Active and Healthy Ageing:

Heterogenous perspectives and Nordic indicators

Nordic Welfare Centre

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Preface

This report focuses on heterogenous perspectives regarding active and healthy ageing. There are many phases of old adulthood, and the older Nordic population is far from homogeneous. An individual's lifelong health depends on numerous factors such as income, educational level, physical activity, dietary habits, sexual preferences, ethnicity, family situation, and living and housing arrangements. How these aspects intersect creates different challenges and possibilities for active and healthy ageing. This report explores the possible contribution of intersectional approaches in future analyses and policy-making across the Nordic region.

The study was conducted in parallel with the report Indicators for Active and Healthy Ageing in the Nordic Region. Possibilities and Challenges (Cuadrado et al., 2022). Both studies explored common Nordic indicators for active and healthy ageing and its potential to develop and to inform decision-making at local and national levels.

More broadly, this work addresses the Nordic Council of Ministers' Vision 2030 of a socially sustainable region by promoting equal health and inclusive participation in society for older adults in the Nordic countries. Updating frameworks and practice to support the rapidly ageing population across the Nordic region will be part of this effort.

The Nordic Welfare Centre hopes that this report will contribute to the development of Nordic policies and will strengthen Nordic co-operation between the various actors working within this field. We also hope that the findings of this study will contribute to knowledge development regarding active and healthy ageing in the Nordic Region. We would like to thank the interviewees in the Nordic countries, and Nordregio, who carried out the study.

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Summary

This report aims to answer the following key research questions:

- What does active and healthy ageing look like for different groups of older adults in the Nordic countries?
- How can intersectional analysis be used to explore possible social differences, inequalities in health, and differences in living conditions for different groups of older adults?
- What are the future challenges for this field?

The WHO framework for active ageing acknowledges a diverse approach to perceiving that an active and healthy lifestyle in older age is determined by a wide range of determinants (WHO, 2002). An intersectional perspective involves looking at an individual from different perspectives and noting, for example, the power relations in society that affect individuals' opportunities to actively participate in society on equal terms.

This report suggests three domains of indicators that can help characterise active and healthy ageing in the Nordic countries at present, namely Healthy ageing and well-being, Socio-economic status, and Social activity, engagement, and participation. Indicators are based on the findings from the closely connected study Indicators for Active and Healthy Ageing in the Nordic Region. Possibilities and Challenges (Cuadrado et al, 2022).

Life expectancies have increased in all of the Nordic countries, and analyses of indicators for self-perceived health have been used to show how older adults in the Nordic countries rate their own health. Older men rate their health slightly higher than older women, while statistics show that women generally live two to three years longer than men in all of the Nordic countries. There is a clear pattern in health and socio-economic status in the Nordic countries, where older adults with a higher socio-economic standing generally feel healthier, but no clear distinction can be made between urban and rural areas. A consequence of poor health can be self-perceived long-standing limitations in usual activities due to health problems, and such limitations have decreased in the Nordics, except for Denmark, which has seen increasing numbers since 2003. Finland has the highest levels in total, while Norway is the only country that shows notable differences between men and women.

Another indicator in the context of health and well-being is that reflecting physical activity according to educational attainment level and according to different genders and age groups. Denmark and Sweden report the highest levels of physical activity per week, while

Norway has the lowest percentage of the older population reporting weekly physical activity in the Nordic countries in 2017.

Educational attainment levels among older adults in the Nordic countries show noticeable differences. Norway, Sweden, and Finland have the highest proportions of older adults who have completed a tertiary degree. A common trend in the Nordic countries is that women generally have higher educational levels than men. Another general pattern that can be observed is that educational levels are higher in urban than in rural areas. This difference is most evident in Iceland where the proportion of older adults who have completed tertiary education is more than twice as high in urban areas than in rural areas. Another indicator used for examining socio-economic status is at-risk-of-poverty rate. This measure shows noticeable gender differences that can be observed throughout the Nordics, where women in all five countries face a greater risk of poverty than men. Related to this, housing and living conditions show that older adults who live alone generally also face a heightened risk of poverty and social exclusion (Eurostat, 2020). While there are country-specific differences between the Nordic countries, the general trend shows that in most cases those older adults who live alone generally have lower incomes.

Different indicators measuring social activity, engagement and participation were also analysed in this study. The primary intention here was to examine digital literacy in different ways. While the Nordic countries are generally among the top-ranked countries in Europe and the world on several measures of digital literacy in older age groups, cross-Nordic comparisons show great variation among older adults in this regard. One of the aspects influencing digital capabilities is socio-economic status. For instance, the general trend in all the Nordic countries is that older adults with higher educational levels are more frequent internet users than those with lower formal education. Gender differences are also apparent here as women are generally more active internet users than men in the five Nordic countries.

Indicators studying formal or informal voluntary activities as well as involvement in cultural and/or sporting events were also examined. Here, men engage more actively than women in all types of voluntary activities in each of the Nordic countries, while women are more active in cultural and/or sporting events. Engagement in all types of voluntary and cultural and/or sporting activities decreases with age in all Nordic countries. Educational attainment level is an important determinant influencing how actively one participates in voluntary activities, highlighting the importance of socio-economic factors in understanding the preconditions for active and healthy ageing.

One of the challenges in using intersectional analysis as a tool in this context is that applying understandings and perspectives with regard

to active and healthy ageing is a relatively new concept in the field. Further intersectional analysis based on cross comparing the data might therefore be a useful point of focus in future studies in the field. There is a need for more detailed classifications of sex and other identity variables to create an intersectional identity matrix that covers each variable, so that each subgroup is uniquely classified. Unfortunately, the data required to examine these intersections is rarely available at the macro level. Further analysis also requires survey data and more detailed classifications of not just age and gender, but also other identity variables, relating to socio-economic standing, for instance. In the case of active and healthy ageing, the indicators observed in this report suggest highly correlated variables, which makes it difficult to separate the effects of certain variables, which is to say the true effect of a single measure.

The lack of country and time coverage for the Nordic data poses a great challenge to studying changes over time, and for making comparisons between countries. Closer Nordic collaboration and coordination of relevant data at least at the national level will be needed, while also underscoring that much data rapidly become obsolete. This report adds recommendations on how the analysis of present and future data can provide a more diverse interpretation of what constitutes active and healthy ageing in the Nordic region, and a broader understanding of who lack access to ageing well and why.

Introduction

This report addresses the topic of active and healthy ageing in the Nordic countries and is part of Nordic Welfare Centre's project on age-friendly and sustainable societies in the Nordic region. The concept has in recent years become central to policies regarding population ageing in Europe, and the Nordic countries have been no exception in responding to the health equity and socio-economic challenges brought by these major demographic trends (UNECE, 2021).

The UN has additionally proclaimed 2021–2030 to be the Decade of Healthy Ageing (WHO, 2020). International action is led by the WHO, where different programme areas are addressing the specific needs of older adults and the many opportunities that ageing brings. In the Nordic context, the goals set forth in The Nordic Council of Ministers' Our Vision 2030 under the social sustainability pillar overlap with these global active and healthy ageing frameworks, which in turn form part of the efforts to become the most integrated and sustainable region in the world.

The aim of this report is to emphasise why there is a need for a more heterogenous perspective on active and healthy ageing. A range of relevant indicators exist at the European and national levels, but comparable data across the Nordic countries remain limited. By considering key concepts and available common Nordic indicators, this report provides outlooks on active and healthy ageing among diverse senior populations and explores the possible contribution of intersectional approaches in future analysis and policy-making across the Nordic region.

