



# **Voice training: A facilitator's guide**

*Module 6: Voice and healthy longevity*

**HelpAge**

**International**



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**HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.**

## **Voice training: A facilitator's guide** *Module 6: Voice and healthy longevity*

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# Introduction

Older people tell us that they value having their voices heard. Having a voice means they can claim their rights, make choices and participate meaningfully in decision-making in all parts of their lives – personal, family, social and political. Older people are often not engaged and empowered effectively in the health and care they receive or given a voice in decision making processes. This denies them their right to participation and autonomy, and also leads to poorer individual and service level outcomes.

While people in nearly all countries of the world are now living longer, ensuring that everyone, everywhere is able to enjoy dignity and wellbeing in later life is a challenge. The World Health Organization (WHO) estimates that at least 142 million older people worldwide today are unable to enjoy their basic rights including their right to enjoy an adequate standard of living and their right to food, clothing, suitable housing, and access to quality health and care services that meet their needs.

The majority of health and care systems worldwide remain unprepared for the demographic and epidemiological transitions all countries are experiencing. Many low- and middle-income countries are experiencing population ageing whilst facing a 'double burden' of infectious and noncommunicable diseases (NCDs), with rapidly increasing numbers of people who require health and long-term care and support. Millions of older people are unable to access the quality services they need, while critical opportunities to promote health and wellbeing across the life-course and to prevent or delay the onset of more acute care needs are being missed.

The *Global Roadmap for Healthy Longevity* report sets out a vision for individuals to live longer and healthier lives and provides recommendations for catalysing change towards healthy longevity. In order to reach the goal of healthy longevity, multiple stakeholders must work together, and communities must be engaged at different levels, including older people themselves. The *Roadmap* highlights the importance of a collaborative approach and making sure older people's voices are heard and incorporated which will optimize the environment for healthy ageing across the life course.

## About this module

This module is focused on understanding Voice and why it's important for healthy longevity. It has been developed to train HelpAge staff, network members and community organisations to understand more about healthy longevity and key elements of the virtuous cycle for healthy longevity. This module explores some of the enablers to healthy longevity as well as the barriers. It was developed to encourage conversations and for communities to take actions towards healthy longevity at the local level.

This module is a part of the Voice toolkit which includes sets of PowerPoint slides to accompany each module and a series of handouts. These can be downloaded from [www.helpage.org/voice](http://www.helpage.org/voice)

The idea is that HelpAge staff and network members who have received training can, in turn, use the module to train members of older people's associations, national platforms and federations of older people, community organisations, and government and UN representatives. Trainers do not necessarily have to use the toolkit in its current format or in its entirety, but can select and adapt the content from the modules most appropriate for those they are training.

# Planning and preparation

## Location, timing and preparation of venue

Consider using an external venue so that participants are not distracted by their work or tempted to go back to their desks during breaks. See if you can afford residential training. If not, choose a location and arrange starting and finishing times that are convenient for participants (taking into account journey times and rush hours, for example).

When sending invitations for the training, ask participants if they have any specific requirements, for example, for accessibility, diet or communication. Make sure you consider the following:

- Can persons with disabilities reach the venue? Will they need any special form of transport to get there? Is there money in the budget to cover the cost of transport or a caregiver, if needed?
- Can persons with disabilities enter the venue? For people with limited mobility, is the entrance easy to use, with a ramp or hand rails to help them go up steps? Or is an alternative entrance available?
- Can persons with disabilities easily reach the meeting room (and other rooms if residential)? Is the meeting room (and other rooms) on the ground floor or if not, is there a lift? Is the floor surface even? Is there enough light for people to see where they are going?
- Can persons with disabilities move around in the meeting room easily? Is there space for smaller break-out groups? Is there enough floor space for flipcharts and wall space to hang flipchart sheets up? Is the lighting good?
- Can persons with special communication needs take part in the training discussions?
- Can participants with low vision or hearing difficulties sit near the front? If a participant uses sign language, do you have a sign interpreter?
- Can persons with disabilities use the toilets? Can they be reached easily? Are the doors wide enough? Are the toilets easy to get on and off? Resources on accessibility can be found in Annex.
- Plan for enough breaks throughout the day. Agree with participants on starting and finishing times. Only allow sessions to overrun if you have participants' consent.

Details of materials required are given for each session. Facilitators should check what materials are required for the sessions they will run.

## Planning and preparation of sessions

Ahead of the training, familiarise yourself with concepts of ageing, gender and disability. This will help you facilitate discussions, respond to questions and feel more confident in your role as facilitator. Use the resources listed in the Annex.

This module is a part of the Voice training which has additional modules:

- Module 1 is an introductory to the training and looks at the objectives of the training and key concepts.
- Module 2 considers how intersecting characteristics, as well as social norms, including ageism, can affect older people's ability to exercise their voice. It also introduces the notion of power and explains why it is relevant to Voice work.
- Module 3 examines the different domains within the Voice framework and looks at social accountability mechanisms.
- Module 4 introduces tools and approaches to monitoring, evaluation and learning, and explores key enablers and barriers to Voice work.

- Module 5 introduces frameworks and tools to engage older people's voices in building age-friendly cities and communities.
- Module 6 looks at understanding Voice and healthy longevity and the enablers and barriers to reaching this goal.

The sessions in each module include practical exercises for participants and presentation of PowerPoint slides.

You are encouraged to pick and choose sessions, based on the needs of the people you will be training and the amount of time available. For example, if you do not have time for a three-day workshop, you may decide to introduce Voice using sessions from Module 1 and the session on older citizen monitoring in Module 3.

