Creating links between evidence and policy
Japan, Ireland and Cyprus face the largest jump in ageing costs over the next decade.

In 2050 one person in three will be over 65 and one person in ten will be over 80.

2012 - 11% of the world's 6.9bn people are over 60
2050 - 22% of the world's 9bn people will be over 60.

Between now and 2050 the fiscal burden of the crisis will be 10% of the ageing-related costs. The other 90% will be extra spending on pensions, health and long-term care.
POPULATION AGEING, SELECTED COUNTRIES, WESTERN PACIFIC REGION, 1940–2060

REGIONAL FRAMEWORK FOR ACTION ON AGEING AND HEALTH IN THE WESTERN PACIFIC (2014–2019)

- systems and capacity to collect and analyse routine data.
- periodic population surveys and qualitative studies,
- monitoring and evaluation of laws, policies, plans and interventions on ageing and health
- research priorities for ageing and health
- partnerships across sectors and stakeholders
- improve knowledge translation to inform policy-making on ageing and health.
- designed to assist policy- and decision-makers in integrating evidence-based approaches to ageing in national health policy development processes, specific policies or programs addressing older population needs.

- provides guidance on steps for transfer of knowledge and evidence into the policy development process.

Based on work by John Lavis, McMaster University


And SUPpORTing POlicy relevant Reviews and Trials tools promoted by the WHO EVIPNet
Knowing is not enough ...

- Beyond knowledge of diseases and treatments
- Pathway from sources of evidence to policy and practice, within social, political and structural contexts
KNOWLEDGE TRANSLATION FOR AGEING AND HEALTH

The use and impact of evidence is evaluated

Policy-makers seek research evidence on ageing and health

Systems to assist policy-makers access and use research

Is ageing/health on the policy agenda?

Networks/peak bodies
Policy dialogues
Other meetings

Opportunities, capacity and activities to conduct relevant research in ageing

Researchers provide information to user groups
CASE STUDY: GHANA

AUGUST 2013

7.2% 60+
LE at birth M:F 60.2:63.0
LE age 60 77.5:78.6
CASE STUDY: GHANA – TASK FORCE & REPORT

- SAGE 3923 adults 50+ years, 2011

**Hypertension:** 54% high BP,
- 14.2% reported HBP,
- 4% treated.

**Respiratory problems:**
- 81.1% restricted FEV
- 8.6% reported COPD
- 3.3% reported asthma.

**Limitation on 2+ADL**
- 22.1% M, 36.6% F

**Unable to access care**
- 30%

### National Ageing Policy
- Implementation Plan
- Ministry of Employment and Social Welfare
CASE STUDY: GHANA - ENGAGEMENT

- led by Ghana Health Service, supported by WHO Country and Regional Offices and Department of Ageing and Life Course
- WHO, Ministry of Health,
- Ministry of Gender, Children and Social Protection,
- Ministry of Local Government and Rural Development,
- Ministry of Finance,
- Ghana Health Service,
- teaching hospitals and professional bodies,
- Help-Age Ghana
- Community health workers
- Other stakeholders

Evidence on effective health system responses - McMaster Health Forum Health Systems Evidence database http://www.mcmasterhealthforum.org/hse/
WHO Package of Essential Non Communicable Diseases interventions for primary health care in low-resource settings

Policy dialogue → policy briefs → five years operational plan.
POLICY OPTIONS AND STRATEGIES

HYPERTENSION:
Hypertension: 54% high BP, 14.2% reported HBP, 4% treated.

“High prevalence and low control rates of hypertension among older people in Ghana”

Local health care systems focus on screening and management of hypertension. BUT low health insurance coverage (<50%), and poor awareness of chronic illness.

REFRAMING THE PROBLEM:
✓ limited access to services and drugs,
✓ limited understanding by older people of the nature of chronic disease and care

CONSIDERING THE EVIDENCE:
systematic review: 14 studies (8 RCTs)—community health workers improve self-management of hypertension, blood pressure control, health care attendance, and adherence to antihypertensive medications.


