence of older adults, and should be subjected at the evaluation step: is it effective? Is it generating utilities utilities? Is it adding value to the person condition? The design of a long-term system is not a responsibility of a particular Ministry but of a group of actors, public, private stakeholders, the academy, in order to make the best system to the public according to the needs they demand.

Moderator:

Thank you very much. We have also some questions for Doctor Walker. There´s a question regarding these centers for excellent in ageing. We know that the Americans, in the US there are many of those centers and there´s a question:

Do you think that is possible and a good recommendation to create more centers for excellence in ageing in the APEC economies?

Doctor Edwin Walker:

The easy answer is: Yes, more is more. And we think that we should be focused on creating more centers of excellence, we should be doing more sharing of research and data and successes and we would be very supported for such.

Moderator: Thank you.

So, again for Doctora Araujo, if you could please extend about or comment about the cost of implementation of the ICOPE for a low-income country; there were some questions related to how difficult could be to implement the ICOPE in low–income countries. So if you could make some recommendations.

Doctora Araujo:

Maybe I can comment on the cost of not implementing. Because obviously what ICOPE aims to do is what Doctor Pedro mentioned, the compression of mobility. There´s a point in which the person cannot manage alone, that's why they need long-term care, and actually the long-term care is defined by the help of a third person with activities of daily living. It´s called social care, and especially, within social care there´s something called personal care.

Of course, within the concept of social care and support we have also the financial assistance if the person is vulnerable, too elderly, abused, and also there´s social isolation. So we ought to look at these components but the personal care is what makes it expensive; have someone who goes at home who helps the other person to bath, to eat, or if there´s not possibility to maintain this person at home, they have to be in a nursing home; and the institutionalization, the nursing home is what makes more expensive. So all the ICOPE strategy is to avoid the person to reach a point in which she needs the social care or long-term care. That will make for the health system and long-term care system very expensive.

Now, to implement ICOPE, ICOPE can be integrated in the existing primary health care strategies. And I can give an example. In the poorest countries, like in Africa, as well as said, like in Ghana, where they are implementing ICOPE they have the so-called: Community help program. What´s that? It´s a community health worker linked to a primary healthcare clinic because usually in a district in Africa you have only one doctor, right? He´s a district medical officer. So all the primary healthcare strategy in Africa is based in community health workers program. So this community health worker makes home visits at home and when they arrive at home they watch, they see if there´s a newborn, so they watch the newborn, to see if the newborn is under nutrition. If there´s a pregnant woman they say: *Okey, you have to do antenatal care*, they see if the woman is fine, the size of the baby, etcetera. If there´s another person living in the household, they do not nothing, because they do not know what to do. They do not have a screening tool, they don't know which interventions can be given at home, what kind of right help, advice that can be given. And then an opportunity is missed. 02.37.13

So what ICOPE does is, we have tools for the health professional, how find screen of a person at risk of care dependence, we have clinical tools for the primary health care doctors and the primary healthcare clinics. How you can diagnose mobility impairment, cognitive impairment. Many doctors they do not know how to identify a cognitive impairment. And it´s actually in an app and the app will actually give you the interventions that should be in the integrated care plan. After you do the assessment, the app leads you to a screen that gives you all the interventions; you do not even need to do click or thinking. How easy is to make it?

So in this sense it may be easy for a country which does not have a health system that is very mature to implement ICOPE, because they can just add to the existing, how can I say?, primary health strategy or community healthcare strategy. But they will need money for training, they will need money if there is something to implement, to train the people how to use the app, and you need money to buy the medical products like a glass [glasses] or the nutritional supplement. But there are some nutritional supplements that can be produced, India did it in the community itself; they did peanut butter mixed with something else, so [it´s] locally produced foods, etcetera.

Moderator:

Thank you. And for professor Tamiya there is another question and, and this is also a very big question but I think that you can comment. What is the key element in supporting the success of long-term care in Japan? Do you consider that political commitment or sustainable financing are key elements or other ones?

Doctora Tamiya: It´s a big question also. The key elements for success of our long-term care. Key success. I think that for the budget issue it´s not so successful, we need many amendments still but so, first, I think it´s all the nation level if we standardize the system to evaluate the care level and we had digital data to evaluate. So maybe this is, I think, that the policy maker did very well. And at the same time for the society before 2000 many families had done for the future, for the burden of healthcare and it was a very, very private issue, it was a very hidden work, it´s not evaluated, it´s not in the public areas. But after long-term care health insurance we paid attention to the caring itself and we support a lot of services. I think and… So this is a very successful issue. Long-term care is a very important social issue and we have created a systematic political, policy, so, sys… all the nation level system and all the people had, and now we expect a lot. We can change the caring for the social issues so that people also expected a lot and we could change the system completely and succeeded. But now we more need look back for the informal care more, not only depend on the formal care but I think that the political tactics was very successful for the changing.

Moderator:

Thank you, thank you for your comments. And for Doctor Olivares we have a couple of questions. I think this is a difficult question also: *Which one is a most important intervention to avoid dementia in your opinion?* The only one that you think it´s the most important one.

Doctor Olivares:

I am not a specialist. Because of my studies, in my opinion, the most important thing to postpone dementia is to address those modifiable factors and try to modify it. For example, older adults suffer from many sleep disorders, so there we have an area where we can intervene maybe at a reasonable cost. There are able instruments to evaluate these type of disorders.

Take in account the education. Educate the population regarding those modifiable factors. The issue of obesity, for example, is directly related to many chronic health conditions. Cardiovascular issues could be associated with dementia. Obesity produces the sleep apnea that could be affecting to older people. Maintaining a brain activity, that, promote the social participation of older adults in different public spaces according to their interests and hobbies. When one is active, one feels useful… I think is a concatenation of strategies that certainly would not seem to be costly but requires systematization, requires implementation. In Chile, with the National Dementia Plan, I think we have a great possibility of carrying out such interventions in the community, evaluating them to see their effectiveness, looking to improve them, so it could be possible to postpone the onset of dementia. The idea is that in the meantime some treatment can be found, and that the treatment may also be accessible to the entire population. It has to be a public policy, without doubt. Thank you.

Moderator:

Thank you. And our last question is for doctor Walker. You mentioned that Alzheimer is the sixth leading cause of death in the US. *Could you elaborate more on what are the efforts of the US economy to address this issue?* Thank you.