According to the European Commission, the number of Europeans aged over 65 will double in the next 50 years, and the number of over 80-year-olds will nearly triple (Eurostat, 2019). This trend is even more prevalent in the Nordic countries than many other parts of Europe. At the same time, social inequalities in health are growing in the Nordic countries, while ageism and age discrimination also negatively affect older adults (Jönsson, 2018). This presents a welfare paradox to systems that otherwise have long-standing mechanisms for promoting inclusion in policies (Fosse and Helgesen, 2019).

Intersections in health inequalities as they relate to active and healthy ageing remain underexplored, both in research and in the design of policies. The work of the Nordic Welfare Centre, which

captures international research and frameworks on ageing, has emphasised that there are many phases to old adulthood. To age or to be old is not a static definition, and the older Nordic population is far from homogeneous. Rather, it consists of people of different ages and abilities with significantly different needs and can as such be divided into three groups: active, fragile, and dependent, each with their own specific patterns of needs (European Commission, 2019). How social and political identities intersect creates different modes of discrimination and privilege (Holman & Walker, 2021). This can in turn impact on health and barriers to active ageing in older age across several policy areas, and this needs to be better understood in the Nordic countries.

Lessons emerging from the Covid-19 pandemic suggest that the coming years will require concerted Nordic efforts toward intersectional active and healthy ageing perspectives in order to ensure that older adults, regardless of their background and current abilities, can fulfil their potential as a valuable and positive resource in society and can be met with equal possibilities for community participation, development, and planning.

This report contains four sections. The second section following the introduction provides the context for the study. It outlines key concepts related to active and healthy ageing, provides a brief overview of how this is targeted in national Nordic policies, and addresses intersectionality as an approach with relevance to policies that promote health equality. The third section examines what characterises active and healthy ageing among older adults based on the set of common Nordic statistical indicators compiled in a parallel study (Cuadrado et al., 2022). The report's final section summarises and discusses the heterogeneity of the Nordic context and the next steps for Nordic indicators with outlooks on the Decade of Healthy Ageing in the Nordic countries and Our Vision 2030 (Nordic Council of Ministers, 2020). The report concludes with key recommendations targeting policymakers and practitioners working with the promotion of active and healthy ageing and age-friendliness at different governance levels.

This report serves as an early phase of the work aiming to uncover the prerequisites among different sub-groups of seniors in the Nordic countries, and what barriers might hinder older adults in general from participating in society and in their local communities on equal terms.

Context

This chapter outlines key concepts related to active and healthy ageing as posited by the WHO in recent decades. It also provides a brief overview of how Nordic health policies targets active and healthy ageing and how intersectionality can enhance heterogenous understandings in both policy and research practice.

Active and healthy ageing: WHO frameworks and related concepts

Why is active and healthy ageing important to address in a Nordic context? Data indicate that living longer does not necessarily mean living a healthier and more active and independent life (Eurostat, 2020). Policies on active and healthy ageing are a response to the challenges that ageing Nordic societies share when it comes to the sustainable provision of goods and services, moving towards age-inclusive societies, and strengthening equality in health. In addition to the commitments to the Madrid International Plan of Action on Ageing, much of the work on active and healthy ageing in the Nordic countries gained momentum in 2012 when the EU announced the European Year for Active Ageing and Solidarity Between Generations as a platform.

The focus in the following is on the key concepts addressed in this study, namely active ageing, healthy ageing, age-friendliness, and welfare technology.

Active ageing, according to the WHO (2002) definition, is the process of optimising the opportunities for health, participation, and security in order to enhance quality of life in older age. In the WHO framework for active ageing, "active" is related to the ambition that people remain active in social, economic, cultural, spiritual and civic

affairs as they age. It has also been emphasised that ageing policies should embrace a life course perspective and acknowledge that earlier life experiences influence how individuals age (Holman et. al., 2021). According to the WHO Active Ageing Policy Framework (WHO, 2002), there are six key determinants of active ageing: economic, behavioural, personal, social, health and social services, and the physical environment (Figure 1).

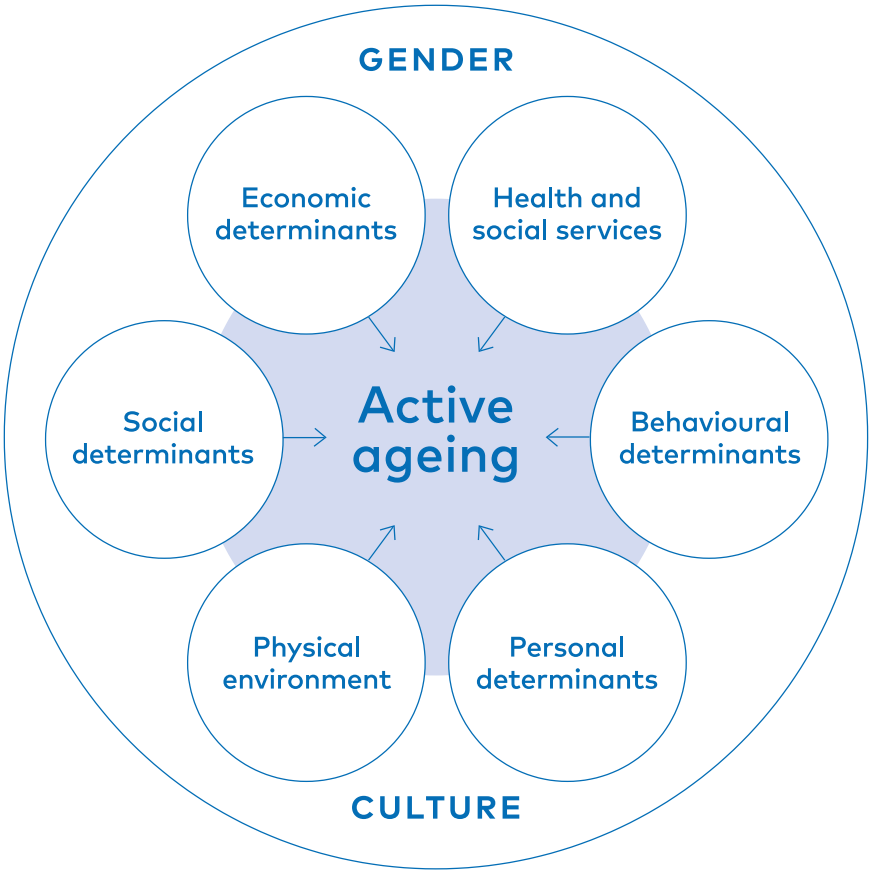

Figure 1. The main determinants of Active Ageing (adapted from WHO, 2002).

In the framework, economic determinants refer to factors such as income and employment; behavioural determinants include physical activity and healthy eating; and personal determinants include factors such as biology and genetics. Determinants of the social environment include features such as education, social support, violence, and abuse, while determinants related to health and social service systems include health promotion and mental health services. Finally, determinants connected to the physical environment include aspects such as safe housing, clean water and air, and fall prevention (WHO, 2002).

There are additionally two cross-cutting determinants that influence active ageing, namely culture and gender. First, culture determines

how society views older people and ageing. There is high cultural diversity among and within countries and regions, but there are also certain universal values that transcend culture, such as ethics and human rights. Second, gender differences also have an effect, where in many societies women have lower social status and less access to education. Men on the other hand are more likely to suffer from injuries or death due to violence, occupational hazards, and suicide and are also more likely to smoke, consume alcohol, and use drugs.