Ideally, you will have a co-facilitator to lead some of the sessions and to support groups during small group work. They can also keep an eye on timing and energy levels of participants. Together with the co-facilitator:

- Plan which sessions to run and who will lead them.
- Prepare energisers that can quickly be used if participants' attention starts to wane (see resources on facilitation in Annex).
- Make sure you are both clear what you expect from group work so that you can support the groups cohesively.
- Print handouts that accompany the sessions you will run and plan how to support any participants with disabilities to take part in practical exercises or group work.
- Have some sheets of flipchart paper to put on the wall to collect and 'park' any questions or comments from participants that you do not have time to deal with during a session. You can offer to discuss these with the group or on a one-to-one basis after the session. Alternatively, you can direct participants to additional resources. It is good practice at the end of the training to go through the parked queries with participants to check if they now have the answers they need or whether they need any further information or support.
- Prepare an evaluation form.
- In some sessions, there are links to additional tools and resources. Explain to participants that you will send them the links by email after the training.

**Make sure you remember to do this.**

## Session schedule overview

The following is a suggested schedule for Module 6. Please refer to the original *Voice training: a facilitator's guide* → if you want a schedule for any of the other modules.

We recommend you print out your schedule so you can refer to it easily during the training to help you keep track of time.






## Module 6: Voice and healthy longevity

If you are running the training as a standalone workshop, take 15 minutes to run a short icebreaker at the beginning.

9.00–9.30	1. Background to <i>Global Roadmap for Healthy Longevity</i> , and workshop objectives
9.30–9.55	2. Understanding Voice and why it's important for healthy longevity
9.55–10.40	3. Overview of the vision of healthy longevity and the virtuous cycle
10.40–11.00	<i>Coffee/tea break</i>
11.00–11.45	4. Enablers of healthy longevity: Volunteering and work
11.45–12.15	5. Enablers of healthy longevity: Social infrastructure
12.15–12.50	6. Enablers of healthy longevity: Health and care systems
12.50–14.00	<i>Lunch</i>
14.00–14.40	7. Ageism as a barrier to healthy longevity
14.40–15.30	8. Taking action
15.30–16.00	9. Wrap-up

# Module 6: Voice and healthy longevity

## Session 1 Background to the *Global Roadmap for Healthy Longevity*, and workshop objectives

-  **Time** 30 minutes
-  **Objective** Introduce the workshop outline and objectives. Address any questions or concerns participants may have about the training.
-  **Materials**
- Slides 1–10
  - *Handout 1: Definitions of Voice and healthy longevity concepts*
-  **Preparation** If you are running the training as a standalone workshop, take 15 minutes to run a short icebreaker at the beginning. Give participants *Handout 1: Definitions of Voice and healthy longevity concepts*.
-  **Procedure**
1. Present Slides 1, 2 and 3.
  2. Present Slide 4 (Objectives of the workshop). Explain that the purpose of the training is to introduce participants to the principles of healthy longevity as set out in the *Global Roadmap for Healthy Longevity*, and to explore the barriers to health and wellbeing at the community level.
    - Explain that the workshop will provide an overview of the enablers and barriers (disrupters) to healthy longevity so that participants can consider these in their work with older people.
    - The training will also look at the links between Voice and healthy longevity. It will encourage participants to think about older people's voices when it comes to health and care work at the community level.
  3. Give participants *Handout 1: Definitions of Voice and healthy longevity concepts*. Explain that these are key terms that will be used throughout the workshop. Encourage participants to take 2 minutes to read the list so that they can familiarise themselves with the definitions before the training begins.
  4. Present Slide 5 (Workshop outline). Talk through the outline of the day, including breaks.
    - Explain that for some sessions, participants will split into small groups, while other sessions will encourage discussions in plenary.
    - Ask participants if they have any questions on the workshop schedule before you begin.

*procedure for this session continued over*



→ **Procedure  
continued**

5. Present Slide 6 (Demographic shift). Explain that by 2030, for the first time in recorded history, older people will outnumber younger people. This demographic shift could result in more vibrant societies worldwide, as older people contribute to their communities and economy for more years.

6. Present Slide 7 (Longer and healthier lives?). Explain that these latter years can be quite challenging for older people. They may have to contend with chronic disease, widespread ageism, developing support and care needs, a fragmented healthcare system, and a society that is not currently oriented to provide the care and support that older people may need.

- Although globally, life expectancy has increased, the years of **unhealthy** life have also increased. Very few countries have done enough to prepare – financially, socially and scientifically – for people to live longer and healthier lives.
- The World Health Organization (WHO) estimates that today, at least 142 million older people worldwide are unable to meet their basic needs. They lack income security, an adequate diet, clothing, suitable housing, and lack access to affordable health and care services.
- To ensure that we can all enjoy health and wellbeing in later life, we need to change our societies, systems, services and communities so that they promote healthy ageing across the life course.

7. Present Slide 8 (Definition of healthy longevity). Read out the definition given on the slide.

8. Present Slide 9 (Background to the *Global Roadmap for Healthy Longevity*). Explain that the National Academy of Medicine (NAM) convened a group of experts to create a *Global Roadmap for Healthy Longevity* as a way to turn demographic changes into opportunities.