Doctor Walker:

Sure, I´d be pleased to. Addressing the issues of Alzheimer´s disease, we developed a very comprehensive approach and in 2011, a new law was passed and signed by president, then president Obama, which created the National Alzheimer´s Project Act. It´s an all sector´s approach, includes the public and private sectors, the development that advices the community, that advices the economy, the government, in terms of areas to focus on. It has increased spending on Alzheimer´s disease from at that point 450 million dollars to more than 2 billion dollars today. It´s a comprehensive approach that is both a cure approach using the assets of the National Institute of Health and the National Institute on Ageing as well as a care approach which uses our, which… Certainly, the cure approach is focused on research to find a cure focused on the future, and the care approach is using AARP organization, which is focused

on addressing the issues of individuals who have Alzheimer´s disease today as well as the needs of their caregivers. And we have implemented a set of evidence-based and evidence-informed interventions that are community based, low cost, proven to have the outcomes of extending their stays at home as opposed to having to go to an institution and enhancing their quality of life.

Moderator:

Thank you so much, doctor Walker and to all the kindness of the speakers. It was a great valuable thing and we have a lot of information to work on that during the afternoon. We have some workshops and other advices for lunch and other activities. Thank you so much.

(Applauses)

Presenter:

Thank you, doctor. Thank you, thank you doctor Irarrazaval. And thank you…Let´s give a big round applause to all our speakers and experts. Thank you for all the information, comments, and insights.

GOOD PRACTICES AND EXPERIENCES FROM DIFFERENT COUNTRIES AND APEC ECONOMIES

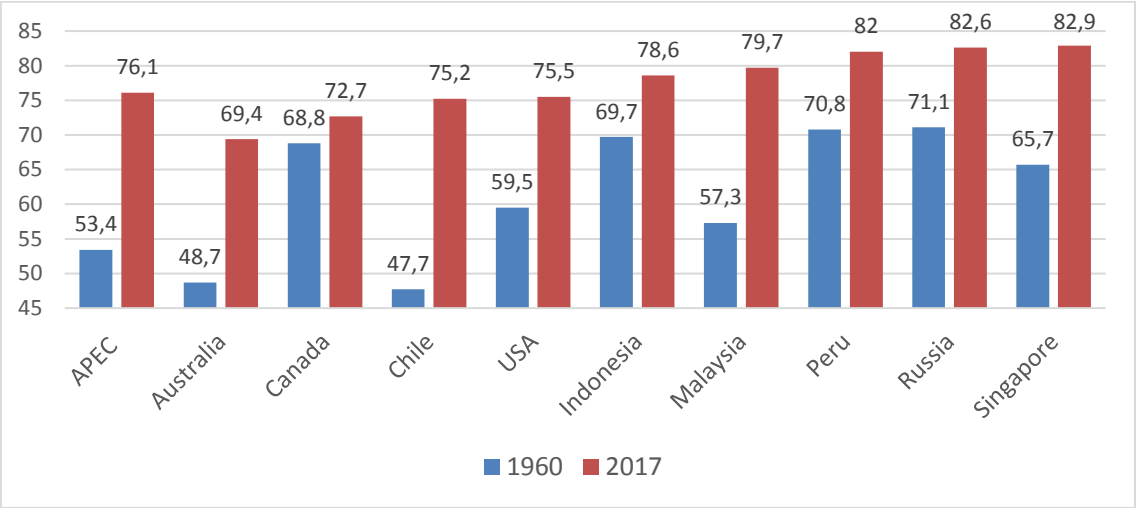
Economic context and aging among APEC economies

In the third part, we had blocked of “Presentation of experiences and lessons learned about Healthy Ageing” from Australia, Canada, Chile, Indonesia, Malaysia, Peru, Russia, Singapore and the United States of America.

Economic growth is multifaceted and is influenced by the intersectoral network of social, political and environmental factors. In this sense, APEC economies point out that there is an explicit link between successful economic growth and the health of the population of an economy.

In this frame, is important to know the expectance of life of these nine economies, and their average as shown in graphic 1. This graphic was built from the information sent previously by these economies:

Graphic 1: Named APEC Economies Life Expectancy 1960 vs 2017



Sustainable economic growth in APEC can be achieved by guaranteeing healthy populations. For this, it is important to respond to current and emerging threats from infectious diseases, combat loss of health from non-communicable diseases, and meet the needs of the elderly.

For the year 2019, the topic of the Health Working Group (HWG) APEC was to "support health over life course", reflecting the importance given by economies to continue investments in health throughout the life course, starting from pregnancy throw al life stages, until a good death.

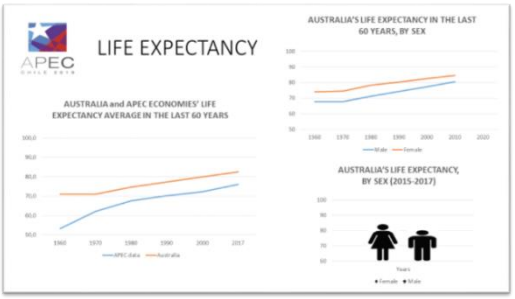
The situation of the economies, presented by a representative of each of them, is known. For this, it was asked to the economies to send their presentation in a Standardized Power Point Format:

1. The evolution of life expectancy from 1960 to 2017, through the year 1970, 1980, 1990, and 2000, together with this data distinguished by sex, in the same period.
2. The main causes of dysfunctionality in your economy.
3. The main strategies developed in your economy to address aging.

The economies were represented by:

ECONOMY	PRESENTER
Australia	**José Acacio** Director (Acting) | International Engagement and Trade Portfolio Strategies Division | Department of Health | Australian Government
Canada	**Tammy Bell** Director, Office of International Affairs for the Health Portfolio. Public Health Agency of Canada and Health Canada.
Chile	**Sylvia Santander** Head of Division of Prevention and Control of Disease. Ministry of Health of Chile.
Indonesia	**Dr. Kirana Pritasari, MQIH** Director General for Public Health, MOH of RI .
Malaysia	**Nurain Khairi** Bilateral Affairs and Regional Cooperation (Asia) Policy and International Relations Division Ministry of Health Malaysia
Peru	**Victor Zamora** National Health Policy Adviser.
Russian Federation	**Alex Rozanov.** Head of Federal Project Office in National Project, Federal Project Senior Generation.
Singapore	**Benjamin Koh** Deputy Secretary at the Ministry of Health in Singapore.
United States of America	**Edwin L. Walker** Deputy Assistant Secretary for Aging.

Australia



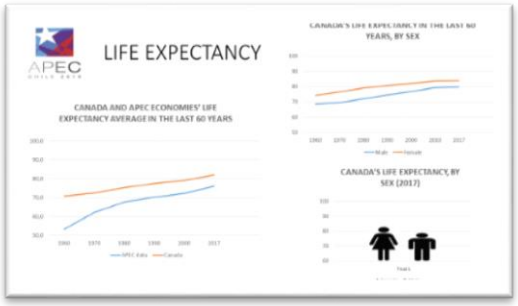
In Australia, the average life expectancy at birth has increased from about 71 years in the early 1960s to over 82 years in 2015-2017. In this sense, the average life expectancy at birth for men increased from 68 to approximately 80.5 years; in comparison to women, over the same period, for whom life expectancy increased from 74.2 years to 84.6 years.