- Support groups for increasing understanding of chronic diseases including hypertension, increasing insurance uptake and screening.
- Strengthen community worker’s capacity through training and development of protocols for compliance with treatment and management of lifestyles including weight, diet, tobacco use, alcohol intake etc.
- Barriers - competition with other health priorities, limited health service coverage in some areas and for some people, limited skills and high demands across the health workforce.
- Opportunities - strengthening and extending the Community Health and Planning Services
KNOWLEDGE TRANSLATION FOR AGEING AND HEALTH

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CHINA

1,343,239,923 people
12.3% aged 60+

- Prevention of functional decline
- Prevention and management of chronic disease
- Integrated Care
- Long-term Care
## EVIDENCE FOR PREVENTION OF FUNCTIONAL DECLINE

Evaluating the effectiveness of complex interventions to improve physical function and maintain independent living in elderly people through a systematic review and meta-analysis.

### Table: Relative risk (95% CIs) of outcome by intervention context

<table>
<thead>
<tr>
<th>Study context</th>
<th>Not living at home N=79,578</th>
<th>Death N=93,754</th>
<th>Nursing home admission N=79,575</th>
<th>Hospital admission N=20,047</th>
<th>People with falls N=15,607</th>
<th>Physical function N=21,651</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geriatric assessment of general elderly people</td>
<td>0.95 (0.93 to 0.98)</td>
<td>1.00 (0.98 to 1.03)</td>
<td>0.86 (0.83 to 0.90)</td>
<td>0.98 (0.92 to 1.03)</td>
<td>0.76 (0.67 to 0.86)</td>
<td>-0.12 (-0.16 to -0.08)</td>
</tr>
<tr>
<td>I²</td>
<td>35.3%</td>
<td>39.7%</td>
<td>47.5%</td>
<td>61.4%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Geriatric assessment of elderly people selected as frail</td>
<td>1.00 (0.87 to 1.15)</td>
<td>1.03 (0.89 to 1.19)</td>
<td>1.01 (0.83 to 1.23)</td>
<td>0.90 (0.84 to 0.98)</td>
<td>0.99 (0.89 to 1.10)</td>
<td>0.01 (-0.06 to 0.04)</td>
</tr>
<tr>
<td>I²</td>
<td>43.3%</td>
<td>0</td>
<td>28.8%</td>
<td>11.0%</td>
<td>0</td>
<td>57.9%</td>
</tr>
<tr>
<td>Community-based care after hospital discharge</td>
<td>0.90 (0.82 to 0.99)</td>
<td>0.97 (0.89 to 1.05)</td>
<td>0.77 (0.64 to 0.91)</td>
<td>0.95 (0.90 to 0.99)</td>
<td>0.82 (0.61 to 1.08)</td>
<td>-0.05 (-0.15 to 0.04)</td>
</tr>
<tr>
<td>I²</td>
<td>2.2%</td>
<td>5.2%</td>
<td>0</td>
<td>57.0%</td>
<td>40.3%</td>
<td>0</td>
</tr>
<tr>
<td>Fall prevention</td>
<td>0.86 (0.63 to 1.19)</td>
<td>0.79 (0.66 to 0.96)</td>
<td>1.26 (0.70 to 2.27)</td>
<td>0.84 (0.61 to 1.16)</td>
<td>0.92 (0.87 to 0.97)</td>
<td>-0.25 (-0.36 to -0.13)</td>
</tr>
<tr>
<td>I²</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>65.8%</td>
<td>4.1%</td>
<td>0</td>
</tr>
<tr>
<td>Group education and counselling</td>
<td>0.62 (0.43 to 0.88)</td>
<td>0.80 (0.42 to 1.55)</td>
<td>0.50 (0.05 to 5.49)</td>
<td>0.75 (0.51 to 1.09)</td>
<td>n/a</td>
<td>0.05 (-0.20 to 0.30)</td>
</tr>
<tr>
<td>I²</td>
<td>0</td>
<td>0</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>All complex interventions</td>
<td>0.95 (0.93 to 0.97)</td>
<td>1.00 (0.97 to 1.02)</td>
<td>0.87 (0.83 to 0.90)</td>
<td>0.94 (0.91 to 0.97)</td>
<td>0.90 (0.86 to 0.95)</td>
<td>-0.08 (-0.11 to -0.06)</td>
</tr>
<tr>
<td>I²</td>
<td>29.3%</td>
<td>10.6%</td>
<td>29.0%</td>
<td>43.0%</td>
<td>52.8%</td>
<td>45.9%</td>
</tr>
</tbody>
</table>