- The *Roadmap* starts with a set of overarching principles for healthy longevity. It then details the supporting structures that are needed, and sets out recommendations to create change towards healthy longevity. It highlights the need for a wide range of stakeholders to take action to bring about the all-of-society transformation needed to achieve healthy longevity.
- The report envisages what societies could look like in 2050 if we applied, now, what we know about how societies remain robust and thrive because of demographic change.
- The *Roadmap* builds on key documents, including the *United Nations (UN) Decade of Healthy Ageing 2021–2030* and the *UN Sustainable Development Goals (SDGs)*. It aims to guide leaders everywhere to help people achieve healthy longevity, and to identify how best they can support communities as they become ageing societies.
- These messages need to be shared at the global level but it is also vital that people engage with the *Global Roadmap for Healthy Longevity* locally, at community level. This is the purpose of this workshop and training module.

*procedure for this  
session continued over*



**Procedure  
continued**

**9.** Present Slide 10 (Key Voice concepts and how they relate to healthy longevity). Explain that older people have equal rights in older age. If people are able to live healthier lives as they age, this helps to promote their independence, autonomy, choice and participation.

**10.** Read out the following statements:

- **Participation:** Older people have a right to participate in decision-making processes that affect their lives. They must be involved in the design of health and care services, and their voices must be heard and responded to by decision-makers.
- **Empowerment:** All older people must have the information and support they need to understand their rights to health and care, and how to claim these rights.
- **Accountability:** Those who are involved in providing, commissioning and deciding policy for health and care must be accountable and transparent in all areas of system and service design, delivery, monitoring and evaluation. Older people must be consulted for feedback on the services they receive, and they should have access to complaints and redress mechanisms.

## Session 2

# Understanding Voice and why it's important for healthy longevity



**Time** 35 minutes



**Objective** Introduce HelpAge's approach to Voice, the Voice framework, and why Voice is important for healthy longevity.



**Materials**

- Slides 11–16
- *Handout 2: Voice framework diagram*



**Preparation** None



**Procedure**

1. Present Slide 11 (Understanding Voice and why it's important for healthy longevity).
2. Present Slide 12 (Key concepts underlying Voice work). Explain that HelpAge uses 'Voice' as an umbrella term, covering participation, empowerment, agency, autonomy and accountability.
3. Read out the list of key concepts.
  - Explain that these are the key concepts underlying Voice work. We will also be thinking about how these concepts relate to healthy longevity.
  - Explain that Voice work is cross-cutting and it is important to think about how it relates to the different areas we work on. Whether it's health, social protection or age-friendly communities, thinking about older people's participation, empowerment and autonomy is crucial to thinking about our programming or advocacy from a rights-based approach. It means that we are putting older people's needs and rights at the centre of our work, and that we understand how important it is that we listen **and respond** to the Voice of the older people we work with.
4. Present Slide 13 (Voice framework diagram). Explain that HelpAge developed this framework to better understand how to strengthen older people's Voice. Explain that you will briefly unpack the Voice framework now.
5. Distribute *Handout 2: Voice framework diagram*. Later in the workshop we will think more about why Voice is important for healthy longevity.
6. Explain that the outer circle of the diagram shows that we need to consider the contextual factors that affect what we do around Voice. These include the social, political, legal, economic, cultural, environmental and physical contexts. In some places it may be easier for older men to raise their voices on issues that affect their lives (social and cultural) while in other countries the economic and political environments may mean that social and political rights are under threat.

*procedure for this session continued over*



**Procedure  
continued**

The physical environment may also have an impact on older people's ability to engage in community life.

- The bottom of the outer circle refers to the willingness and capacity of older people, civil society and government to engage.
- Point out that we also need to consider the willingness and capacity of different stakeholders – including civil society, decision-makers and older people themselves – to engage in activities that promote older people's Voice, particularly those relating to healthy longevity.
- Civil society needs to be able and willing to support action by older people.
- Government's willingness and capacity varies widely, depending on the nature of the political settlement in a given country and the extent to which people are free to exercise their Voice and engage as citizens.
- Older people's willingness and capacity depends on many different factors.
- Remind participants that social, political, economic, cultural, environmental and physical factors, and legal rights frameworks (as far as they exist), all affect power relationships. Power can manifest itself in different forms (visible, invisible and hidden), at different levels (individual, household, local, national and global) and in different spaces (invited/formal or claimed/informal). Power relationships have a significant impact on what actions people can take to promote older people's Voice.
- Referring back to the diagram, explain that older people's voices are at the centre, encircled by 'age', 'gender', 'disability' and 'other characteristics'. This indicates that these characteristics always affect older people's ability to use their Voice, including when they are advocating for better health services, or how they are consulted when new services are being designed.

**7.** Present Slide 14 (The Voice domains). Explain that the Voice framework includes five domains, and read them out: engaged, informed and empowered, shared and combined, amplified, and heard.

- The framework suggests that older people's voices are strongest when all the domains of Voice are addressed together.

**8.** Present Slide 15 (Plenary discussion) and read out the question. Allow 5 minutes for a short discussion.

**9.** Present Slide 16 (Value of Voice).

- Explain that Voice has intrinsic value. It is an essential part of who we are – the opinions we hold, the decisions we make, and the actions we take. Having choice and agency in relation to these is central to our dignity, wellbeing and sense of self-worth, and to a rights-based approach to ageing.
- Voice also has instrumental value, serving as a means to pursue a goal. For example, older people might decide to come together to use their Voice to demand improvements to their access to health and care, and other support.

**10.** Explain that we'll be looking at what Voice means for healthy longevity in the sessions that follow.

## Session 3

# Overview of the vision of healthy longevity and the virtuous cycle



**Time** 45 minutes



**Objective** Share the vision for healthy longevity and its overarching principles, and provide an overview of the virtuous cycle for healthy longevity.



