



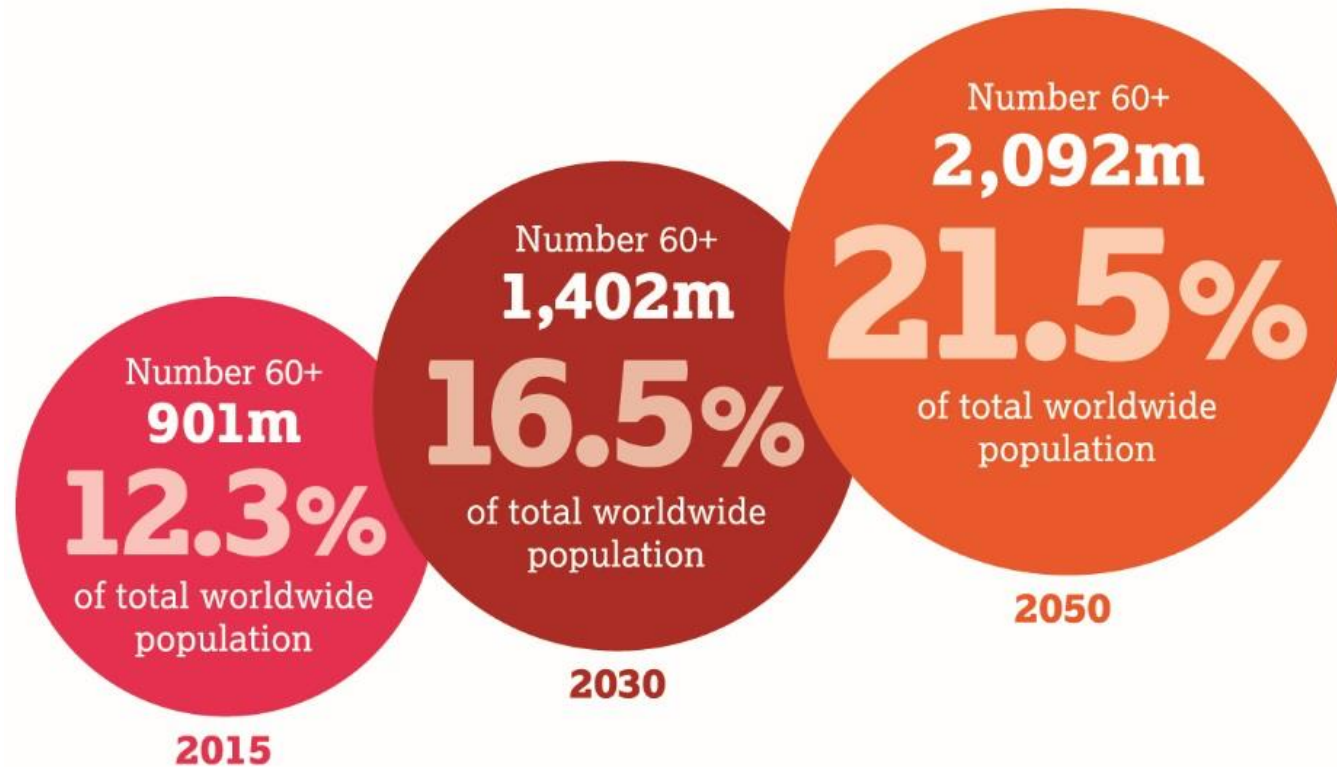
Using the nominal group technique to identify needs and priorities for healthy ageing



Plan for the talk

- Healthy ageing: needs and priorities of older adults
- Nominal group technique: how data were collected with three partner countries to build consensus
- How the data were analysed and presented
- Reflections
 - progressing a common cross-country design
 - capacity building (writing and submitting for publication)
 - Implications for impact (policy)

By 2050 >20% of people on the planet will be 60 years or older



What % of older people will live in LMICs by 2030?

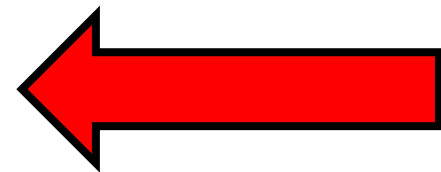


20%

40%

60%

80%



Ageing in LMICs – a wicked problem!