n/a = not applicable. *Activities of daily living −0.08 (−0.11 to −0.04, I²=37.5%) and generic physical function −0.09 (−0.13 to −0.05, I²=64.0%).

Complex interventions to improve physical function and maintain independent living in elderly people: a systematic review and meta-analysis

Andrew D Beswick, Karen Rees, Paul Dieppe, Salma Ayis, Rachael Gooberman-Hill, Jeremy Horwood, Shah Ebrahim

*Lancet 2008; 371: 725-35*
# A case study in development, evaluation and monitoring of preventive care for older people: 75+ Health Assessments

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<tbody>
<tr>
<td><strong>Policy idea</strong></td>
<td>Sourcing the evidence</td>
<td>Using the evidence</td>
<td>Capacity to implement</td>
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<tr>
<td>Policy Development</td>
<td>Health assessments for older veterans and war widows</td>
<td>Government considers Medicare Item</td>
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<td>Literature review</td>
<td>Review of published literature on effectiveness</td>
<td>Proposed methods for assessment</td>
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<tr>
<td>Research</td>
<td>Instrument development</td>
<td>Economic evaluation</td>
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<tr>
<td>Policy and Practice</td>
<td>Pilot study</td>
<td>Evaluations of uptake, acceptability and impact</td>
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</tr>
</tbody>
</table>

**Preventive Care Trial (RCT)**

BIOLOGY
• Mechanisms and targets

EPIDEMIOLOGY
• Burden of illness and priority setting
• Socio-economic determinants/inequity
• Identification of risk factors
• Key points for effective prevention strategies
• Age and stage and sub-group specific approaches

INTERVENTIONS and BEST PRACTICE
• Clinical Trials
• Process evaluation
• Translation and tailoring
• Practice-based evidence

ACCESS and USE
• Appropriateness
• Adequacy
• Timeliness
• Effectiveness
• Equity
• Acceptability, costs, benefits and efficiencies of care

HEALTH INFORMATICS
• Development of Health indicators
• Analytical systems and methods
  Control and response systems for continuous improvement

PERSON-BASED
• following people across services and over time

EQUITY IMPACT
• Differential impacts and moral hazard

WORKFORCE DEVELOPMENT
KNOWLEDGE TRANSLATION FOR AGEING AND HEALTH

Is ageing/health on the policy agenda?

Networks/peak bodies:
AAG/ ANZSGM
NACA

Opportunities, capacity and activities to conduct relevant research in ageing
- 22 AAG collaborating centres
- ILC-Australia
- NHMRC agenda

Researchers provide information to user groups

The use and impact of evidence is evaluated

Policy-makers seek research evidence on ageing and health AEAG

Systems to assist policy-makers access and use research
- SAX Institute
- AAG
- ILC-Australia
CONCLUSIONS

• Research can be used to underpin policy and practice, to ensure uptake of best practice, and to promote equity and efficiencies in health systems to promote health in older age

• Implementation of research findings involves partnerships between researchers, policy makers and providers. It’s not just “translation” of research findings.

• Involves a chain of research and review throughout the policy and practice development process

• Not just randomised controlled trials for “best evidence”

• Evaluation continues after the initiation of policy and practice “post roll-out evaluation”

• Continuous monitoring and improvement