**Materials** • Slides 17–24



**Preparation** None



**Procedure**

1. Present Slide 17 (Overview of the vision of healthy longevity and the virtuous cycle).
2. Present Slide 18 (Healthy longevity) and read out the following:
  - Healthy longevity is about preserving good health for everyone at all stages of life and into older age. Accomplishing this vision demands a lifetime of learning and growth. It also requires diverse and intergenerational relationships, productive and rewarding work, and societal roles that enable people to live with a sense of meaning and purpose, with opportunities for such at every stage of life. In a world of healthy longevity, age does not prevent people from holding valued positions in their community and society.
3. Present Slide 19 (Vision for healthy longevity). Explain that the vision outlined in the *Global Roadmap for Healthy Longevity* includes the following:
  - All people are enabled to live long lives with good health and are able to engage in activities and take up opportunities.
  - Older people have a right to participate in a range of activities according to their wishes and values, including those that support intergenerational wellbeing and cohesion.
  - Everyone benefits from the contributions of older people who currently face barriers to participating fully in society.
  - When older people thrive, everyone thrives.
  - There are substantial inequalities, between and within countries, in the extent to which all people are able to enjoy healthy ageing and their equal right to health. Equity between and within countries is needed to achieve healthy longevity.
4. Present Slide 20 (How do we achieve healthy longevity?). Explain that to achieve the vision for healthy longevity, many parts of society have to change and adapt, because healthy longevity is about all aspects of life. Older people must be involved and should have Voice in designing new systems. Actions must also be anchored at the community level.
5. Present Slide 21 (An all-of-society approach to healthy longevity). Read out the list of stakeholders that need to be involved for an all-of-society approach to healthy longevity.

*procedure for this session continued over*



**Procedure  
continued**

**6. Present Slide 22 (The virtuous cycle of healthy longevity).**

Explain that this diagram shows what we need to think about if we are to achieve healthy longevity for all. The *Global Roadmap* calls it the 'virtuous cycle', where healthy longevity increases human, social and financial capital, which provide the resources to support healthy longevity enablers. This in turn supports healthy longevity.

Explain that you will now talk through the steps in this cycle together.

- Start with healthy longevity (red circle, top centre), which means health and wellbeing for individuals and society, and people's productive engagement with their communities.
- Explain that the cycle shows that healthy longevity increases human, social and financial capital (orange circle, left-hand side).
- Explain social capital – defined as “the connections among individuals, social networks and the norms of reciprocity and trustworthiness that arise from them”.
- Examples of increased social capital include younger and older people working together to solve challenges. An expanded workforce drives thriving economies, greater investment in public goods, and stronger communities. Families also benefit from grandparents and great grandparents nurturing grandchildren.
- This human, social and financial capital provides the resources to support healthy longevity enablers such as work, healthcare systems, socio-economic conditions, and the physical environment (dark red circle, right-hand side). Explain that you will discuss volunteering and work later in the training.

**7. Present Slide 23 (Social compact and disrupters (barriers)).**

Explain to participants that achieving healthy longevity would mean that societies thrive, with a new social compact based on social cohesion and equity.

- The diagram shows the ideal cycle, but there are some barriers to achieving healthy longevity, and these may be familiar to you. They include ageism, illness, poverty, pollution and climate, social and family conflict, and inequity. Social determinants of health across the life course also play a role and determine whether people age with good health.
- We need to target these barriers in each context to help reach our vision for healthy longevity.

**8. Present Slide 24 (Plenary discussion) and read out the questions. Allow 10 minutes for the discussion.**

**9. End the session by explaining the following:**

- All countries, communities and regions are different. As well as the barriers to healthy longevity that we already mentioned, there are other major national and international challenges such as climate change, the pandemic, and threats to global political and economic stability. Given those competing challenges, healthy longevity may be low on the list of priorities. It is important that we continue to advocate for healthy longevity. Explain that in the next session, participants will explore some of the barriers to achieving healthy longevity at the community level.

## Session 4

# Enablers of healthy longevity: volunteering and work



**Time** 45–55 minutes



**Objective** Give an overview of the enablers of healthy longevity, specifically volunteering and work.



**Materials** • Slides 25–35



**Preparation** None



**Procedure**

1. Present Slide 25 (Enablers of healthy longevity – volunteering and work).
2. Present Slide 26 (Volunteering and work). Explain that enablers of healthy longevity include the health and care system, work, volunteering, socio-economic conditions, and the physical environment (the virtuous cycle diagram, see Slide 20). Explain that this session will look in more detail at two of these enablers – volunteering and work.
3. Present Slide 27 (Impact of volunteering). Explain that volunteering can give people a sense of meaning and purpose, and it has a financial and social value to society. Studies have shown that volunteering can improve a person's cognitive function, can reduce depression, and can improve physical function and even happiness. Volunteering is one way in which older people can feel that they are contributing to their community, which can improve their sense of self-worth and self-esteem.  
  
Volunteering may mean different things in different countries and communities, and its benefits and impacts will vary.
4. Present Slide 28 (Older people's associations). Explain that HelpAge has worked with older people associations (OPAs) or similar community-level structures for older people (such as older citizens monitoring groups) for more than 30 years. Read out the following points:
  - Definitions of OPAs vary across countries and regions but they are generally understood to be community-based, whose members work together to improve the situation of older people and the communities they live in.
  - OPAs participate in a range of activities and rely on volunteers to sustain the groups. In some communities, OPA members are trained as health volunteers, while other members volunteer to provide care and support for those who need help, whether that's befriending, cooking, cleaning, providing personal care or help with getting out of the house. In some countries, OPA members belong to groups that monitor services provided by governments, including pensions.
  - There are many examples, particularly in Asia, where OPAs have successfully promoted older people's wellbeing and rights. OPAs can ensure that older women's and men's knowledge, skills and resources are fully recognised and harnessed by their communities.