Healthy ageing refers to maintaining and improving the functional ability that enables well-being in older age (WHO, 2019). Health and well-being in older age is influenced by a multitude of factors such as socio-economic status, ethnic background, physical activity and dietary habits, family situation and housing arrangements (WHO, 2002). Fundamental to both of these concepts, and for this report, is the idea that the older population is a highly heterogeneous group with diverse needs.

Another concept closely linked to active and healthy ageing is age-friendliness. The term is central in the context of age-friendly cities and communities, which can be defined as places that promote active and healthy ageing (WHO, 2015). At the core of the idea of planning for an age-friendly community is adopting an integrated and holistic approach where different policy and planning domains are considered in unison (WHO, 2007). The WHO has developed the Global Age-friendly Cities Guide that proposed eight interconnected domains that can help to identify and address barriers to the well-being and participation of older people (Figure 2). The domains have been adapted to the Age-Friendly Cities Networks of which several Nordic cities are members.

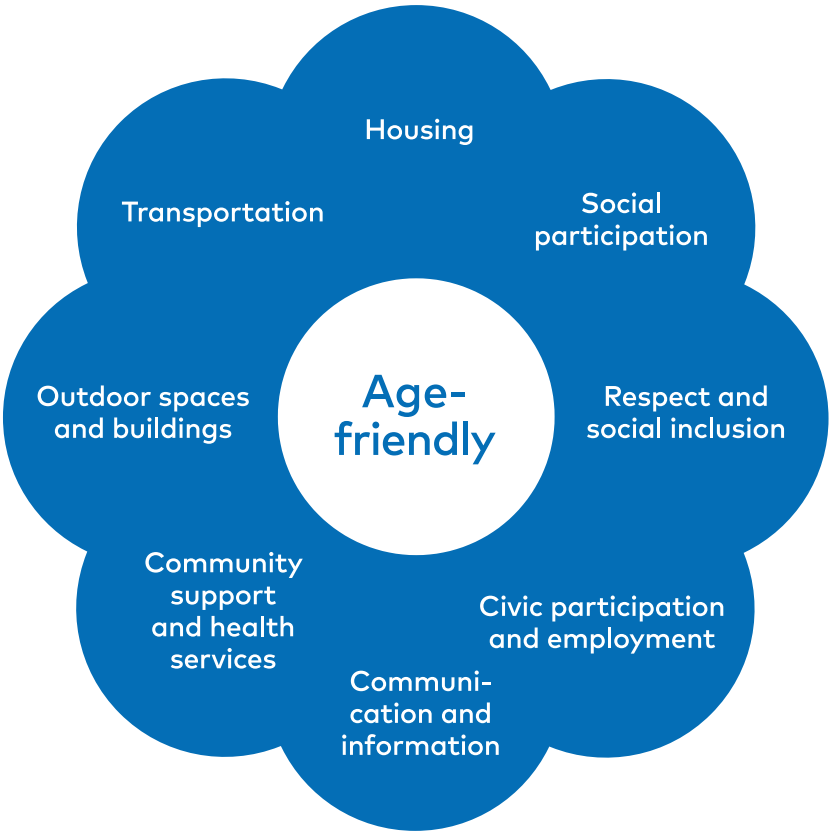

Figure 2. Eight domains of age-friendliness, adapted from the WHO (2007).

The concept of welfare technology is also central in supporting active and healthy ageing activities and frameworks. This has a prominent agenda reflected in the European Innovation Partnership in Active and Healthy Ageing, an initiative started in 2011 that aims to foster innovative use of digitalisation for active and healthy ageing. Welfare technology consists of all technology that contributes to improving the lives of users, and it is often needed, for instance, for maintaining and increasing security and for promoting the activity, participation, and independence of seniors and people with disabilities (Nordic Welfare Centre, no date).

The WHO framework acknowledges a diverse approach, but it also encompasses additional aspects beyond active and healthy ageing. Overall, these aspects underline that an active and healthy lifestyle in older age is determined by a wide range of determinants that also intersect (WHO, 2002). Since the framework was developed, the research, demographic trends, and policy approach reflect how important it is to understand how, why, and for whom these determinants intersect, as made ever more clear by the Covid-19 pandemic.

Nordic policies targeting active and healthy ageing

In the Nordic countries, governments have in recent years launched various initiatives dealing with active and healthy ageing that are being implemented at various levels of governance. These initiatives form the backdrop of this study and the broader policy landscape in which this report is embedded. Next, some of the key policy initiatives launched in each of the Nordic countries are briefly outlined.

In Denmark, government measures have targeted the expected labour market effects of population ageing. When it comes to active and healthy ageing, Sundhedsstyrelsen published the report, Gode ældreliv med trivsel og sundhed in 2019, which was followed by an action plan and 14 recommendations to support the overall objectives for healthy ageing (Sundhedsstyrelsen, 2019). In 2021, the Sund aldring report further examined what constitutes healthy ageing in the Danish context (Sundhedsstyrelsen, 2021). Significantly, the report includes the selection of 45 indicators across 8 key domains that were considered relevant health benchmarks based on the available data. The National Digital Health Strategy 2018–2022 promotes digitalisation as way to boost health and the health-care system for the older population (Sundhedsdatastyrelsen, 2018).

In Sweden, Socialstyrelsen has recently mapped the development of elderly care for people older than 65 years (Socialstyrelsen, 2020), and the topic of eHealth for the ageing population is a well-anchored policy topic. However, it primarily targets social and medical care improvement and not healthy aging in society as such. One example is led by the Swedish Government and the Swedish Association of Local Authorities and Regions, which have endorsed a common vision for eHealth up to 2025 (SKR, 2016). The Public Health Agency in Sweden also addresses healthy ageing by targeting the population in their third age who have left the workforce and who are dependent on the help of others (Folkhälsomyndigheten, 2020). Other ministries responsible for issues related to the active and healthy ageing of older adults include the Ministry of Health and Social affairs, the Ministry of Employment, the Ministry of Education and Research, and the Ministry of Infrastructure.

In Norway, the government launched a broad and cross-sectorial strategy for an age-friendly society in 2016 called More Years –More Opportunities (Ministry of Health and Care Services, 2016). This was followed by a reform called A Full Life -All Your Life (Ministry of Health and Care Services, 2018), to address the following four key areas of population ageing: an age-friendly Norway, activity and community, food and meals, and health care. A fifth area looks at connecting the four priorities (Ibid, 2018). The reform emphasises the role of municipal networks for knowledge and experience sharing, and it relies greatly on cross-sectoral work and co-creation, pointing to

the increased proportion of seniors in rural areas and the development of welfare technology in the healthcare sector, among other aspects. In 2021 an implementation roadmap was published for the municipalities to support age-friendly mainstreaming (KS, 2020). The emphasis in this work is that active and healthy ageing should be equated with the functionality needed to be part of society well into life despite ageing and that age-friendliness should be promoted in order to better harness the participation, contribution, and resources offered by older adults. The implementation of the national age-friendly strategy continues, and at the beginning of 2021 the Centre for Age-Friendly Norway was established in Ålesund.

In Finland, the National Programme for Ageing 2030 aims to develop preventive health-related measures and to improve the functional ability of older adults and people in risk groups (Ministry of Social Affairs and Health, 2020). It also seeks to create a more age-friendly Finland, providing quality recommendations for improving the quality of life of older adults aimed at decision-makers and managers in municipalities. Moreover, promoting active and healthy ageing is a central aspect in several national initiatives, including the ongoing Finnish social welfare and health care reform (Ministry of Social Affairs and Health, 2011). Finland is witnessing the most significant population ageing not just in the Nordics, but also in a European context, where the country stands out with one of the oldest populations in the region (ESPON, 2020).

