



Deposited via The University of Sheffield.

White Rose Research Online URL for this paper:

<https://eprints.whiterose.ac.uk/id/eprint/238545/>

Version: Accepted Version

Article:

Syed, M.A., Syed, M.A. and Lee, A.C.K. (2025) Healthy ageing – investing now for the future. *Public Health*, 240. pp. 95-96. ISSN: 0033-3506

<https://doi.org/10.1016/j.puhe.2025.01.007>

© 2025 The Authors. Except as otherwise noted, this author-accepted version of a journal article published in *Public Health* is made available via the University of Sheffield Research Publications and Copyright Policy under the terms of the Creative Commons Attribution 4.0 International License (CC-BY 4.0), which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>

Reuse

This article is distributed under the terms of the Creative Commons Attribution (CC BY) licence. This licence allows you to distribute, remix, tweak, and build upon the work, even commercially, as long as you credit the authors for the original work. More information and the full terms of the licence here:

<https://creativecommons.org/licenses/>

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.

Healthy ageing – investing now for the future

Authors

Muslim Abbas Syed (Corresponding author)

Primary Health Care Corporation, Doha, Qatar
musyed@phcc.gov.qa

Mohamed Ahmed Syed

Primary Health Care Corporation, Doha, Qatar

Andrew C K Lee

University of Sheffield, Sheffield, UK

Abstract

The rise in global life expectancy over the past century has resulted in a demographic shift leading to a significant rise in the elderly population. This gain in life expectancy however comes with a cost as ageing is often associated with an increasing burden of chronic disease conditions. In turn, this leads to greater healthcare and social care costs. The pursuit of healthy ageing is seen as the remedy, but the concept of healthy ageing is challenging to universally define. It is unclear whether populations in different regions of the world age in a similar fashion and whether they have the same healthcare needs. Health outcomes for the elderly are influenced by more than just healthcare but there is a problem of how comprehensive long-term care can be resourced. In addition, interventions targeting the elderly of today may only deliver marginal benefits for this population group. The way forward may be to get ahead of the curve and pursue anticipatory planning to deliver interventions with a long-term view to effecting health outcome change for the elderly of the future.

KEY WORDS:

Healthy Ageing; Elderly; Public Health

TITLE: Healthy ageing – investing now for the future

Main document:

The rise in global life expectancy over the past century has resulted in a demographic shift leading to a significant rise in the elderly population. This gain in life expectancy however comes with a cost as ageing is often associated with an increasing burden of chronic disease conditions as well as with multimorbidity(1, 2). In turn these lead to increased costs to the healthcare and social care systems(2). These costs, especially for publicly funded health systems, place a significant financial burden on countries(3) and will be increasingly unsustainable in the long run due to rising health service demand and inflationary pressures outstripping the allocated resource envelope. For many countries, there is an urgent need to build economically sustainable and equitable systems that can meet the needs of the elderly.

The challenge posed by an ageing global population has been described as “the most important medical and social demographic problem worldwide” (4). It is more than just about longevity or the absence of disease but also includes the need to maximize functional ability and to protect the wellbeing of the elderly(5) However, the concept of healthy ageing is challenging to universally define and address(6). This is primarily due to the multidimensionality and complexity of ageing that are influenced by personal characteristics, resources, goals, adaptations, context-specific factors as well as lifelong person-context interactions. These influences will vary considerably in different healthcare systems(6). The multi-dimensional demands of old age therefore require more comprehensive health and care services delivered in an integrated way to optimise healthy ageing.(5)

Some of the fundamental questions which need more exploration are whether populations in different regions of the world age in a similar fashion, whether they have similar healthcare needs, and whether similar population health benefits are realized with specific public health interventions. As alluded to earlier, the variance in the risk factors associated with healthy ageing in different population groups globally will influence the patterns of multimorbidity seen and the overall burden of disease(7). Indeed, some populations may experience higher prevalence of

multimorbidity due to the cumulative effect of injurious lifestyles and socio-behavioral risk factors over the course of a lifetime in those societies(8, 9).

It is well recognized that health outcomes are influenced by more than just healthcare interventions, and perhaps more so for the elderly the quality of social care is a major determinant. All countries will have long term care provision needs for the elderly(5) and the challenge will be in how this is resourced. For example, Singapore has recently had to introduce mandatory social care insurance to cater to the non-healthcare needs of its elderly population where the accessibility of family carers may be a limitation(5, 10). However, social care resourcing is increasingly unaffordable and unsustainable - social care in the UK has been in crisis for years and it remains a long-standing and unresolved problem.(5)

The time horizons for achieving healthy ageing outcomes spans decades. Public health programs and interventions for healthy ageing should adopt both a life-course and a long-term approach. This means public health policymakers need to anticipate future population needs, looking beyond the here and now, i.e. health and social care planning must take into consideration the future epidemiological trajectories and socio-demographics patterns of their populations. In turn this will inform, for example, workforce planning and training, as well as health and care system reforms needed.

The current conundrum with pursuing healthy ageing is that we are often seeking healthcare solutions for current public health issues which required interventions decades previously. Interventions delivered now may only marginally alter health demand, costs and health outcomes for the current elderly population. Indeed, it may be too little too late as the problems of ill health in the elderly today reflects a failure to invest in prevention in the past. Future health gains may be greater and more cost-effectively achieved by targeting the pre-elderly population. Put simply, the way forward to achieve healthy ageing is to get ahead of the curve, to anticipate future health needs of the elderly, and implement interventions today that aim to minimize the ill health of the future.

Declarations

Ethics approval and consent to participate: Not applicable.

Consent for publication: Not applicable.

Availability of data and materials: Not applicable

Competing interests: We hereby confirm that we have no competing interests.

Funding: Not applicable

References

1. Roser M. Twice as long–life expectancy around the world. *Our World in Data*. 2024.
2. Hacker K. The burden of chronic disease. *Mayo Clinic Proceedings: Innovations, Quality & Outcomes*. 2024;8(1):112-9.
3. Muka T, Imo D, Jaspers L, Colpani V, Chaker L, van der Lee SJ, et al. The global impact of non-communicable diseases on healthcare spending and national income: a systematic review. *European journal of epidemiology*. 2015;30:251-77.
4. Rudnicka E, Napierała P, Podfigurna A, Męczekalski B, Smolarczyk R, Grymowicz M. The World Health Organization (WHO) approach to healthy ageing. *Maturitas*. 2020;139:6-11.
5. Beard JR, Officer A, De Carvalho IA, Sadana R, Pot AM, Michel J-P, et al. The World report on ageing and health: a policy framework for healthy ageing. *The lancet*. 2016;387(10033):2145-54.
6. Menassa M, Stronks K, Khatami F, Díaz ZMR, Espinola OP, Gamba M, et al. Concepts and definitions of healthy ageing: a systematic review and synthesis of theoretical models. *EClinicalMedicine*. 2023;56.
7. Syed MA, Aiyegbusi OL, Marston E, Lord JM, Teare H, Calvert M. Optimising the selection of outcomes for healthy ageing trials: A mixed methods study. *Geroscience*. 2022;44(6):2585-609.
8. Wagner C, Carmeli C, Chiolerio A, Cullati S. Life course socioeconomic conditions and multimorbidity in old age–A scoping review. *Ageing research reviews*. 2022;78:101630.
9. Skou ST, Mair FS, Fortin M, Guthrie B, Nunes BP, Miranda JJ, et al. Multimorbidity. *Nature Reviews Disease Primers*. 2022;8(1):48.
10. Fong JH, Borowski A. Long-term care insurance reform in Singapore. *Journal of Aging & Social Policy*. 2022;34(1):73-90..