The leading causes of burden of disease for older people in Australia are cardiovascular disease and cancer – contributing 24% of total DALY each, followed by neurological conditions (11%), musculoskeletal conditions and respiratory conditions (9% each). In consideration of this, one of the main prevention strategies evidence-based physical activity guidelines, which explain what duration and intensity of physical activity and what sedentary behavior is considered appropriate to maintain health and wellbeing as we age.

The Australian government has developed different important programs as preventive strategies and long-term care public policies:

- National Strategic Framework for Chronic Conditions - provides high-level guidance to enable all levels of government (the national, subnational, state and territory level) to help those government officials and health professionals to develop policy settings, strategies, actions and services that work towards more effective and coordinated national responses to chronic diseases and their respite.
- National Preventive Health Strategy - long-term plan currently being developed which includes the development of the 10-year National Preventive Health Strategy, looking to address prevention of diseases for Australians across all stages of life.
- Aged Care System - includes the “Commonwealth Home Support Program” which supports individuals, in their daily living tasks and helps them to be more independent in their own homes and in the community; the “Home Care Packages Program” which provides a more comprehensive package of home-based support at 4 levels of care; and “Residential Care” which provides support and accommodation for people who have the highest levels of care, and who require 24 hour nursing care.

Canada



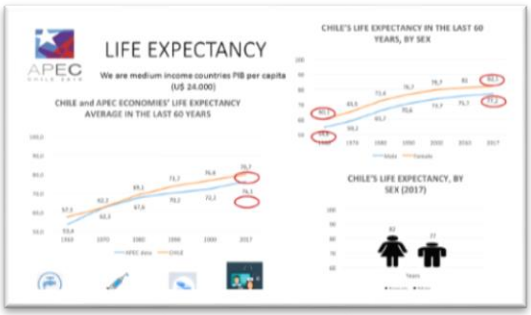
In Canada, the average life expectancy at birth has increased from 70.8 years in the early 1960s to over 82 years in 2017. The average life expectancy at birth for men increased from 68 to about 79.9 years; in comparison to women, over the same period, the life expectancy increased from 74.2 years to 83.9 years.

In 2017, 38% of seniors in Canada lived with at least one disability. The most commonly reported disabilities by seniors included pain-related (26%), mobility (24%), and flexibility (23%). The prevalence of most types of disabilities increased with age, particularly sensory (seeing and hearing) and physical (pain-related, flexibility, dexterity, and mobility) disabilities. The most common causes of disability is aging (38%), injury (25%) and disease (18%). Falls are the leading cause of injury hospitalization among Canadian seniors with an estimated 20% to 30 % of seniors experiencing at least one fall per year.

In relation to preventive strategies and long-term care public policies, Canada's goal is to support seniors, through home and community services, to live safely and independently in their home or community of choice. Federal, provincial and territorial governments are taking action to address the current and anticipated needs of seniors:

- In 2017, federal, provincial, and territorial governments agreed to common principles for home and community care, supported by a federal investment of $6 billion over 10 years (in addition to existing annual transfers). Targeted actions include improving integration of primary health care and home care; community-based palliative care; caregiver support; and infrastructure such as digital technologies.
- The 2019 'Dementia Strategy for Canada: Together we Aspire' encourages initiatives that support healthy social and built environments, including those that contribute to healthy aging and support older adults to age in place.
- The federally supported Pan-Canadian Fall Prevention Network is a hub for individuals and health professionals to find tools, resources and information related to fall prevention and recovery online.
- Federal, provincial and territorial governments work together, in collaboration with the World Health Organization, to support the uptake of the Age-Friendly Communities model across Canada.

Chile



In Chile, the average life expectancy of birth has increased from 57.3 years in the early 60s to over 79.7 years in 2017. In this sense, the average life expectancy at birth for men increased from 54.6 and rolls to about 77.2 years; in comparison to women, over the same period, that life expectancy increased from 60.1 years to 82.1 years.

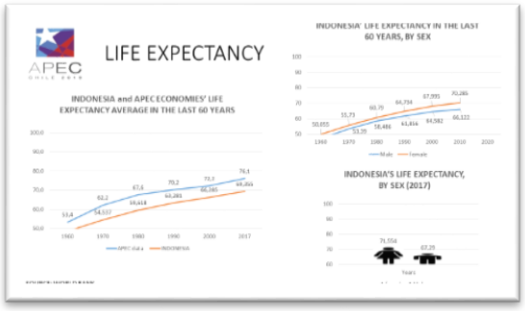
The main causes in disability in a very general dimension of analysis is individual factors that are linked with disabilities in Chile as chronic diseases and obesity, hypertension, diabetes, heart attacks, strokes and mental illnesses, multi-morbidity geriatric syndromes, polypharmacy, very important, falls and fractures, prior functional and mental disabilities and hospitalization.

Relative to preventive strategies and long-term care public policies, the first action to get up in prevention is to raise awareness and to educate the population on protective factors along the course of life for a healthy ageing.

Talking about sectorial prevention, there are different programs:

- EMPAM and EFAM. Preventive medicine examination, and a functional evaluation, respectively
- PACAM and the National Immunization Program. Supplementary feeding universal program, and a program focuses on the elderly with influenza and pneumococcal vaccination, respectively.
- GES. A guarantee of access, quality and financial of 56 health programs that include ageing. This includes cancers, chronic diseases, and mental health. This year it was added Alzheimer's disease.
- Since 2019: National Plan of Integral Health for Older Persons

Indonesia



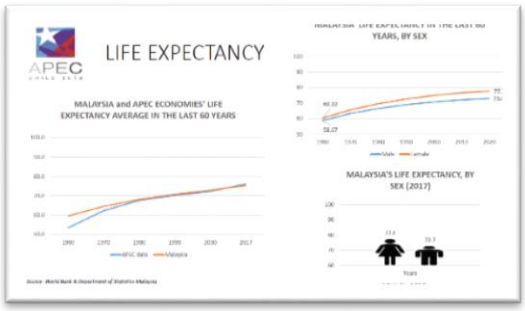
In Indonesia, the average life expectancy of birth has increased from 45.7 years in 1967 to over 72.5 years in 2017. In this sense, the average life expectancy at birth for men increased from 47.3 and rolls to about 67.3 years; in comparison to women, over the same period, that life expectancy increased from 50 years to 72 years.

The most common causes of disability in elderly people are disease sequel as stroke, diabetes, etc.; inadequate rehabilitation of injury/trauma; frailty; and dementia.