- Changes to policy and practice must be evidence based to efficiently deliver required health and social care services
- 75% of LMICs have no or limited data to inform healthy ageing
- LMICs are not homogeneous: Research needs to be representative of the ageing populations in these countries to inform policy and practice

Our work addresses key questions of relevance to older people living in LMICs



- **Ageing in society**

- What is important to older people and relevant stakeholders in LMICs?

- **Ageing and health**

- What health issues do older people suffer in LMICs?
- What are the care needs of older people?
- What is the quality of life of older people like?
- How does frailty affect older people in LMICs?

- **Ageing and economics**

- What contributions do older people make to their economics (direct and indirect)?
- What is the cost of ageing badly?

Identifying needs and priorities of older people and stakeholders in rural and urban areas of Rwanda, Pakistan and Brazil

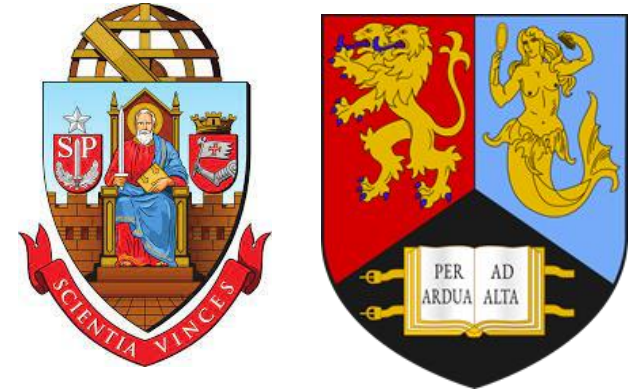


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Healthy ageing workshops: older adults and stakeholders in urban and rural areas of Santo Andre



Prof Vania Nascimento
Dr Danyela Casadei
Prof Eduardo Ferrioli



Questions/ topics for older adults



1. What is the local definition of ageing? (in plenary)
2. What are your priorities (what is important to you) as you get older to ensure you live a healthy and active life?
3. What are the main obstacles (perceived or actual) to ensuring you live a healthy and active life?
4. What are the main enablers (perceived or actual) to ensuring you live a healthy and active life?

Questions/ topics for stakeholders



1. What is the local definition of ageing? (in plenary)
2. What do you think is important for older people in Brazil?
3. What services, and family and community structures are available to ensure that older people are able to live healthy and active lives in Brazil?
4. What are the main priorities to be addressed to maintain health and wellbeing for older people in Brazil?

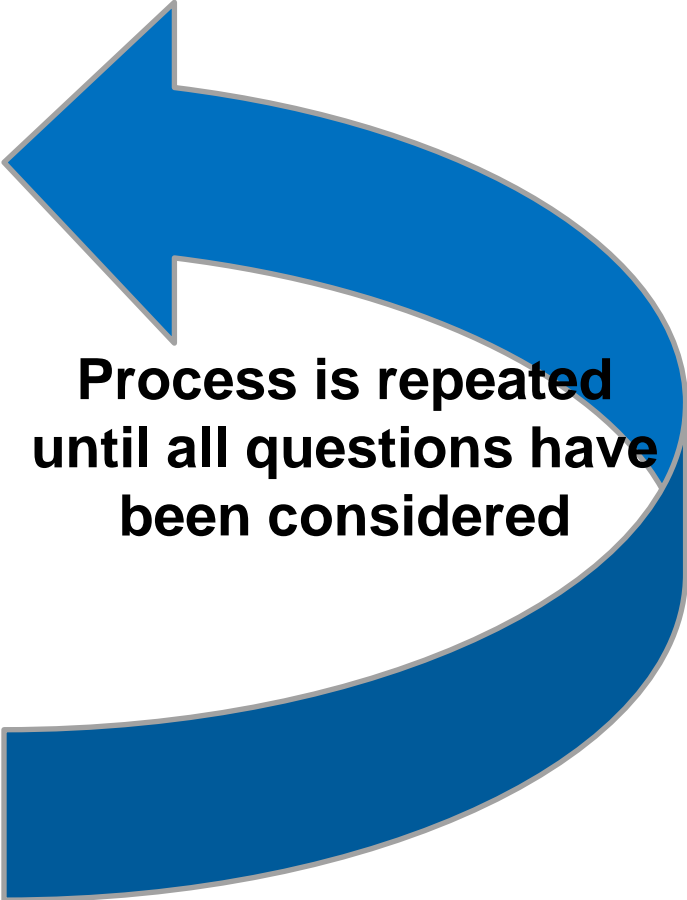
Plenary 1

1. outline the purpose of workshop and how it will be conducted
2. Discussion on what is the local definition of ageing

