If you thought active ageing starts at 60, think again

A major health crisis or news of a loved one succumbing to ill health tends to spark change in lifestyle habits. But why wait?

Teo Yik Ying

The statistics on obesity and chronic diseases paint a worrying picture. According to national health surveys, Singapore is seeing a proportionately greater number of obese children and adolescents today than six years ago. There are also rising numbers of young people with diabetes, heart conditions and cancers. These are warning signs that our youth are starting to accumulate lifestyle risk factors earlier in life which, left unchecked, will eventually trigger a cascade of health problems and chronic diseases in later life. This is why I believe we need to rethink the process of active ageing.

The theme of ageing well featured prominently in Prime Minister Lee Hsien Loong’s National Day Rally speech, when he introduced the Age-Friendly SG programme and highlighted the importance of maintaining a vibrant social network and an active lifestyle to promote overall health and well-being of the elderly. We also have the Healthier SG programme which was launched in July this year to enrol residents aged 40 and above with their family doctors, in order to better manage their health with personalised health plans, which for the first time will formally include social prescribing at a national scale.

Social prescribing, which differs from the conventional medical prescription of drugs to tackle individual health symptoms, is when doctors or allied health practitioners refer patients to community-based programmes aimed at addressing the root causes of ill health. After all, the root causes of ill health stem from a complex interaction of inherent biological, psychological and socio-environmental factors. These biopsychosocial factors include lifestyle and health-seeking behaviours, such as habits around nutrition, physical activity and smoking, as well as the propensity to go for health screening and vaccination; and extend to include the financial stability of a person and one’s relationships with family, friends and colleagues.

Health problems manifest when one or more of these factors are out of sync for an extended period, to the point at which the physical body can no longer tolerate the persistent neglect and starts breaking down. For example, poor lifestyle habits in nutrition, physical activity, smoking, alcohol use and sleep, when accumulated over decades, often result in chronic conditions such as diabetes, cardiovascular diseases and cancers.

For these reasons, tackling lifestyle habits to promote healthy and active ageing, I believe we should target the young as early as possible, not just to institute a healthy lifestyle but also to minimise the accumulation of poor habits. To be truly effective, healthy lifestyle habits have to start early, and not after a predefined period in adulthood.

INFLUENCE ON HEALTH KNOWLEDGE

Active ageing should not simply mean physically and mentally active seniors, but a population across all ages that is activated enough to maintain and improve their health, and actively seeks the know-how to do so.

Unfortunately, this is easier said than done when our youth and young adults are now constantly being bombarded with conflicting and misleading messages from social media. In a piece of ethnographic research on digital food marketing by Debrah Koenig, Dr Salome Rebello, we observed how the rising generation of young adults actively relied on social media to discover new experiences and promotions. Food companies generate and exploit such digital marketing avenues to create micro-trends popularised on platforms like Instagram and TikTok, which allow their food brands to grab a far greater reach within a shorter time, as compared to traditional advertisements only.

This digital marketing ecosystem is not only exploited by food companies, but equally by the tobacco industry to promote the latest v- cigarette innovations and flavours, and also by the dietary supplement industry to make unwarnted or exaggerated claims about the benefits of their products. In engineering a population with the right knowledge and attitude in health, we must not underestimate the impact of digital marketing and online misinformation in influencing health literacy.

Beyond the external forces that distract us from our healthy lifestyle goals, there is also a need to recognise the resistance from within.

PRACTICE IS KEY

In the social science of public health, we often talk about the concept of Knowledge-Attitude-Practice or KAP. It is never enough to know what the right health-seeking behaviours (Knowledge), if one does not intrinsically believe in it (Attitude), and act on the knowledge (Practice).

In my work, I have come across people who proudly declare that popping pills to maintain their blood pressure and blood sugar levels is far easier than going through the “torture” of regular exercise and disciplined nutrition. There are also middle-aged friends who lament their ageing and expanding physiques, and are quick to blame a slowing metabolism rather than to acknowledge that their lifestyles have fundamentally become more sedentary, stressful and filled with excess as they age.

What about those that have signed up with programmes such as the National Steps Challenge or Lumiball? In general, I observe three archetypes of people in a population, which I will illustrate with the example of the National Steps Challenge.

The first group intrinsically embraces a health-seeking lifestyle, and even takes the initiative to find new ways to improve their health. These are people who would eat healthy on a regular basis or eat a balanced diet, and would rather walk a mile than drive or take the escalator.

The second group typically reasons what is good for them, but requires the right amount of incentives to get them to actually practise the recommended behaviour.

The third group is the casual observer, who could simply be the supporter and encouragement from family, friends and colleagues.

But there is a need for constant inspiration of the right amount of motivation to keep this group going. Too little or too much of the incentives stop, and these people lose the drive to seek out regular and sedentary behaviour.

People in the third group will simply not exercise, regardless of how much knowledge or knowledge of incentives they are given. The root cause of this inactivity is usually apathy or habit, but there are also factors whose circumstances simply do not grant them the luxury to exercise.

It is important to recognise that any national programmes like HealthySg or the National Steps Challenge, will face varying degrees of resistance from the three archetypal groups in the community.

That is why the success of these programmes depends on our ability to utilise a variety of policy instruments from education and communication to improve knowledge, to financial and workplace incentives to motivate the right attitude, and to regulation and modifying the environment to engender practice even among the most non-compliant.

We simply have to look at the range of measures Singapore rolled out in the fight against Covid-19 to realise we need multiple incentives in order to activate all three groups of people.

This will be the same as we tackle the root causes of ill health, not standardising the population age by age but rather by the propensity to be active.

Starting the ageing journey right

While the group that a person belongs to would shift over time, people can shift between the different groups in their personal circumstances – such as their health, wealth, leisure time – change their personal circumstances. As such, many people in the second and third groups may decide to make a shift towards the first when a major life-changing event occurs, or witness their peers struggling to continue to live with limited mobility.

The youth and young adults in particular tend to possess a devil-may-care attitude, or to prioritise the accumulation of wealth over health, and in realising their chosen lifestyles may not in fact be accumulating risk factors for ill health.

So do we wait until we go for our functional screening at 60 years old to realise our vision and have heard deteriorating, and the conditioned our teeth longer allows us to enjoy the food we once loved?

Do we wait until we have a severe pain or discomfort before we go for our health check, or only to realise then we have a clogged artery, a damaged organ, or elevated blood sugar level? Or do we recognise that health problems are actually decades of neglect and poor maintenance of our health, and that increasing the right lifestyle habits early in life is related to a healthy lifestyle after ageing?

Why do I believe the journey to active ageing must start at 60?

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