Elderly with disability need preventive and long-term care, so the government has been planning long -term care program such as home care, residential nursing home and transitional care:

- National Action Plan for Elderly 2016-2019, to be renewed by the next 5 years. A plan to increase the role of community and family, empowering families as caregivers and to increase the quality of health services from primary to referral facilities.
- Guidelines for Health Professionals and Long-term Care for the Elderly. Used by health-professionals in primary health centers to give long-term care for elderly with disability to maintain and improve their quality life.
- Practical Guidelines for Caregivers and Long-term Care for the Elderly. References for caregivers in helping with daily activities for the elderly with moderate, severe and total dependence.
- National Strategy for Alzheimer's disease and other Dementia. A strategy developed in cooperation and supported by multi-sectors including private and civil society.

Malaysia



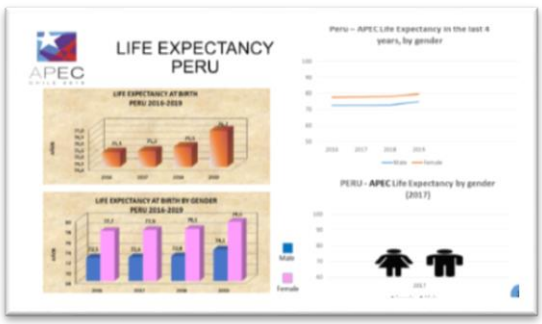
In Malaysia, the average life expectancy of birth has increased from about 59 years in the early 60s to over 76 years in 2017, approximately. In this sense, the average life expectancy at birth for men increased from 58.67 and rolls to about 73.01 years; in comparison to women, over the same period, that life expectancy increased from 60.32 years to 77.7 years.

The main causes of disability in older people in Malaysia are chronic diseases. The National Health Mobility Survey 2018 reported that 51.1% of the elderly having hypertension and 27.7% having diabetes mellitus. Other common medical illnesses are vision problems, hearing problems, and prevalence of depressive symptoms among elderly.

In relation to preventive strategies and long-term care public policies, there are Health Care Services across life course, and National policies on Ageing; which looks to empower individuals, family and community to ensure enabling and supportive environment to promote community based program to improve the well-being of older people. All of this have different activities:

- At Health Centres: health promotions and education; health assessment; medical examination, counselling, treatment and referral; home visit and home nursing; rehabilitation (physiotherapy and occupational therapy); and recreational, social and welfare activities.
- At the Hospitals: acute medical cares; long term care; discharge plan; psychogeriatric care; physiotherapy; occupational therapy; clinical therapy; counselling; and medical social/welfare.
- Community based services: Care – training of caregivers and psychological support -; Health Monitoring – laboratory test and vital signs monitoring -; Rehabilitation – active and passive movement, activity of daily living -; and Palliative – basic palliative care, pain management; counselling and emotional support to the patient and their family members.

Peru



In Peru, the average life expectancy of birth has increased from about 75.1 years in 2016 to over 76.7 years in 2019, approximately. In this sense, the average life expectancy at birth for men increased from 72.5 and rolls to about 74.1 years; in comparison to women, over the same period, that life expectancy increased from 77.7 years to 79.5 years.

The main causes of disability in older people in Peru are Non Communicable Diseases – as musculoskeletal disorders and connective tissues, mainly arthrosis and osteoporosis; neurological conditions including brain degeneration, dementia and Parkinson's disease; and cardiovascular diseases, mainly cerebrovascular diseases and hypertensive disease –, and accidents and injuries – mainly unintentional injuries caused by falls –.

In relation to preventive strategies and long-term care public policies, Peru is developing ageing health services and is looking to learn from all economies. Whereas, there are different policies, some direct related to the problem of healthy ageing, and others indirectly facing the situation:

- Clinical Assessment of Older People (VACAM) Comprehensive assessment: functional, psychological, physical and socio-family assessment for older people:

1. Law N°30490, Law on Older People and its Regulations
2. R.M. N° 941-2005/MINSA, Guidelines for Comprehensive Health Care of Older People.

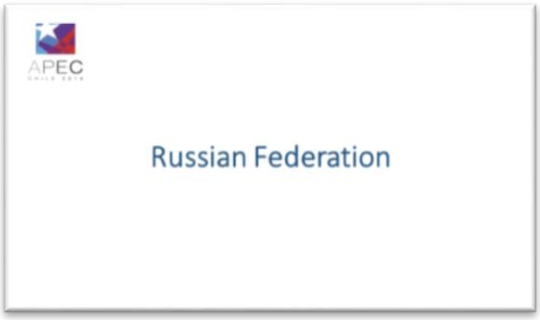
- Screening for Early Detection of Cognitive Impairment for Older People at Community Mental Health Centers:

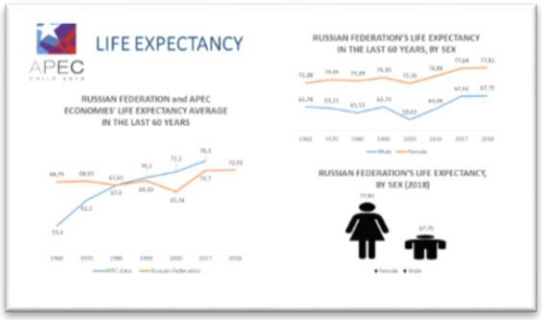
1. Law No.30947, Mental Health Law.
2. Law No. 30795, Law on Alzheimer's disease and other Dementia Prevention and Treatment and its Regulations
3. R.M. No. 356-2018/MINSA, National Plan for Strengthening Community Mental Health

- Promotion, Protection and Personal Fulfillment of Individuals with Disability for their Development and Full Inclusion

1. Law No. 29973, General Law on Individual with Disability and its Regulations
2. Budget Program 0129: Prevention and Management of Secondary Health Conditions of Individuals with Disabilities.
3. Law No. 30119, Law Governing Public and Private Workers' Entitlement to Leave of Absence in case of Medical Care and Rehabilitation Therapy of People with Disabilities
4. Law No. 30036, Law Governing Teleworking and its Regulations

Russia





In Russia, the average life expectancy of birth has increased from about 68.75 years in the early 60s to over 72.91 years in 2018. In this sense, the average life expectancy at birth for men increased from 63.78 and rolls to about 67.75 years; in comparison to women, over the same period, that life expectancy increased from 72.38 years to 77.82 years.

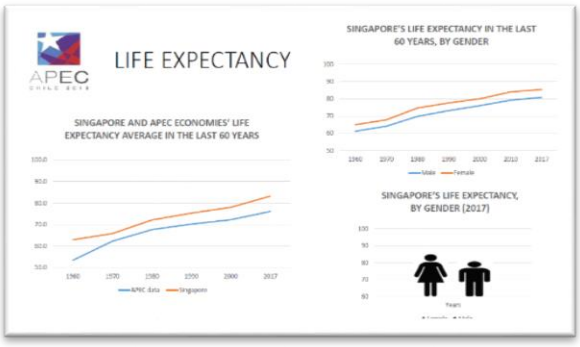
The main causes of disability in elderly people in Russia is cancer and cardiovascular diseases – between 30-34% of the population – followed by mental behavioral disorders and diseases of the nervous system – between 4-5% of the population –.