Roundtable 1. Participants at each table discuss and agree upon responses to question 2. They will choose their top 5 priorities to discuss with the whole workshop. (next plenary)

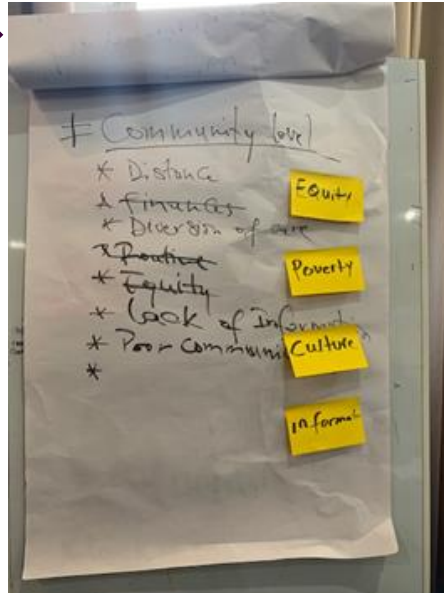
Plenary 2 discussion – each roundtable group presents their top 5 priority responses to question 2 to the whole group and the whole group have an opportunity to discuss why the responses were chosen and their order in the priority list.

Plenary 2 – voting. The facilitator team collate the top 5 priority responses to question 2 from each roundtable. They remove duplicate and present the list to the whole group and get them to vote on the final list of priorities (in order).



**Process is repeated
until all questions have
been considered**

Older adults and stakeholders workshops in urban and rural areas of Santo Andre, Sao Paulo



Brazil workshop: data

URBAN stakeholders		RURAL stakeholders	
Professional category	N	Professional category	N
Nurse	5	Community Health Agent	6
Pharmacist	3	Dentist	2
Community Health Agent	2	Dentist assistant	1
Physician	1	Nurse	1
Dietitian	1	Nursing technician	1
Physical Therapist	1	Physician	1
City councilor for older people	1	Psychologist	2
City councilor for health	1	Technical officer	1
Community volunteer	1	Physical Educator	1
Social Assistant	1	Carer	1
Retired older person	1		
Researcher	1		
Sanitarian agent	1		



Ageing in society workshop results: Definition of ageing



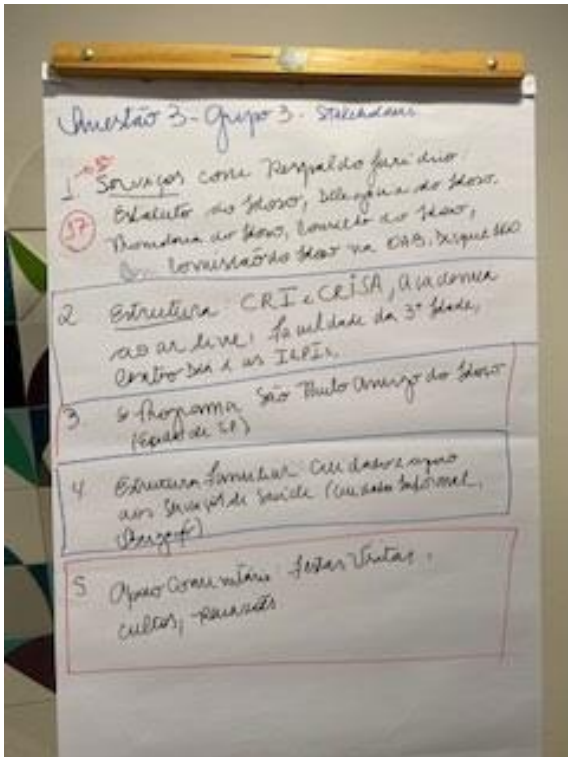
Rural older adults: *Ageing is a privilege, the opportunity to learn and live well. Ageing is good and there is no old age*

Rural stakeholders: *Heterogenous phenomenon that is person and place dependent*

Urban older adults: *Changes that we can modulate with physical and mental activities*

Urban stakeholders: *Set of experiences acquired over the years*

Data



What do you think is important for older adults in Brazil?