In Iceland, one of the national policies dealing with population ageing is the Policy for Iceland's health services (Ministry of Health, 2019). There is also the Act on the Affairs of the Elderly and increasing access for pensioners to the labour market has been prominent on the political agenda in recent years. Like Finland, the country publishes comprehensive health reports where issues of active and healthy ageing are addressed. The National eHealth Strategy 2016–2020 seeks to establish an integrated and interconnected health information system to support the continuity of health-care delivery (Directorate of Health, 2016).

The work on active and healthy ageing is cross-sectoral, and responsibilities are, broadly speaking, allocated to all levels of governance and to a wide range of stakeholders in all of the Nordic countries (Bodin et. al. 2020). Common for the Nordic countries is that senior health policies are increasingly recognising the need for enhancing health promotion and disease prevention that takes a multifaceted view linked to wellbeing, and not solely focusing on biomedical health and disease prevention (Evans et al., 2018 cited in Stjernberg et al. 2021). In implementing national-level strategies, many regions and municipalities have taken actions to adapt to the challenges and opportunities arising from demographic change. As seen across the Nordics, adapted frameworks at the local level include activities that are enhancing participation and increasing

volunteer work, widening opportunities for prolonging the careers of older adults, and integrating cross-generational housing, public spaces, and age-friendly living environments. Other initiatives address loneliness and social isolation by aiming for more effective coordination and financial sustainability, facilitating physical activity and healthy eating, building digital competences, and strengthening approaches to digital solutions within healthcare, with many regions being at the forefront of implementing innovative welfare technologies.

Ageing policies are increasingly based on the notion that older adults are highly diverse and heterogeneous. Intersectionality in this context has yet to emerge as an explicit framework for tackling health inequalities within the field, suggesting the complexity of the theoretical nature of a concept-to-practice approach. Nevertheless, an overview of some key national initiatives, visions, and strategies has been provided, for instance, in the Nordic Welfare Center's report Att åldras i Norden (Bodin et. al.,2020).

Based on current national-level strategies and frameworks, efforts to meet objectives to improve quality of life in older age and to promote active and healthy ageing require combined efforts from stakeholders across all areas of public policymaking. Cross-cutting efforts also reflect the importance of addressing the complexities of heterogenous populating ageing in Nordic policies and research so that all groups of older adults can age with dignity and equality in a healthy environment.

Adopting intersectional and diverse perspectives

The WHO framework for active ageing acknowledges a diverse approach to understanding that an active and healthy lifestyle in older age is determined by a wide range of determinants (WHO, 2002). An intersectional perspective involves looking at an individual from different perspectives and noting, for example, the power relations in society that affect individuals' opportunities to actively participate in society on equal terms.

The concept of intersectionality was coined by Crenshaw (1989) to describe the combination of various sources of inequality among individuals. Applications of the concept across numerous fields of research and policymaking point to how the interactions and multiplying effects of these inequalities can together result in a qualitatively different form of discrimination than what would commonly be considered. Intersectionality places an emphasis on social justice and equality, which in the context of health inequality could help counteract aspects of ageism, while promoting a positive view of older adults and seeing them as a valuable resource in

society.

Intersectionality highlights the significant differences of power, such as those among younger versus older persons, and how their position in society changes over time as they age (Holman & Walker, 2021). For instance, among some sub-groups of older adults, those who are socio-economically disadvantaged are most vulnerable and face a higher risk of ill health and disabilities. In some cases, belonging to an ethnic minority and having a migrant background is also correlated with socio-economic deprivation or poorer health conditions. There are also noticeable gender differences where, for example, older women in all Nordic countries are generally at greater risk of poverty and have lower pensions than older men, usually due to having had shorter working careers and lower wages than men (OECD, 2019). However, the intersectional lens means looking not only at gender equity, but also at the impacts of the intersections of multiple positions of privilege and oppression. To this end, household structure also plays a role, as older adults who live alone generally have lower health status than those who live with someone else.

Additionally, one's sexual orientation is also something that may influence how one can participate in society and community life, meaning that LGBT aspects are also important to consider. This area is topical in the Nordic context and is addressed in a dedicated project on the conditions for older LGBTQ adults carried out by the Nordic Information on Gender. The project will produce a knowledge review upon which concrete measures will be proposed to enhance older LGBTQ adults' living conditions and quality of life in the Nordic countries, especially when it comes to public health and care services.

Regional differences are also highly relevant, and there are noticeable variations in health and well-being between different regions and areas. There may be important urban-rural differences to consider along with differences between neighbourhoods within the same city where the preconditions for active and healthy ageing may differ quite significantly. By understanding the intersecting processes of these aspects, we can better determine how power and inequity are produced or reproduced when it comes to enabling conditions for active and healthy ageing and for reducing inequalities in health.

In a literature review on ageism, the studies showed that ageism appears to be an overlooked category in intersectionality studies (Lindqvist, 2013). The review stated that the conditions for offering senior care worsen with age compared to the wider population aged between 18 and 64 years, and more generally, age stereotypes restrict older adults' space to act. Other studies on active and healthy ageing often focus on the life-course cycle rather than intersectionality, although a combination of both methods would be key to informing policy analysis (Holman & Walker, 2021). However, intersectionality has over the past decade received an increasing

amount of attention in health inequality research (Ibid, 2021). These findings suggest that treating social characteristics such as age, gender, civil status, ethnicity, sexual identity, and ability, as well as socio-economic status and geography, such as urban or rural residency, separately fails to match the reality that people simultaneously embody multiple characteristics and can therefore be subject to multiple forms of discrimination (Ibid, 2021). While mainstreaming this type of approach in practice is still at an early stage, consideration of intersectionality in the Nordic countries' ongoing response to Covid-19, and more generally in policies beyond the pandemic, will be important.

As a policy framework, Holman et. al. (2021) citing Hankivsky et al. (2018) argue that intersectionality "encourages critical reflection to move beyond singular categories, foregrounds issues of equity, and is innovative in highlighting processes of stigmatization and the operation of power in policy-making, offering various applied examples of intersectionality in practice" (Holman et. al., 2021: 2). Other studies also show that large gaps still separate different age groups. Maintaining these gaps may result in the sustained exclusion of sub-groups of the Nordic senior population.

Adopting an intersectional perspective in the context of policy mainstreaming may expand practitioners' understandings of what typically constitutes evidence-based decision-making in health by recognising a diversity of knowledge, paradigms, and theoretical perspectives that can be included in policy analysis and practice. An intersectional and diverse approach to active and healthy ageing in the Nordic region can therefore bring to light the structural barriers to be addressed. Inequities in health will continue to exist where differences in outcomes of active and healthy ageing among the Nordic senior population are inaccessible and unjust.

Statistical outlooks on the Nordic senior population

This chapter examines what characterises the key aspects of active and healthy ageing among older adults in the Nordic countries based on a list of common Nordic statistical indicators compiled in a parallel study. Preliminary analysis suggests that the indicators overall offer a wealth of data that can show what efforts and trends stand out in a regional context.

Towards common Nordic indicators: Data and method

In a complementary report, Indicators for Active and Healthy Ageing in the Nordic Region. Possibilities and Challenges (Cuadrado et al., 2022), the focus was on identifying available statistical indicators for the Nordic countries. The report compiled relevant indicators at different territorial levels and from different sources. These included data at the national and regional levels from Eurostat, the OECD, the European Social Survey (ESS), and UNECE and from Nordic statistics institutes and national agencies, placing an emphasis on how indicators currently apply in active and healthy ageing-related policies.