*procedure for this session continued over*

→ **Procedure  
continued**

5. Present Slide 29 (Older people's experiences of volunteering). Read out the quotes from older people about their experiences of volunteering in their communities.
6. Present Slide 30 (Plenary discussion) and read out the following questions. Allow 10 minutes for a short discussion.
  - Do you volunteer in your community?
  - Do you have an example of any volunteer programmes for older people in your country?
7. Present Slide 31 (Work). Read out the following:
  - Increasing longevity means that in many countries, people will need to work for longer than they do today.
  - Governments and the private sector can support opportunities for older people to engage productively in the workforce. Older women often experience discrimination as a result of their age and gender, which impacts their access to work. Governments and the private sector need to do more to ensure equality for older women so that they have greater access to work opportunities.
  - Decisions to continue working at a later age are driven by what people need, what they want, and what they are healthy enough to do, as well as whether employers will retain, train or hire them. In some countries, older people don't have any choice but to continue working as they have no pension or other income, particularly if they have worked in the informal economy.
  - With the right support in place, older people could bring decades of accumulated knowledge and experience to their community, and can help younger people achieve success as they enter the workforce.
  - The *Global Roadmap states that healthy longevity will not be achieved if large numbers of people are ineligible for pensions and other benefits because they have worked in the informal economy for much or all of their life.*
8. Present Slide 32 (Supporting participation in the workforce). Read out the following:
  - There are many ways that individuals, communities and governments can support older people who want to continue to work to do so. Businesses and governments would need to remove any structural barriers (such as age discrimination and implicit taxes on wages earned after retirement age) that prevent people from continuing to work in older age, and establish incentives to encourage people who want to work to stay in (or rejoin) the workforce.
  - Anti-age discrimination laws are an important mechanism to ensure that older people aren't discriminated against when applying for jobs or seeking promotion.

*procedure for this  
session continued over*





**Procedure  
continued**

**9.** Present Slide 33 (Working versus retirement).

Read out the following:

- The decision to work or retire is a personal one. Everyone should be able to make the choice that best suits their needs. The quality of jobs available influences healthy longevity, as people need good, safe jobs to maintain good health. Work can protect against major cognitive decline for some people, while those with chronic conditions may benefit from early retirement.
- Studies suggest that retirement can lead to decline such as mobility challenges, worsening of chronic conditions and of mental health.
- But for many people in low- and middle-income countries, retirement is not an option. As people continue to work in older age, their working conditions can be precarious. It is vital that governments and the private sector strive to provide good and safe jobs for older people, particularly in the informal sector.

Older people's access to the labour market, and to pensions and other forms of social protection, will differ by country and by context. In this session, encourage participants to share experiences from their own country or region.



**Facilitator's  
note**

**10.** Present Slide 34 (Enablers to access work in older age).

Explain that there are certain things (enablers) that support older people to have access to work and volunteering opportunities.

Read out the following enablers:

- Businesses and communities can provide more education, skills development, and retraining for older people to stay in the workforce, as well as opportunities for them to mentor younger employees.
- Encourage participants to think about the barriers facing older people in taking up job and volunteering opportunities. These might include finances, access to transport, or caretaking responsibilities. Think about ways to help older people overcome these barriers.
- Thinking about older people's diverse identities can help to identify barriers and enablers that exist at every level – the individual, the community, business and government.
- When an older person engages with their community and develops social networks, it can reduce their isolation and improve their health.
- Individuals can advocate for or create community services and job opportunities in later life. They can also advocate for legal protections and incentives for continued employment in older age.
- Businesses can offer more opportunities for part-time work and flexible work schedules.

**11.** Present Slide 35 (Plenary discussion) and read out the questions.

Allow 10 minutes for a short discussion.

## Session 5

# Enablers of healthy longevity: social infrastructure



**Time** 30 minutes



**Objective** Understand issues around social infrastructure, social inclusion, and engaging older voices.



**Materials** • Slides 36–44



**Preparation** None



- Procedure**
1. Present Slide 36 (Enablers of healthy longevity: social infrastructure).
  2. Present Slide 37 (Why social infrastructure is critical for healthy longevity). Explain that social infrastructure is critical to healthy longevity. Social infrastructure is built on social connections.
  3. Present Slide 38 (Social connections). Read out the following:
    - Social connections are important drivers of health and wellbeing. It's impossible to overstate how important it is for healthy longevity that people engage with each other, as individuals and groups.
    - Older people can play a significant role in improving social cohesion, both within and across generations.
    - Social cohesion is “the ongoing process of developing well-being, sense of belonging, and voluntary social participation... while developing communities that tolerate and promote a multiplicity of values and cultures, and granting at the same time equal rights and opportunities in society”.
    - Efforts to foster social connections and build cohesion start within the local community, where people care for family members, neighbours and acquaintances as the norm.
  4. Present Slide 39 (Isolation and loneliness). Explain that isolation is defined as the experience of being alone, while loneliness is perceived isolation and a lack of satisfying emotional connections with others. Perceptions of isolation and feelings of loneliness can lead to poor physical and mental health, and are risk factors for disease and early death.
  5. Present Slide 40 (Addressing isolation and loneliness through social inclusion). Explain that demographic changes such as an ageing population will require greater attention to activities that bring younger and older people together to share experiences and tackle problems or challenges in their community. These kinds of activities (including through religious or other groups) can help to combat loneliness (among people of all ages) and strengthen social cohesion.