Rural older adults

Closeness, love and living with family

To stay physically and mentally active

Free public transport for the older person's carer

To have faith in god and to practice gratitude

To have patience and attention with the older person, more help and mutual respect between young and old persons

Urban older adults

Having good health, self-care, healthy eating and staying active

To maintain autonomy

To be always ready to help others, regardless of age, respecting, loving and prioritizing yourself

To nourish spiritual life regardless of one's faith

Keeping mentally healthy

Brazil workshop: data



Areas of importance						What are the main priorities that need to be addressed to maintain health and wellbeing for older people?			What are the main enablers to ensure you are living a healthy and active life?			What are the main obstacles to ensure you are living a healthy and active life?		
Stakeholders			Older People			Stakeholders			Older people			Older People		
Rural		Urban	Rural		Urban	Rural		Urban	Rural		Urban	Rural		Urban
Income in retirement		Policies to create spaces for coexistence, culture, education, leisure	Closeness, love and living with family		Having good health, self-care, healthy eating and staying active	Public policies specific to the older person		Quality public health	Active and present family		Priority at healthcare appointments	Precarious infrastructure		Lack of adequate medical care, with delay in referral and difficult access to specialized care
Access to basic needs through the creation and execution of public policies		To put into practice the Brazilian statute for older person empowerment	To stay physically and mentally active		To maintain autonomy, to have oneself's own space and wishes respected	Care and self-care		Dignified housing	Nature, breathing fresh air, contact with animals, able to have gardens and plants		Participation in educational programs and social networks	Flaws in the health system, especially in emergency situations		Lack of guidance and explanation in relation to: quality health service
Urban and environmental structure for accessibility		To have a more equitable social security policy	Free public transport for the older person's carer to health services		To be always ready to help others, regardless of age, respecting, loving and prioritizing yourself	Community organizations, cultural and social movements that value ageing society		Multiprofessional programs for prevention, promotion and education in health and autonomy	Support offered by governmental and non-governmental agencies and other stakeholders		Free intermunicipal and interstate transportation	Lack of social and community life and leisure		Financial conditions incompatible with social reality
Community support network		Access of information and encouragement to seeking for it	To have faith in god and to practice gratitude		To nourish spiritual life regardless of one's faith	Public and domestic security		Implementation and observation of the statute of the older person	Attention and active listening		Access to quality medical care	Difficulty walking, decreased vision		Lack of accessibility at home, on the street, in establishments
Awareness/culture to value the elderly and the ageing process (social inclusion)		To encourage the social participation of the older person	Patience and attention, more help and mutual respect between young and old persons		Keeping mentally healthy (avoiding isolation and having a good and active social, mental and intellectual life)	Decentralization of services offered to the older person in places with difficult access		Shared accountability of the ageing process	Independence to come and go		Maintenance of self-esteem	Lack of security (increase in assaults and violence)		Failure to enforce the rights of the older person

Brazil workshop: data

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Legend: Individual Relationship Environment Society

Lessons learned

- More dialogue to ensure consistency of language
- Local recruitment strategies to ensure diversity
- Training of workshop facilitators
- Careful recording of the workshops (in case of protocol deviations)

Capacity building

- Training

workshop delivery

write a paper

- Support

Reviewing drafts/ setting timelines

Submissions process



Ageing in society workshops: Next steps



Comment

Health and wellbeing of older people in LMICs: a call for research-informed decision making



An estimated 80% of the world's older people (defined as those aged ≥ 60 years) will live in low-income or middle-income countries (LMICs) by 2030.¹ Ageing well requires addressing the complex financial, health, and social care needs of older people. But, despite economic growth and investment in health, LMICs continue to struggle with fragile and under-resourced health and social care systems to support older people.² Such issues can be particularly problematic in rural areas, from

relations, and considerations around what healthy ageing and wellbeing mean might be very different.³ Additionally, the small amount of data that are being collected in LMICs might not be fully representative of or pertinent to all ageing populations in those countries. For example, between 2014 and 2019, almost 70% of publications in the *Brazilian Journal of Geriatrics and Gerontology* were from the south or southeast of the country.¹⁰ The Gateway to Global Aging Data—which hosts epidemiological

For the Gateway to Global Aging Data see <https://g2aging.org/>

Goodman-Palmer D, Ferriolli E, Gordon AL, Greig C, Hirschhorn LR, Ogunyemi AO, Usmani BA, Yohannes T, Davies J. Glob Health. 2023 Feb;11(2):e191-e192. doi: 10.1016/S2214-109X(22)00546-0.



Thank you