The study highlighted that there is currently no pre-existing list of indicators that are common to all Nordic countries. Hence, the compilation of the Nordic indicators suggested in this report and in Indicators for Active and Healthy Ageing in the Nordic Region (2022) could potentially, with further development, be included in a basic framework for monitoring active and healthy ageing in the Nordic countries.

While such a framework remains a near-future endeavour, statistical indicators are nevertheless the cornerstone for understanding the status of a particular issue, such as inequity in health, and for informing action plans, strategies, and initiatives. The purpose of this chapter is therefore to begin drawing on some of these indicators that reflect cross-comparisons and outlooks on the diverse Nordic senior population.

Based on the thematic domains set by UNECE's Active Ageing Index and the WHO's conceptualisations of active and healthy ageing (UNECE, 2019; WHO, 2007; WHO, 2015), what are referred to here as the common Nordic indicators are grouped under the following three domains: 1) Healthy ageing and well-being, 2) Socio-economic status, and 3) Social activity, engagement, and participation (see tables 1, 2 and 3). These domains capture different key dimensions of active and healthy ageing, and while not fixed, they provide a new landscape for comparisons across the Nordic countries. It should also be added that the boundaries between the three domains overlap as some of the indicators may fall into one or another domain depending on how and in which context they are interpreted.

With the existing data and within the scope of this report, an in-depth intersectional analysis at the Nordic level would, for instance, require a next phase to consider data with additional variables. In the following sections a select number of indicators for the Nordic countries have been chosen to characterise key aspects of the three domains. The indicators are comparable and available for all Nordic countries, which is a precondition for being able carry out a Nordic-wide analysis of relevant statistics.

Healthy ageing and wellbeing

The statistical indicators under this domain cover a variety of physical health measures and different ways that older adults perceive their own health, in addition to some that address mental health and nutrition. While additional indicators on the biomarkers of ageing are available in some Nordic countries, the data included here reflect that overall health is an important measure of well-being and sets the preconditions for active ageing for older adults, including aspects such as their personal independence and participation in local communities. The following indicators with data source codes are considered:

- Life expectancy at 65
  [source code: TPS00026__custom_1923242]
- Self-perceived health by sex, age and degree of urbanisation
  [source code: HLTH_SILC_18__custom_1923162]
- Self-perceived long-standing limitations in usual activities due to health problem by sex, age, and degree of urbanisation
  [source code: HLTH_SILC_20__custom_1923031]

Table 1. Indicators for healthy ageing & well-being

Healthy ageing & well-being	
Indicator	**Source**
Health status by degree of urbanisation	Eurostat
Life expectancy	Eurostat
Healthy life years at 65	Eurostat
Life expectancy at 65	Eurostat
Life table by age, sex, and NUTS 2 region	Eurostat
Life expectancy by age, sex, and NUTS2 region	Eurostat
Causes of death – crude death rate by NUTS 2 region of residence	Eurostat
Average rating of satisfaction by domain, sex, age, and educational attainment level	Eurostat
People having a long-standing illness or health problem by sex, age, and degree of urbanisation	Eurostat
Self-perceived health by sex, age, and degree of urbanisation	Eurostat
Self-perceived long-standing limitations in usual activities due to health problem by sex, age, and degree of urbanisation	Eurostat
Self-reported unmet needs for medical examination by sex, age, main reason declared, and degree of urbanisation	Eurostat
Self-reported unmet needs for dental examination by sex, age, main reason declared, and degree of urbanisation	Eurostat
Self-perceived health by educational attainment	Eurostat
Self-perceived health by income quintile	Eurostat
Persons performing physical activity outside working time by duration in a typical week, educational attainment level, sex, and age	Eurostat
Time spent on health-enhancing (non-work-related) aerobic physical activity by sex, age, and educational attainment level	Eurostat
Self-reported long-standing illness or health problems, by age class	Eurostat
Obese people aged >65 years, by sex	Eurostat
Self-reported depressive symptoms, by sex and age class	Eurostat
People aged ≥65 years who ate fresh fruit daily, by sex	Eurostat
People aged ≥65 years who ate vegetables daily, by sex	Eurostat
People aged ≥65 years who consumed alcohol at least once a week, by sex	Eurostat
People aged ≥65 years who smoked tobacco products on a daily basis, by sex	Eurostat

People aged 65–74 years spending at least three hours per week on physical activity outside of work, by sex	Eurostat
Adults aged 65 and over rating their own health as fair, bad, or very bad, by income, European countries	OECD
Limitations in daily activities in adults aged 65 and over, European countries, 2017 (or nearest year)	OECD
Mental well-being	AAI 2018*
Remaining life expectancy at 55	AAI 2018*
Share of healthy life expectancy at 55	AAI 2018*
Subjective happiness	ESS
Discrimination by age	ESS
Lives with husband/wife/partner at household grid	ESS
Feeling about household's income nowadays	ESS
Subjective general health	ESS
Hampered in daily activities by illness/disability/infirmity/mental problem	ESS

* Note that AAI 2018 may exclude data on Norway and Iceland

Nordic ageing trends reflect longevity

Life expectancies among the Nordic population are generally comparatively high by international and European comparisons. Since 2010, life expectancy has increased in all Nordic countries for both men and women. Figure 3 shows the average remaining number of years that a person in the Nordic countries at age 65 can be expected to live (assuming that current age-specific mortality levels in the countries remain constant). As shown in the figure, the remaining life expectancy of women at age 65 is between two and three years longer than for men in all five Nordic countries.

In general, women tend to have a higher life expectancy due to biological and social factors. These include better immune systems, for example, as well as healthier diets, less consumption of alcohol and tobacco, and more frequent sports activities (see for example WHO, 2007). Although women keep enjoying a higher life expectancy when they turn 65, this trend also seems to be increasing for men suggesting that there are factors levelling out the life expectancies in the Nordic countries. Except for men in Denmark, all the Nordic countries were above the EU27 average on remaining life expectancy at age 65 (18.3 years for men and 21.8 years for women) in 2020.

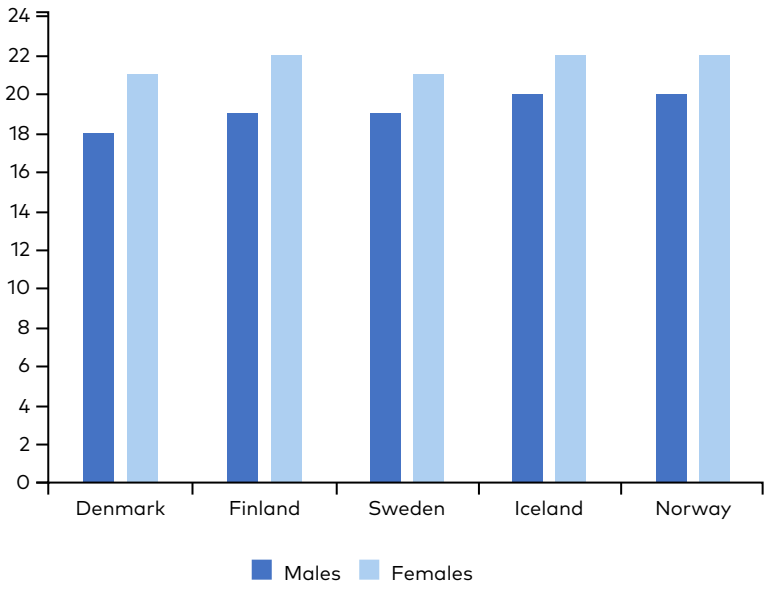

Figure 3. Life expectancy at 65 by gender in the Nordic countries, 2020.