The main preventive strategy in long-term care public policies include two main documents:

1. Active Ageing. Creation of regional programs aimed at active ageing; organization of preventive check-ups, medical follow-up, additional medical screening for persons 65 and older in rural areas, vaccination against pneumococcal infection; complex program for falls and fractures prevention in older patients, antidementia action plan; development of geriatric infrastructure in regions; national recommendations on the issues of the approaches in older patients.

2. Establishing of long-term care system for senior citizens and disabled persons. Long-term care system is meant to be included into a complex of activities aimed at development and maintaining functional capacity of senior citizens and disabled persons. The system includes both social and medical care; medical help at home, inpatient and daytime inpatient care; patronage services and nursing as well as family care.

Singapore



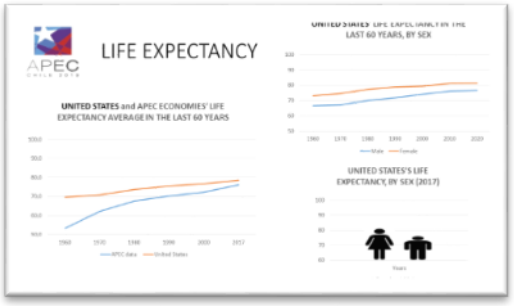
In Singapore, the average life expectancy of birth has increased from about 62 years in the early 60s to over 82 years in 2017, approximately. In this sense, the average life expectancy at birth for men increased from 61 and rolls to about 81 years; in comparison to women, over the same period, that life expectancy increased from 65 years to 85 years.

The main causes of disability in elderly people in Singapore are mainly non-communicable diseases such Cardiovascular Diseases (22.7%), Cancer (19.1%) and Musculoskeletal Disorder (9.2%). The Top Modifiable Risk Factors contributing to this disease are dietary risks, high blood pressure, tobacco use, high BMI, and high blood glucose.

The preventive strategies and long-term care public policies may have divided in three levels:

1. Primary prevention – Action Plan for Successful Ageing. To promote active ageing and good health.
    a. Guided by ICOPE, is an action plan for successful ageing which guides National Policy on how to guide seniors towards ageing successfully. It looks to extend productivity, trying to keep seniors in their jobs for as long as possible; to promote life-long learning; and also create opportunities for improvements in infrastructure and transport, so elderly people are able to get around, to live in an environment that is salutary for them.
    b. National Senior Health Program. Targets health promotion for seniors. Includes campaigns and activities in the communities that includes stroke prevention, falls prevention, and physical activities.
2. Secondary Prevention – National Health Screening Programmes. Early detection and intervention of disease.
    a. "Screening for life". Includes subsidized screening for older Singaporeans for cardiovascular risk, colon-rectal cancer and other common cancer, corneal diseases.
    b. "Projective Screen". Screening for good vision, good hearing and oral health.
3. Tertiary Prevention – Home and Community Care Masterplan. Ensure an equal system of care at home and in the community.

United States of America



In the United States, the average life expectancy of birth has increased from about 53.4 years in the early 60s to over 78.6 years in 2017. In this sense, the average life expectancy at birth for men increased from 66.6 and rolls to about 76.7 years; in comparison to women, over the same period, that life expectancy increased from 73.1 years to 81.4 years.

The main causes of disability in elderly people in the United States number one is falls and other injuries – 1 in 4 people over the age of 65 falls each year; every 11 seconds an older adult is treated in an emergency room for fall; every 19 minutes an older adult dies from the fall –. The second leading cause of disability is a category of arthritis, heart disease and chronic conditions (as stroke, hypertension, obesity, diabetes and others) – in 2017 the number one cause of death was heart disease and chronic lower respiratory diseases such a stroke –.

In terms of preventive strategies and long-term care public policies:

- Healthy People Initiative. Looks to improve health function and quality of life. This has implemented a suite of evidence-based prevention interventions focused on managing chronic disease and illness preventing injury and falls, and managing depression.
- Preventive Benefits in Medicare with the “Welcome to Medicare Exam” and the “Annual Wellness Exam” that offers preventive services, screenings, immunizations.
- Older American Act Home & Community-Based, Long-Term Infrastructure. Looks to maintain and promote health, independence and dignity. Provides services and supports to older individuals and their family caregivers.
- National Alzheimer’s Project Act – A national Plan & Strategy. Prevent and treat Alzheimer’s disease by 2025, as a “cure and care” strategy; and promotes Dementia-Friendly Communities.

Summary

In summary:

- All the APEC economies presented that the life expectancy of women is higher than men's.

- The main causes of dysfunctionality in the economies are common. It is highlight noncommunicable diseases, mainly:

  - Diabetes
  - Cancers
  - Musculoskeletal diseases,
  - Diseases of the circulatory system
  - Mental illnesses (dementia)
  - Neurological diseases.

- At the same time, it is emphasized that the aids are another common cause of dysfunctionality.

- Finally, in relation to the main strategies developed in the economies to address aging, these have to do mainly with:

  - Home care
  - Community care
  - Promotion strategies: physical activity guidelines, and active ageing.
  - Preventive strategies as EMPAM and PACAM
  - Strategies for long term care
  - Strategies for mental care: dementia, Alzheimer.
  - Infrastructure development

WORKSHOP

Design thinking refers to the cognitive, strategic and practical processes through which concepts related to design are developed (proposals for new products, methodologies, public policies). Many of the fundamental concepts and aspects of design thinking have been defined through studies in different areas of design, design cognition and design activity in laboratories as well as in natural environments.

In the context of APEC, THINKey® designed a methodology based on design thinking, in order to implement a high impact workshop, focused on the development of initiatives to promote healthy aging in society. This methodology was carried out for the Division of disease prevention and control, together with the Division of Public Policies and the Office of Cooperation and International Affairs MINSAL, during the second half of the year 2019.

The methodology has five steps: *empathize, define, invest, ideate and prototype*, which were applied in the context of the APEC economic conference, with the participation of representatives of different economies that attended the meeting.

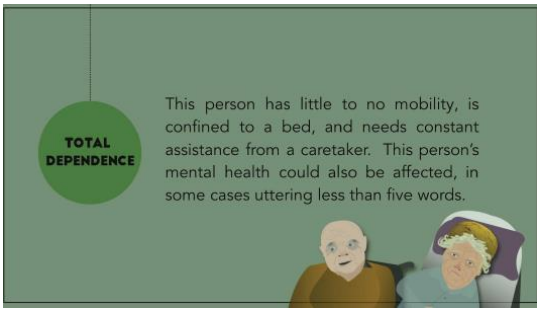
The methodology includes a first activity refers to an Empathy map about levels of dependence and a role playing focused on these different levels; third, an phase of investment; and finally, a phase of implementation through voting and generate a metacognition process.