Explain that we will now talk about several ways to promote social inclusion.

*procedure for this session continued over*



**Procedure  
continued**

- 6.** Present Slide 41 (Empowering communities and engaging older voices). Explain that the first way to increase social inclusion is by empowering communities and engaging older voices.

  - Community advocacy initiatives that involve older people are one way for older people to feel that their opinions matter, and provide a space for them to have a Voice.
  - Another approach to engaging older people is to include them in the design of services or plans (participatory design). This is particularly useful for amplifying the Voice of under-represented groups or minorities in decision-making processes.
  - One example is consulting older people when a new care facility or health clinic is to be built. Successful uptake of the service will depend on whether older people's views have been taken into account. They should be consulted on a wide range of questions. For instance, will it be within walking distance? Will I have to take public transport to get there? How will I make an appointment?
- 7.** Present Slide 42 (Community-level interventions to support social inclusion). Explain that community-level interventions can be very effective. They can help people to earn a better living, be healthier, and be more active participants in their community.

  - For example, in Taketoyo, Japan, setting up community-based centres ('salons') where older residents (aged over 65) could gather was found to protect against cognitive decline.
  - In another example, in Vietnam, intergenerational self-help clubs organise regular meetings and other activities that have helped their members to earn more, improve their wellbeing, and understand their rights.
- 8.** Present Slide 43 (Promoting intergenerational cohesion). Explain that connections across generations can reduce loneliness and benefit everyone, whatever their age.

  - An intergenerational approach encourages two or more generations to work together for their mutual benefit and to promote greater communication, understanding and respect.
  - Intergenerational activities help to promote community cohesion and give older people the opportunity to remain active members of their communities.
  - Intergenerational groups can also be an effective way of combining the voices of younger and older people. Bringing together older and younger people to discuss and tackle issues that affect their lives has many benefits. When younger people work with older people on issues that affect both generations, it amplifies older people's Voice.
- 9.** Present Slide 44 (Plenary discussion). Before you have a short plenary discussion, explain that social inclusion is critical for health and wellbeing as it reduces isolation and loneliness, it allows older women and men to share their experiences with others and helps to promote intergenerational cohesion.
- 10.** Read out the questions on Slide 44. Allow 10 minutes for a short discussion.

## Session 6

# Enablers of healthy longevity: health and care systems



**Time** 35 minutes



**Objective** Understand issues related to health and care systems.



**Materials** • Slides 45–51



**Preparation** None



**Procedure** 1. Present Slide 45 (Enablers of healthy longevity: health and care systems).

2. Present Slide 46 (Why health and care systems are important for healthy longevity). Explain that many health systems were developed at a time when life expectancy was approximately 50 to 70 years. Since then, health systems have struggled to adapt to supporting the health of older people. Adapting health systems to be able to better care for the health of older people is a crucial part of healthy longevity.

3. Present Slide 47 (Integrated Care for Older People, ICOPE). Explain that the Integrated Care for Older People (ICOPE) model developed by the World Health Organization is an approach that is important for the health and well-being of older people. It addresses four key areas: functional outcomes; integrated care; community dissemination; and policy guidance. These guidelines are aimed at countries to improve the health and well-being of older people.

4. Present Slide 48 (Person-centred care). Explain that person-centred care is an important component of the ICOPE model.

- Explain that person-centred care “consciously adopts the perspectives of individuals, families and communities, and sees them as participants [and] beneficiaries of health care and long-term care systems that respond to their needs and preferences in humane and holistic ways”. “In contrast to current disease-focused care delivery, person-centred care is relationship-based; views disease and body systems as interrelated; and is designed around a person’s experiences, preferences, and goals”.

5. Present Slide 49 (Health and care support should be proactive, not reactive). Explain that healthcare should be proactive, instead of reactive. This approach focuses on preventing illness and early detection of specific diseases to encourage good health. Healthcare should focus on prevention and consider the whole person, not just the illness they may present with.

*procedure for this session continued over*



**Procedure  
continued**

**6.** Present Slide 50 (Improving health systems). Read out the following:

- There are several ways that older people and others can work to improve health and care systems. First, there should be a focus on building trust in communities as this means people will be more receptive to health messaging and feel confident in accessing health services. Community engagement and participation is important for building trust.
- It's also vital to educate people from a young age about why it's so important to look after their health and how they can do so. Education about health should be empowering. Everyone should be informed about what they can do to maintain good health and prevent illness.
- People should also feel empowered in their interactions with the healthcare system. Facilities should be accessible, with accessible public transport if people need to travel longer distances to attend.
- Integrated and person-centred care is care that is holistic and responds to an individual's needs, to improve overall health and wellbeing.

**7.** Present Slide 51 (Plenary discussion). Read out the questions. Allow 10 minutes for a plenary discussion.

## Session 7

# Ageism as a barrier to healthy longevity



**Time** 40–50 minutes



**Objective** Explore ageism in depth, including negative stereotypes about ageing and older people, to highlight how ageism is a barrier to healthy longevity.



**Materials**

- Flipchart paper
- Marker pens (at least 2 different colours)
- Slides 52–61



**Preparation** None



**Procedure** 1. Present Slide 52 (Ageism as a barrier to healthy longevity).

2. Present Slide 53 (Ageism affects older people's health).

Explain that as you've already pointed out, ageism is a barrier to healthy longevity. Explain that this session will help participants explore the different stereotypes that exist about older people and how these affect older people's health.