Self-perceived health satisfaction decreases among the eldest

Self-perceived health among older adults is a relevant indicator for understanding how older adults in the Nordic countries view their health and/or physical condition. This reflects how a large share of the cohort feel that they can continue to work if desirable, have the ability to socialize, and largely remain independent. Hence, it is an important measure of activity in older age.

The indicator for self-perceived health by sex, age, and degree of urbanisation measures individuals aged 65–74, 75–84, and older than 85. The data are broken down by gender and by degree of urbanisation, which means whether people live in cities, towns/suburbs, or rural areas. Self-perceived health is categorised into five levels of "very good", "good", "fair", "bad", and "very bad". In addition, the data cover a period ranging from 2003 to 2020, allowing for examining development over time. Interestingly, the share of people perceiving their own health as "good" or "very good" declined with age. These gaps are particularly evident in Sweden, Finland, and Iceland, whereas in Norway and Denmark self-perceived health, rated as "good" or "very good" remained relatively constant between 65 and 85 years or more.

In the cohort aged 65–74 years, Norway, Sweden, and Iceland reported higher satisfaction with health (closer to 70 per cent) than Denmark (61 per cent) and Finland (57 per cent). Therefore, the data offer a rich source of information to address the aspect of self-

perceived health from different relevant angles. It can be observed, for instance, that the self-perceived health of both men and women across the Nordic countries tends to decrease with age as those aged 65–74 show higher self-perceived health than those aged 75–84 and those older than 85 years. Differences in gender, however, seem to favour men across the Nordics. The levels are generally slightly higher for men than women aged 65 years or more. In Denmark, Sweden, Iceland, and Norway, men show higher scores than women in all three age segments, with significant differences among those aged 85 or over in Norway (72.1 per cent for men and 52.6 per cent for women). In Finland, women had higher levels in those aged 65–74 years and 85 years or over, but lower in those aged 75–84 years. The smallest difference between gender is seen in Finland, although the country also has the lowest levels of reported "good" health among the Nordic countries. Iceland is the country with the largest difference (women 52 per cent and men 61 per cent).

When looking at the share of "very good" and "good" self-perceived health over time, we see a general improvement in these three age segments across the Nordics since 2003. In 2020, Norway was the country with highest levels of self-perceived health in the age segments of 75–84 (61.7 per cent), and 85 and over (59 per cent), while Sweden showed the highest levels for those aged 65–74 (70.9 per cent). On the other hand, Finland showed the lowest levels in all three segments with 58.3 per cent among those aged 65–74, 45.3 per cent among those aged 75–84, and 30.7 per cent among those older than 85 years old.

Self-perceived health can also be said to be closely related to income in the Nordics, but when examining differences in self-perceived health according to degree of urbanisation there are no clear patterns that can be observed between or within countries. For example, while self-perceived health in the age group 75–84 in Finland is higher in cities (52.1 per cent) than in towns and suburbs (48 per cent) and rural areas (43.2 per cent), the opposite can be observed in Norway where cities (58 per cent) score lower than towns and suburbs (66.2 per cent) and rural areas (67.4 per cent).

Long-standing limitations in usual activities increase with age, but the geography varies within the Nordic countries

If we look at the indicator for self-perceived long-standing limitations in usual activities due to health problems, we can see again that long-standing limitations become more severe with age. In the same way as self-perceived health, this indicator offers data by age, gender, and degree of urbanisation. Among the Nordic countries, Sweden and Norway had the lowest scores of self-perceived long-standing limitations in all three age segments in 2020. Denmark and

Iceland followed, and Finland showed the highest levels especially in the age segment of those aged 85 or over. Since 2003, the data show that scores of long-standing limitations have decreased significantly in all Nordic countries except for in Denmark, which suggests a general improvement in the situation from the perspective of active and healthy ageing.

In the case of Denmark, 22 per cent of those aged 65–74 reported long-standing limitations in 2003, but in 2020 this figure had increased to 38.4 per cent. This is also the case for those aged 75–84, and 85 or over, whose figures have soared from 28.9 per cent to 48.7 per cent and from 25.8 per cent to 47 per cent, respectively. When broken down by gender, only Norway presents noticeable differences between men and women. The rest of the countries show rather similar scores in all age segments. In Norway, women reflected higher scores in all three age segments in 2020, 25.8 per cent compared to 19.9 per cent (in the segment 65–74), 32.8 per cent compared to 18.8 per cent (in the segment 75–84), and 44.3 per cent compared to 28.6 per cent (in the segment of 85 years or over). By degree of urbanisation, we can see dissimilar patterns as some countries show a steady gradation in one direction, and some other countries show a gradation in the opposite direction. For example, in Denmark and Norway the gradation increases with rurality, meaning that rural areas (39.1 per cent in Denmark and 24.9 per cent in Norway) show higher scores for long-standing limitations than towns and suburbs (38.8 per cent and 18.1 per cent), and cities (29.1 per cent and 15.2 per cent). On the other hand, Finland shows higher scores in cities (43.9 per cent) than towns and suburbs (38.8 per cent), and rural areas (36.5 per cent).

Socio-economic status

The indicators addressing socio-economic status include the levels of education, disposable income, and pension, in addition to poverty rates, material deprivation, and expenditures among the Nordic senior population. Many of these indicators are adjusted for relevant age groups. Based on international frameworks, such as the United Nations Human Development Index, it has been determined that a decent standard of living, a long and healthy life, and adequate knowledge, are key for measuring human progress at a national level (UNDP, 2021). This progress should not be reserved to a younger or more active population, but also needs to reflect those who are in the third and fourth cycles of life. Included here are also indicators on housing and living conditions, which are important for understanding which groups are particularly exposed to social exclusion or who are at risk of poverty. European statistics show that the number and proportion of older adults living alone is increasing, particularly among women, which is noteworthy because older adults who live alone have a greater risk of poverty and social exclusion (Eurostat, 2020).

- Population by educational attainment level, sex, age, and degree of urbanisation [EDAT_LFS_9913__custom_1923622]
- At-risk-of-poverty rate [ILC_PNS1__custom_1927609]
- People aged ≥65 years living alone, by tenure status, 2018 [ILC_LVHO02__custom_1923947]

Table 2. Nordic indicators for socio-economic status*

Socio-economic status	
Indicator	**Source**
Population by educational attainment	Eurostat
Population by educational attainment level, sex, age, and degree of urbanisation (percent)	Eurostat
Educational attainment	AAI 2018
Material and social deprivation	Eurostat
Severe material deprivation	Eurostat
Inability to make ends meet	Eurostat
At-risk-of-poverty rate	Eurostat
Self-reported unmet needs for specific health care-related services due to financial reasons by sex, age, and degree of urbanisation	Eurostat
Persons at two-fold risk of poverty by age and sex - experimental statistics	Eurostat
Performing (non-work-related) physical activities by sex, age, and income quintile	Eurostat
Disposable incomes of older people (incomes of people aged over 65, percent of total population incomes)	OECD
Income inequality by age: older vs. total population	OECD
Income poverty rates by age and gender	OECD
Highest level of education	ESS
Main source of household income	ESS
Household's total net income, all sources	ESS
Distribution by type of household of people aged ≥65 years, by sex, 2018	Eurostat
People living in under-occupied dwellings, by age class, 2018	Eurostat
People aged ≥65 years living alone, by tenure status, 2018	Eurostat
Housing cost overburden rate ≥65 years and by sex	Eurostat

*Note that AAI 2018 may exclude data on Norway and Iceland

Education remains a key indicator

When examining educational level among the senior populations in the Nordics, we can identify three main patterns. First, in 2020, Norway, Sweden, and Finland showed quite similar educational levels among older adults. In all three countries around 20 per cent of the population achieved at least lower secondary education, 45 per cent post-secondary non-tertiary education, and 35 per cent tertiary education. Second, while Denmark slightly resembles this distribution, educational levels are somewhat lower among older adults with fewer older adults having completed a tertiary degree than in Sweden, Finland, and Norway. Third, Iceland presents a more equal distribution than that in the other countries as 32 per cent of the older population had completed lower secondary education, 36.7 per cent had reached post-secondary non-tertiary education, and 31.3 per cent had attained tertiary education (Lundgren, et al., 2021).