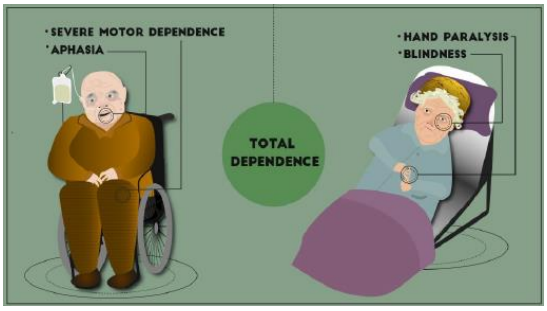
Empathy: levels of dependence

Each participant experiences different levels of dependence, all of which are associated with the most widespread conditions of the elderly. They have been grouped from the greatest level of dependence (requiring a caregiver), through lower degrees of dependence, to complete independence.

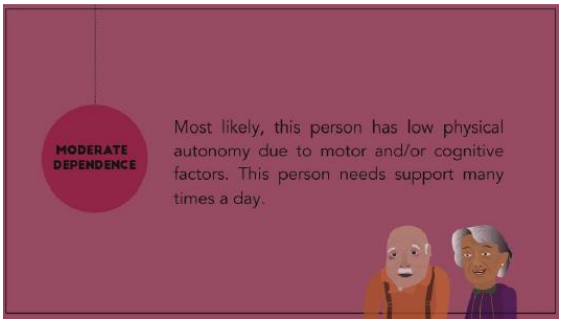
In order to gain a better understanding of dependence, participants were assigned to do three everyday activities: prepare breakfast, get dressed and send an email. Before the role-playing, concepts of levels of dependence were explained:

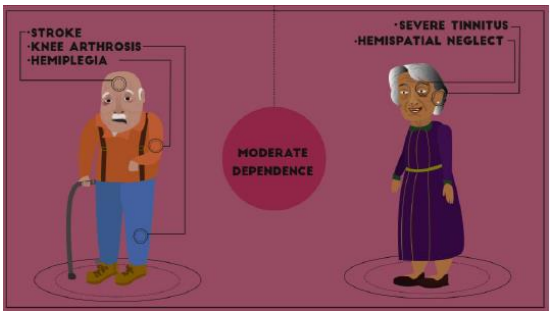
<u>Total dependence:</u>



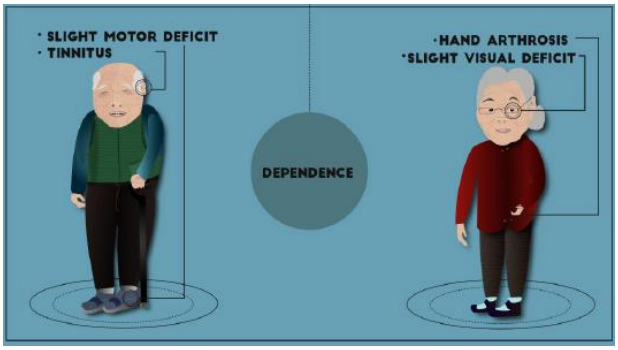


<u>Moderate dependence:</u>

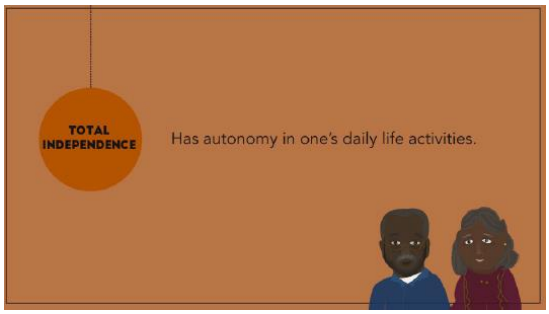


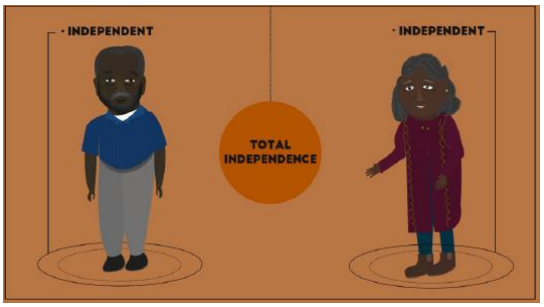


Dependence:

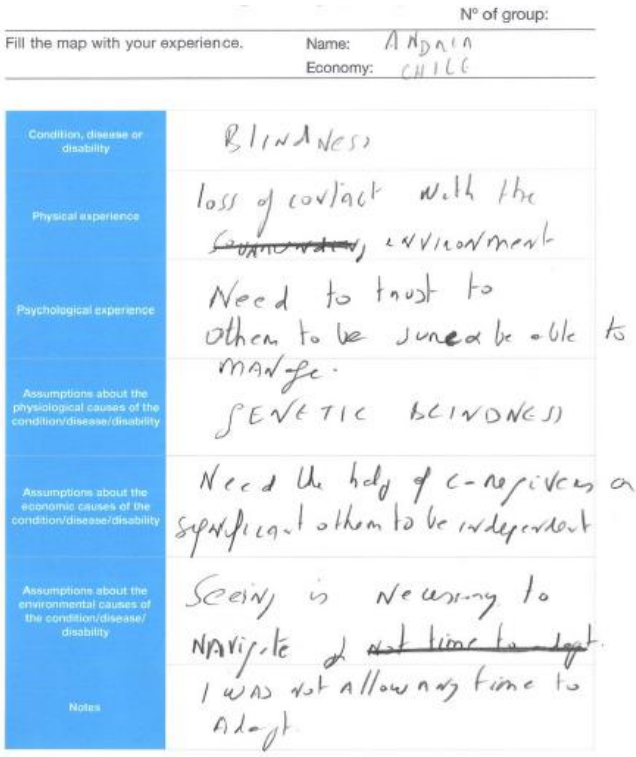


Total Independence:





After the role playing, the participants defined Empathy Maps. Empathy maps were created to gain a profound understanding when designing products, services, and - in this case - public initiatives. It places the participant at the center of the empathy experience through the evaluation of physical and psychological aspects, and through making assumptions about the physiological, economic and environmental factors influencing the condition. The activity was carried out in a personal way, by each participant filling out a form. These would serve to establish an experiential center, useful for further stimulation of ideas.