3. Present Slide 54 (Definition of ageism). Explain that the World Health Organization defines ageism as "Stereotyping and discrimination against individuals or groups on the basis of their age; ageism can take many forms, including prejudicial attitudes, discriminatory practices, or institutional policies and practices that perpetuate stereotypical beliefs".

The term 'ageism' was coined in 1969 by Robert Butler.

4. Present Slide 55 (Dimensions of ageism). Explain that ageism has three dimensions:

**stereotyping** – how we think;

**prejudice** – how we feel; and

**discrimination** – how we act towards older people.

Read out the following:

- **Stereotypes** are a generalised belief about a particular group of people. Stereotypes can be positive or negative. They do not allow for individual differences among the group being stereotyped.
- We are all exposed to stereotypes, whether among our families, peers, society and the media.
- Stereotypes devalue people; they can be insulting and can be used to limit someone's potential.

*procedure for this session continued over*



**Procedure  
continued**

**5.** Present Slide 56 (Group activity). Ask participants to form small groups of 4–5 people. Each group needs a piece of flipchart paper to write up their responses, with a line down the middle to give two columns, with the headings 'Positive' (right-hand side) and 'Negative' (left-hand side).

- Ask the groups to discuss what stereotypes exist about older people in their communities. Ask them to write these on the flipchart using one colour marker pen for older men, and a different colour for older women.
- Ask participants to list positive stereotypes on the right-hand side of the flipchart paper, and negative stereotypes on the left.
- Allow 20 minutes for the group work. Then come back together in plenary and ask groups to share their responses.
- Participants will likely list more negative stereotypes than positive ones. Point this out to the group in plenary if this is the case. Explain that negative stereotypes are often more common, and can come to mind more easily.
- Ask the groups if they noted different stereotypes for older men and older women.

**6.** Present Slide 57 (Plenary discussion). Read out the question on the slide.

**7.** Ask participants to think about what impacts stereotypes have on older people's health and wellbeing.

Ask them to share examples. Allow 10 minutes.

**8.** Present Slide 58 (Lived experiences of ageism). Read out the quote. Explain that this is an example of one older woman's lived experience of ageism in healthcare.

**9.** Present Slide 59 (Ageism intersects with other individual characteristics). Explain that older people often face age discrimination that violates their right to access healthcare facilities and services on an equal basis with others. Where discrimination on the basis of a person's age intersects with discrimination on the grounds of other characteristics (such as race or gender), the impact can be compounded.

**10.** Explain that women constitute the majority of the older population around the world, but they often remain invisible to policy makers. Women are more likely than men to work in the informal economy in low-paid or even unpaid work, such as caring for children and family members. The time poverty that women experience is a major barrier to achieving equality of opportunity, rights and outcomes.

If you have direct experience of how older women are discriminated against due to their age and gender, share this with participants. Or ask participants to share their own examples.



**Facilitator's  
note**

*procedure for this  
session continued over*



**Procedure  
continued**

**11.** Present Slide 60 (The impact of ageism on older people's health and access to healthcare services). Read out the following statements:

- Older people often report that not just health and care professionals but also family and friends exclude them from decision-making about their health and care, or do not engage and empower them to maintain their health and wellbeing.
- Ageism has negative impacts on older people's health. It can discourage older people from seeking health services when they are unwell. Research also shows that internalised ageism can shorten a person's lifespan by seven years. This is because it prevents older people from seeking health treatment, as they can believe that because they are old it's too late to do anything.
- Older people and those who work closely with them are often given little or no opportunity by policy makers to meaningfully engage in the design, planning and delivery of health and care services that affect their lives.

**12.** Present Slide 61 (Why it's important to dispel myths and challenge ageist stereotypes). Explain that the *Global Roadmap* highlights the negative impacts ageism can have on healthy longevity. It also looks at how to dispel myths around ageing and how to challenge stereotypes. Ageism is not just a barrier to healthy longevity, it's also a barrier to older people's participation in discussions and decisions that affect them. This can even lead older people to self-exclude from opportunities to exercise their Voice.



## Session 8

### Taking action



**Time** 50 minutes



**Objective** Discuss how participants can take action in their communities to advocate for healthy longevity.



**Materials**

- Flipchart paper
- Marker pens
- *Handout 3: Action plan*
- Slides 62–65



**Preparation** Have the handouts ready to give out, one to each group.



**Procedure**

1. Present Slide 62 (Taking action).
2. Present Slide 63 (Taking action for healthy longevity). Explain the following:
  - In this session, participants will form small groups.
  - Each group will be asked to answer several questions and then present back to the wider group.
3. Present Slide 64 (Questions for group action plans).
4. Ask participants to form small groups of 4–5 people. Ask them to respond to the questions. Explain that they will then be asked to present their action plans to the wider group.

Allow 25 minutes for the groups to discuss their answers and draw up their action plan, using *Handout 3: Action plan*. Explain that they will be given three minutes to present their plan and that other participants will be able to ask them questions about it.
5. Present Slide 65 (Presentation of group action plans). Give each group three minutes to share their action plan. Give other participants the opportunity to ask questions.
6. Ask participants to share their plans, make a note of the ideas from each group either on a flipchart or a notepad.
7. After every group has presented their action plan, share your reflections on what they have presented.
8. Wrap up the session after everyone has presented and all questions have been responded to.