When looking at gender, a common trait among the Nordics is that the percentage of women with tertiary education is higher than the percentage of men, except for in Norway where the difference is minimal (32.7 per cent for men and 32.1 per cent for women). Iceland and Denmark also show small gender differences. In Iceland the percentage of women is 32.2 per cent and 30.3 per cent for men, with corresponding figures in Denmark being 30.9 per cent for women and 26.5 per cent for men. Finland shows a somewhat higher gender difference in tertiary education attainment, although the scores there are the highest in the Nordics for both women (41.1 per cent) and men (34 per cent). Finally, male Swedes show the second lowest share of tertiary education attainment in the Nordics (at 26.9 per cent) while female Swedes show the second highest share (at 39.2 per cent).

Territorially, two clear patterns can be observed in the Nordic countries. First, the percentage of people with lower secondary education is higher in rural areas than in towns. This occurs in all five countries. The clearest example is Iceland where 46.8 per cent of people aged 55–74 have attained lower secondary education in rural areas while this percentage is 41.1 per cent in towns and suburbs, compared to 23.8 per cent in cities. Second, the percentage of people having achieved tertiary education is higher in cities than in towns and higher in towns than in rural areas. Iceland, again, is the clearest example in this regard, as 39.5 per cent of the population in the examined age groups have reached tertiary education in cities but only 20.5 per cent and 18.2 per cent have done so in towns and rural areas, respectively.

Women more at risk of poverty than men

A person who is at risk of poverty is here defined as someone who (despite social transfers) has a level of income less than 60 per cent of the median income for the whole population (Eurostat, 2020). It should be noted that this indicator measures the proportion of people who have a low income in comparison to other residents in the same country and does not necessarily imply that a person has a low standard of living (Eurostat, 2020). Figure 4 shows the at-risk-of-poverty rate for men and women aged 60 and over and 75 and over in all five Nordic countries in 2020.

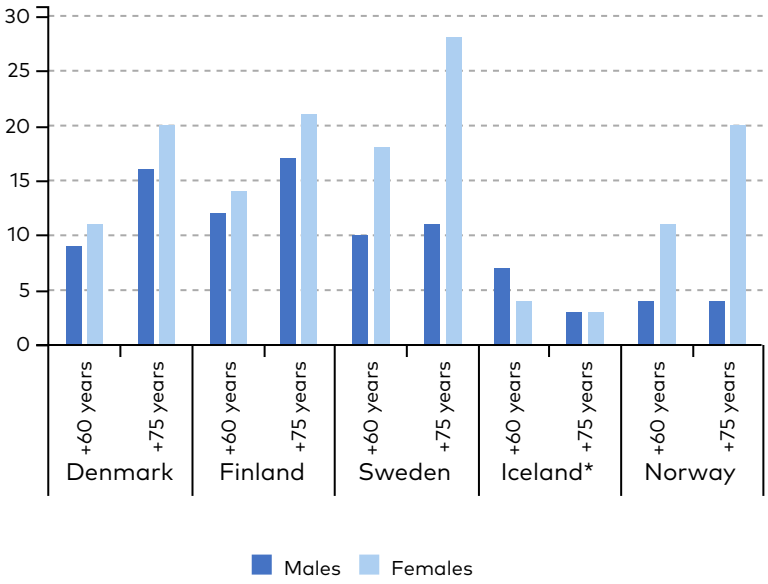

Figure 4. At-risk-of-poverty rate for men and women aged 60+ and 75+ in the Nordic countries, 2020.

The figure also shows that older women in all the Nordic countries are more often vulnerable than men in this context. This is particularly evident in Sweden, where the case for women aged 75 years is remarkably higher. The fact that women show a higher risk of poverty than men across the Nordics might be due to older women often having had shorter working careers and lower wages than men, which in turn is reflected in lower pensions and a disproportionate share of poverty among older women in all Nordic countries (OECD, 2019). In general, it is more common for women to take career breaks during their working lives. Women are also exposed to working part time and/or in lower paid jobs, which can result in lower pension entitlements.

Overall, at-risk-of-poverty, compared with the indicator on material deprivation rates, for instance, when accounted for by sex, is low for all the Nordic countries (Eurostat, 2020). These figures can additionally be considered alongside the normal retirement age by gender. According to 2019 data from the OECD, Norway and Iceland stand out among all countries with retirement ages around 67 years, but the differences compared to Denmark, Finland, and Sweden are relatively small where the average retirement age is 65 years. The retirement levels naturally impact the disposable incomes of older adults, but given the Nordic welfare systems, it is interesting to consider the self-reported unmet needs for specific health care-related services due to financial reasons (Eurostat, 2020). While the data account for sex, age, and degree of urbanisation, further scoping into other background variables could help sketch a Nordic landscape of active and healthy ageing preconditions where intersectional analysis is employed.

Are housing and living conditions in relation to active and healthy ageing underexplored?

When it comes to the socio-economic status of older adults, it also relevant to consider housing and living conditions. When considering the tenure status for people aged 65 years or more, the Nordic countries show varying trends. The majority of older adults live in private housing, but Sweden and Denmark have the highest share of tenants renting at market price (Eurostat, 2020). This is due to highly regulated housing systems in these countries. Finland and Norway on the other hand have the highest percentage of owners with no outstanding mortgage or housing loan. This figure is also high for Iceland, and the country stands out among the five in terms of people renting housing at a reduced price according to the country's public housing policy (Eurostat, 2020). In the Nordic countries, older adults are more likely than younger people to be homeowners, but even among the older groups the ownership structure may depend on a range of socio-economic determinants that in turn affect healthy ageing outcomes. This also needs to be considered alongside the other indicators addressing housing and living conditions included in Table 2.

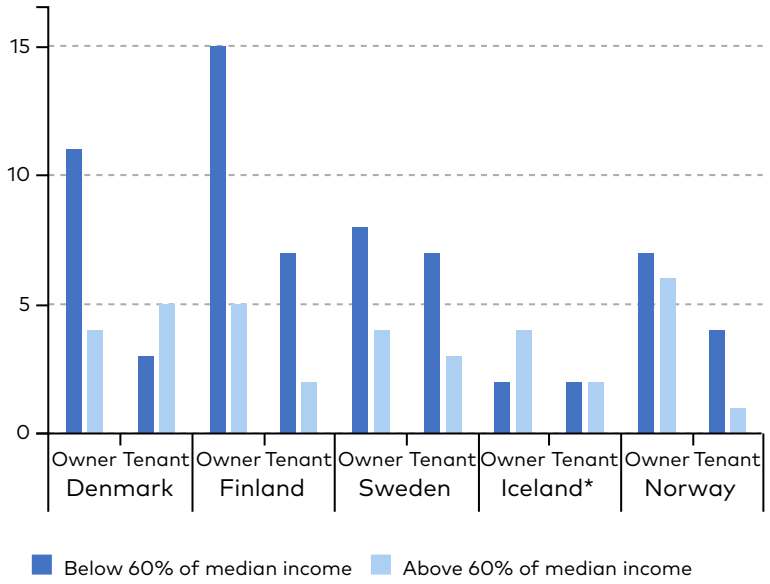

Figure 5. People aged ≥65 years living alone, by tenure status, 2020. Note that data for Iceland are from 2018.