N° of group:

Fill the map with your experience. Name: ANDREA

Economy: CHILE

Condition, disease or disability	BLINDNESS
Physical experience	loss of contact with the ~~Environment~~ environment
Psychological experience	Need to trust to others to be joined be able to manage.
Assumptions about the physiological causes of the condition/disease/disability	GENETIC BLINDNESS
Assumptions about the economic causes of the condition/disease/disability	Need the help of c-negivers a significant others to be independent
Assumptions about the environmental causes of the condition/disease/disability	Seeing is necessary to NAVIGATE ~~not time to light~~
Notes	I WAS not allowed time to adapt

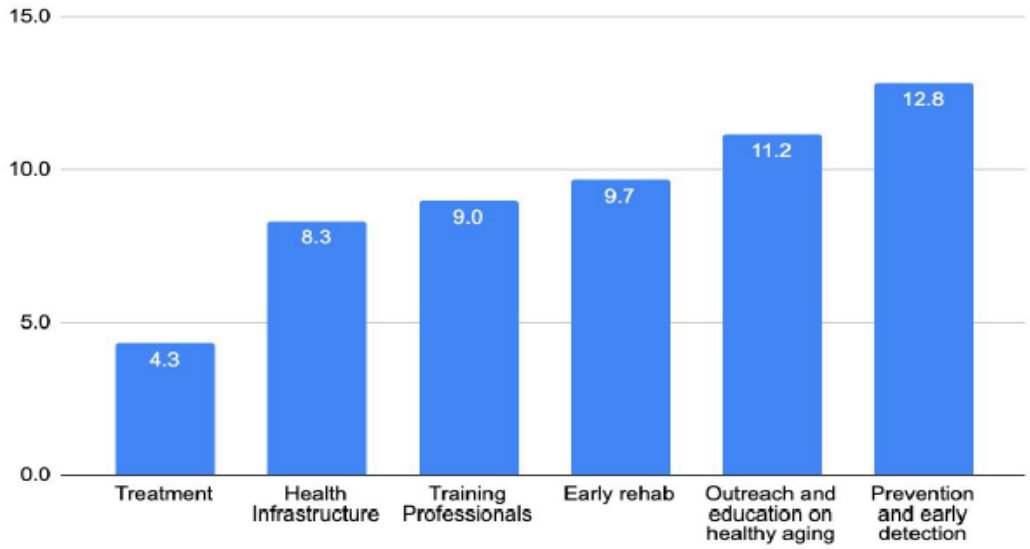
Investment: APEC money

The Invest phase consisted of each person receiving an equal amount of coins that they could invest in six categories. This activity was carried out after the experiential activity and the empathy map, so it is likely that the investment is determined by how each participant evaluated their own experience process. The categories and their explications were the following:

CATEGORIES	EXPLICATION
1.Outreach and Education on Healthy Ageing	This category includes national-level action that can be implemented throughout one's lifetime. It proposes educational programs for the prolongation of autonomy and promotes a positive image of the aging process.
2.Prevention and Early Detection Of Pathologies Associated With the Loss of Functional Capabilities	This category includes actions that range from preventive medicine to the early detection of more prevalent pathologies in the aging population. These pathologies could lead to a loss of functional capabilities, and worsen the quality of life of the elderly and their environment.
3.Treating the Most Common Pathologies of Elderly People	This category includes the most common pathologies of the elderly, covering both acute and chronic conditions, which affect the autonomy and the quality of life of the elderly and their environment.
4.Early Rehabilitation	This category explores the possibility of accessing early rehabilitation for conditions that can otherwise contribute to lifelong consequences. For example stroke, hip fracture, head injury, among others.
5.Training Professionals	This category focuses on training the personnel in charge of caring for the elderly: such as caregivers, technicians, and other professionals. Equipped with knowledge about the aging process, they need to be able to manage outreach, prevention, treatment, and rehabilitation, as well as other tasks.
6.Health Infrastructure	This category explores the infrastructure needed for the elderly both in public and private healthcare systems, as well as the different levels of care (primary, secondary, and more complex), using a lifelong approach.

The results of the voting for each group of participants were the following:

	GROUP 1	GROUP 2	GROUP 3	GROUP 4	GROUP 5	GROUP 6
Outreach and education on healthy aging	14	18	2	13	13	7
Prevention and early detection	16	8	4	12	18	19
Treatment	6	3	1	8	6	2
Early rehabilitation	9	9	18	5	6	11
Training professionals	4	7	17	7	8	11
Health infrastructure	7	11	6	10	10	6



After discovering the category with the highest number of votes in each group, the participants worked on the question of the chosen category. They generated a discussion, did brainstorming and finally created a prototype of an initiative that was delivered to the team of THINKey for further processing.

The questions related to each category are the following:

- What actions are required throughout one's lifetime regarding health so as to experience aging in an optimal physical, mental and emotional state? Category: Outreach and education for a healthy aging process.
- How can you encourage the population to get early detection of pathologies associated with a loss of functional capabilities? Category: Prevention and early detection of pathologies associated with a loss of functional capabilities.
- How can you give the elderly access to the treatments they need most? Category: Treating the most common pathologies of the elderly.
- How can we identify the obstacles that impede access to rehabilitation and how do we improve this access? Category: Early Rehabilitation.
- How can we increase and maintain the number of public healthcare professionals capable of having specialized knowledge in geriatrics and gerontology? Category: Training Professionals
- How can we adapt to healthcare infrastructure so that it is more responsive to the needs of the elderly? Category: Health Infrastructure.

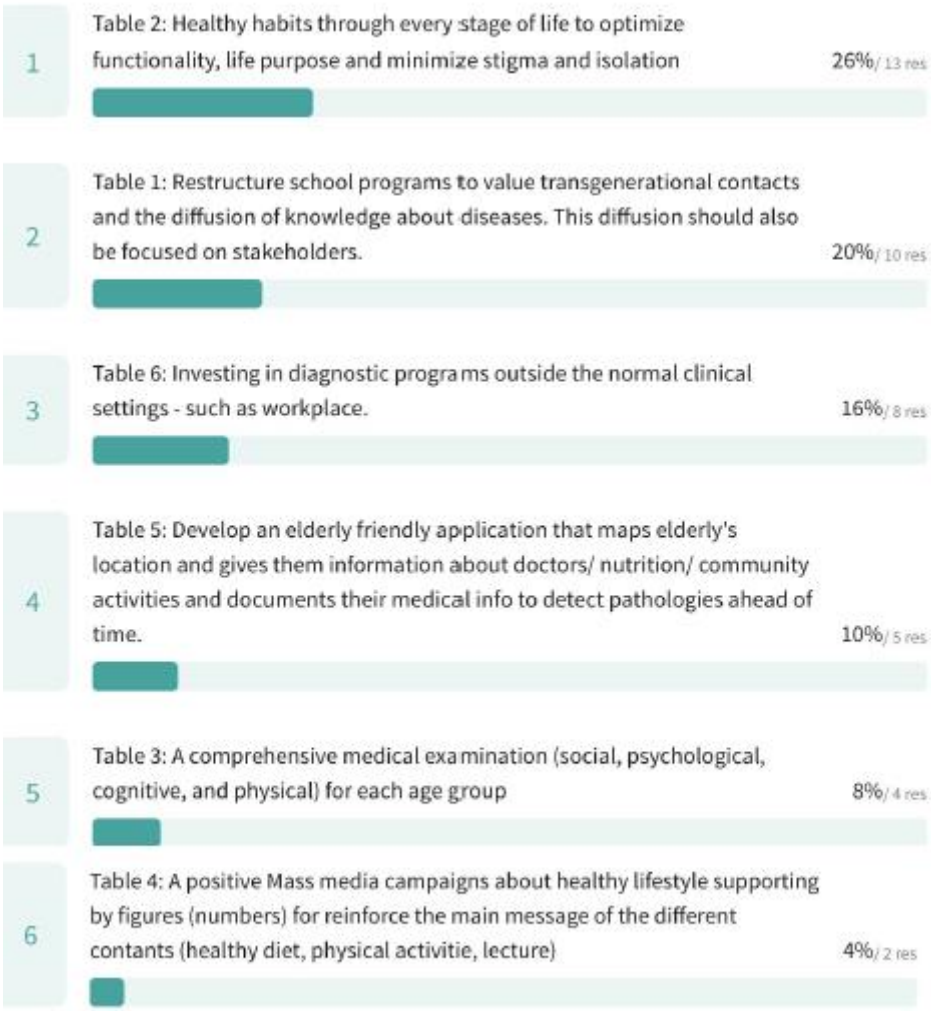
From each question, the participants began to generate ideas until they reached an initiative that they could write in less than 150 words and that was directly related to the solution of the initial question.