## Session 9 Wrap-up



**Time** 35 minutes



**Objective** Give participants the chance to ask any final questions and reflect on what they have learned and what they will do as a result of the training



**Materials**

- Post-it notes (at least 3 different colour packs)
- Flipchart paper
- Marker pens
- *Handout 4: Feedback form*
- Slides 66–68



**Preparation** Give out three different coloured Post-it notes to each participant. Draw a tree with three branches (one for each area of reflection) on a large piece of flipchart paper and stick on the wall. Print out enough copies of the feedback form for participants. We have developed a workshop evaluation form for you to use but if you would like to add other questions for your own monitoring and evaluation, please do so.



**Procedure**

1. Present Slide 66 (Workshop wrap-up).
2. Present Slide 67 (Any final questions or reflections?). Ask participants if they have any final questions about anything you've covered in the training. Ask if anyone has some reflections they would like to share. Allow 10 minutes.
3. Present Slide 68 (Reflection time). Explain that this session is for participants to reflect on what they've learned during the training, and what they will do as a result.
4. Give each participant three Post-its of different colours. Ask them to write down:
  - One new piece of information or knowledge they have learned
  - One action they will take forward as a result of the training
  - One piece of information or knowledge that was reinforced as a result of the trainingAllow 5 minutes.
5. Once they have finished, ask the participants to stick their three Post-its on the three respective branches of the tree (the flipchart you will have stuck on a wall). After everyone has done this, read out and discuss what people have shared. Allow 20 minutes.
6. Give the *Handout 4: feedback form* to all participants. Ask them to complete it and return it to you before they leave. The workshop can now come to a close.
7. Thank everyone for their participation, and remind them that we can all do something to take forward the healthy longevity agenda in our own lives and work.

# Annex: Useful resources

## Voice

These resources are stored on our website at: [www.helpage.org/voice](http://www.helpage.org/voice)

- *HelpAge International Voice framework*, 2019
- *Introduction to the Voice framework*, 2019
- *HelpAge International Voice training toolkit*, 2021
- *Are older people's voices being heard? The impact of COVID-19 on older people's ability to exercise their voice*, HelpAge International.  
Also at: [www.helpage.org/silo/files/are-older-people-being-heard.pdf](http://www.helpage.org/silo/files/are-older-people-being-heard.pdf)

## Healthy Ageing

- *Global Roadmap for Healthy Longevity*, National Academy of Medicine, 2022, DOI 10.17226/26144  
<https://nap.nationalacademies.org/download/26144#>
- *Achieving Universal Health Coverage fit for an ageing world*, HelpAge International, 2022  
<https://www.helpage.org/download/638f28f52950b>
- *United Nations Decade of Healthy Ageing*  
<https://www.decadeofhealthyageing.org/about/about-us/what-is-the-decade>

## Accessibility

- *Creating Accessible Documents*, AbilityNet  
<https://abilitynet.org.uk/factsheets/creating-accessible-documents-0>
- *The Seven Principles of Universal Design*, Rosemarie Rossetti  
[www.udll.com/media-room/articles/the-seven-principles-of-universal-design](http://www.udll.com/media-room/articles/the-seven-principles-of-universal-design)

## Facilitation

- *Energisers*, SessionLab  
[www.sessionlab.com/library/energiser](http://www.sessionlab.com/library/energiser)
- *Facilitation tools for meetings and workshops*, Seeds for Change UK  
<https://seedsforchange.org.uk/tools.pdf>

## Ageism

- *Exploring systemic ageism: a guide for campaigners*, HelpAge International  
[www.helpage.org/download/605b5daa204d1](http://www.helpage.org/download/605b5daa204d1)
- *Tackling ageism through consciousness-raising*, HelpAge International  
[www.helpage.org/download/57cd302b0999b](http://www.helpage.org/download/57cd302b0999b)
- *Exploring ageism through role-play workshops*, HelpAge International  
[www.helpage.org/download/605b93c9ca77c](http://www.helpage.org/download/605b93c9ca77c)

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## Ageing and development

- *Ageing, older persons and the 2030 Agenda for Sustainable Development*, UNDP, 2017  
[www.undp.org/publications/ageing-older-persons-and-2030-agenda-sustainable-development](http://www.undp.org/publications/ageing-older-persons-and-2030-agenda-sustainable-development)

## Power analysis

- *Power Analysis: A practical guide*, Sida, 2013  
[https://usaidlearninglab.org/sites/default/files/resource/files/power-analysis-a-practical-guide\\_3704.pdf](https://usaidlearninglab.org/sites/default/files/resource/files/power-analysis-a-practical-guide_3704.pdf)
- *Power Analysis: Programme practice*, Christian Aid, 2016  
[www.christianaid.org.uk/resources/about-us/power-analysis-programme-practice](http://www.christianaid.org.uk/resources/about-us/power-analysis-programme-practice)

## Gender

- *Gender equality training toolkit, 2019*, HelpAge International  
[www.helpage.org/resources/gender-equality/](http://www.helpage.org/resources/gender-equality/)

### Ageing and gender

- *Developing a life course approach to women's rights and gender equality*, Age International and GADN, 2018  
<https://gadnetwork.org/gadn-resources/2018/11/20/developing-a-life-course-approach-to-womens-rights-and-gender-equality>

### Intersectionality

- *Intersectionality: A Tool for Gender and Economic Justice*, AWID, 2004  
[www.awid.org/publications/intersectionality-tool-gender-and-economic-justice](http://www.awid.org/publications/intersectionality-tool-gender-and-economic-justice)
- *Intersectionality Toolkit*, Iglyo, 2015  
[www.iglyo.com/wp-content/uploads/2015/09/Inter-Toolkit.pdf](http://www.iglyo.com/wp-content/uploads/2015/09/Inter-Toolkit.pdf)

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