The results were recorded and then qualitatively analyzed in the word cloud shown below:

Implement: voting and metacognition

The final phase consisted of voting and metacognition of the experience. By having the ability to vote, participants can generate a metacognition process, that is, the act of reasoning about the reasoning itself. By voting on the implementation of the initiatives proposed by all groups, participants could understand the problem at a global level and receive feedback on the methodology that has been carried out. The voting was done online, through cellphones.

The final results of the voting can be seen in the following graph:


1
Table 2: Healthy habits through every stage of life to optimize functionality, life purpose and minimize stigma and isolation
26% / 13 res
2
Table 1: Restructure school programs to value transgenerational contacts and the diffusion of knowledge about diseases. This diffusion should also be focused on stakeholders.
20% / 10 res
3
Table 6: Investing in diagnostic programs outside the normal clinical settings - such as workplace.
16% / 8 res
4
Table 5: Develop an elderly friendly application that maps elderly's location and gives them information about doctors/ nutrition/ community activities and documents their medical info to detect pathologies ahead of time.
10% / 5 res
5
Table 3: A comprehensive medical examination (social, psychological, cognitive, and physical) for each age group
8% / 4 res
6
Table 4: A positive Mass media campaigns about healthy lifestyle supporting by figures (numbers) for reinforce the main message of the different contants (healthy diet, physical activitie, lecture)
4% / 2 res

GENERAL SUMMARY

Ageing is a global reality, and it is estimated that by 2050 the world population will have a life expectancy of 77.1 years, compared to the average of 72.6 for the year 2019. This mean that the proportion of elder people - 65 years of age and above - by 2050 will correspond to 16% of the world population, versus an estimated 9% for the year 2019[2].

In this frame, the Asia-Pacific economies have an average life expectancy of 77.3 years, being and having one of the highest levels of aging in the world. Thus, 39% of the world's elderly population is represented by APEC economies. In this context, the challenges of attending and giving quality health to this age group appear, to promote healthy aging.

Ageing have come to represent a significant problem in societies and in the different healthcare systems. Because of these, the Policy Dialogue "Promotion and Prevention to Continuous, Integrated and Comprehensive Care for a Positive, Active and Healthy Aging" looked for being a guideline so APEC economies could develop promotion and preventive policies related to the topic.

In line with what the experts presented:

- There is a preoccupation on the currently health system, which is focused on the younger population, acute disease and with fragmented services. Now we have a new population: more and most people with 65 years old and above, that needs integrated care with the objective on maximize intrinsic capacity and their functionability.
- It is necessary to develop data information so the government could do preventive and promotional policies focused on Healthy Ageing.
- It is needed a Health System and Long-term care System that integrates all the types of care that an elderly needs. So, is time to think and invert in a more integrated system, in technology that could help ageing, so to focus on the person and in the cycle of life.
- Developing technological strategies and tools could help to elderly people to prevent different health problems (as cognitive, mobility and communication problems).

It is important to stress that no isolated policy could prevent and promote health in elderly people. It is fundamental to adopt comprehensive and multisectoral approach to influence in a Healthy Aging. In this regard, policies aimed at elder people must be combined with broader strategies, and forward thinking is key so that these policies could success in the long-term.

[2] https://www.un.org/es/sections/issues-depth/ageing/index.html

ANEXES

Agenda

Policy Dialogue on 'Health Across the Life Course' – Prevention Measures to support an ageing population within APEC economies

"From promotion and prevention to continuous, integrated and comprehensive care for a positive, active and healthy aging"

Puerto Varas, August 18th 2019

TIME	ACTIVITY	IN CHARGE
8:30 – 8:45	Registration and accreditation	Ministry of Health
8:45- 9:00	Authorities Photo	Ministry of Health
9:00 – 9:10	Opening remarks	**Dra. Paula Daza.** Public Health Undersecretary Ministry of Health
9:10 – 9.40	How to strengthen the health systems of the APEC economies to face the changes that the aging of the population entails?	**Dr. Islene Araujo** Senior Adviser, Ageing and Life Course/ WHO Division of UHC and Life Couse
9:40– 10:10	Long-term care strategies in elderly people What do we need to implement better health care and improve user perception?	**Nanako Tamiya** Professor and Chair Department of Health Services Research, University of Tsukuba, Director of Research and Development Center for Health Services
10:10 – 10:40	**BREAK**	
10:40 – 11:10	Promotion and prevention strategies. Identifying the investments necessary to maintain the functional health of the elderly. What do we need to enhance the cost-effectiveness of public policies aimed at caring for the elderly?	**Pedro Olivares** Senior Researcher Superintendencia de Salud. Chile
11:10 – 11:40	The place of emerging technologies: Living longer, healthier and independent.	**Edwin Walker** Deputy Assistant Secretary for Aging/ U.S. Department of Health and Human Services,

		Administration for Community Living
11:40-12:30	Open discussion	All participants
	OFFICIAL PHOTO	
	END OF THE FIRST PART	

TIME	**ACTIVITY**	**IN CHARGE**
12:30 - 14-30	**Lunch Break**	APEC Economies
14:30 – 16:00	Presentation of the situation of economies regarding aging population.	APEC Economies
16:00 – 16:15	**COFFEE BREAK**	
16:15 – 17:45	Dynamic Workshop. *Designing policies from a people approach*	APEC Economies
17:45– 18:00	Wrap up and closing remarks	**Senior Official**
	END OF THE SECOND PART	