Examining the housing and living conditions of older adults can be of relevance from the perspective of understanding which groups are particularly exposed to poverty and social exclusion. The general trend in Europe shows an increasing number of older adults who live alone, particularly older women, which is notable because solitary older adults generally face a heightened risk of social exclusion and poverty (Eurostat, 2020). A similar tendency can also be observed in the Nordic countries. This can be seen in figure 5, showing the proportion of people aged 65 and over who live alone according to tenure status and income group in the five Nordic countries.

The general trend shows that the share of older adults who live alone is in most cases proportionately higher among those with lower incomes. This is particularly evident in Finland and Sweden where there is a considerably higher proportion of older adults living alone among those with lower incomes than those with higher incomes, both in owner-occupied and tenant-occupied housing. While the differences are less noticeable in the other countries, this nevertheless illustrates that examining the housing and living arrangements of older adults can be a way of better understanding socio-economic differences among different groups of older adults.

Social activity, engagement, and participation

This domain groups together the indicators that measure how the older population in the Nordic countries spend their time, with an emphasis on digital skills, social contact, and support networks for older people, including voluntary activities, participation in cultural activities, tourism, and socialising with family and friends. All of these activities provide a means for older adults to remain active and connected to other members of society. Employment has been included here, for instance, to reflect active engagement as people age, but this may also overlap with observations concerning aspects of socio-economic status. In this case, employment is mainly used to indicate how active a group of the population is rather than measuring their socio-economic status.

- Digital skills of people, by age class
  [ISOC_SK_DSKL_I__custom_1929646]
- Internet communication activities of people, by age class
  [ISOC_CI_AC_I__custom_1929583]
- People aged 65–74 years participating in cultural and/or sporting events, by sex (percent participating at least once in the previous 12 months)
  [ILC_SCP01__custom_1929742]
- Participation in formal or informal voluntary activities
  [ILC_SCP19__custom_1929701]

Table 3. Nordic indicators for social activity, engagement, and participation*

Social activity, engagement, and participation	
Indicator	Source
People never having used a computer, by age class, 2008 and 2017, and by sex	Eurostat
Digital skills of people, by age class	Eurostat
Internet communication activities of people, by age class	Eurostat
Did not use the internet in the previous three months, by age class	Eurostat
Individuals – internet activities	Eurostat
Use of ICT	AAI 2018
Social connectedness	AAI 2018

Frequency of getting together with family or relatives, by age class	Eurostat
Frequency of getting together with friends, by age class	Eurostat
People without anyone to discuss personal matters with, by sex and age class	Eurostat
People without anyone to ask for help, by age class	Eurostat
Participation rate in education and training (last 4 weeks) by sex and age	Eurostat
Participation in formal or informal voluntary activities	Eurostat
Individuals using the internet for voting	Eurostat
Participation rate in education and training (last 4 weeks) by sex, age and degree of urbanisation	Eurostat
Volunteer activities	AAI 2018
Caring for children and grandchildren	AAI 2018
Political participation	AAI 2018
People aged 65–74 years participating in cultural and/or sporting events, by sex (percent participating at least once in the previous 12 months)	Eurostat
People aged 65–74 years performing artistic activities, by sex	Eurostat
Participation in tourism for personal purposes, by age class	Eurostat
Employment rates by sex, age and citizenship (percent)	Eurostat
Employment rate 55–59	AAI 2018
Employment rate 60–64	AAI 2018
Employment rate 65–69	AAI 2018
Employment rate 70–74	AAI 2018
Current normal retirement age by gender	OECD
Social meetings with relatives, friends, or colleagues	ESS

* Note that AAI 2018 may exclude data on Norway and Iceland

The older Nordic population is generally keeping up with digital skills

In the Nordic context, digital literacy is an important component of active and healthy ageing, especially as welfare technology services are increasingly mainstreamed into public health systems. Digital literacy among older adults is important for overcoming digital exclusion as society is becoming increasingly digitalised. For example, digital skills can allow older adults to communicate with family and friends in different ways, as well as perform online shopping and banking, key functions that can be especially helpful for those with reduced mobility (Eurostat, 2020). In addition, digital skills are increasingly important in many jobs and thus are central for improving the employability of older workers.

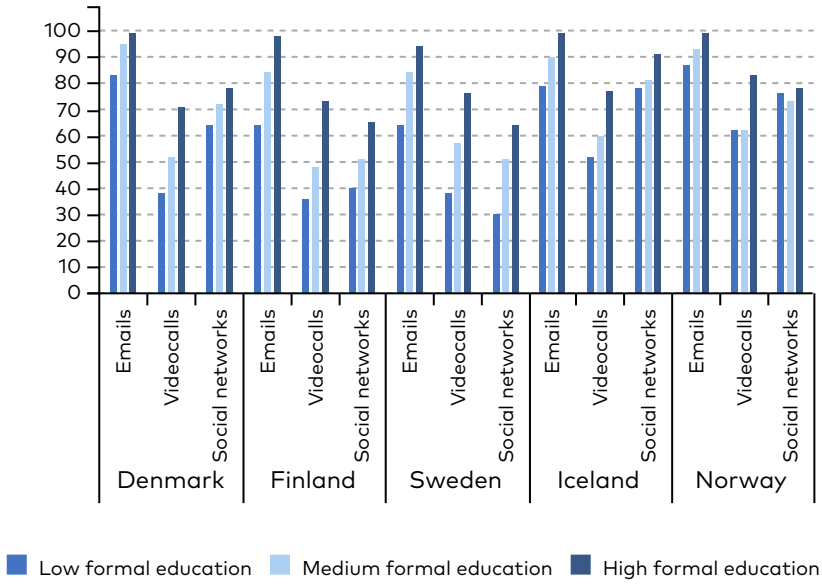

Figure 6. Internet usage activity for the age group 55–74 in the five Nordic countries, by education, 2021.

Figure 6 shows internet usage activity for the age group 55–74 in the five Nordic countries. The activities comprise using email, videocalls, and social networks, measured as the percentage of people who have used the internet at least once in the last three years to carry out any of the three activities (emails, video call, social networks) appearing in the graph. As seen, this is particularly high among the 55–74 years cohort across the Nordic countries. The shares of the older population using videocalls in the Nordic countries were consistent with EU27 countries at about 25 per cent, but Iceland and Norway were above the European average. In Norway, almost half of the population aged 65–74 years used videocalls, with Iceland being slightly below this. The percentages for four of the Nordic countries are particularly high when it comes to sending/receiving emails. Here, all countries show that over 75 per cent of people aged 55–75 years use emails, except for in Finland where the proportion is closer to 60 per cent. In Denmark this is especially true for using emails. In Sweden and Finland, however, the use of emails among this group of the population is 77 per cent and 78 per cent respectively, which is considerably lower than in the rest of the Nordics.

When it comes to social networks, Denmark and Norway have higher participation rates, with Iceland at the top among the Nordic countries. In Sweden and Finland on the other hand, only one third of this population group participate in social networks. To compare, in the EU27 countries overall only approximately 18 per cent of older adults participate in online social networks, compared with an average of 54 per cent for all adults. More broadly, it can be said that

the percentage of the population in the Nordic countries possessing digital skills is higher than the European average. More notably, when it comes to sending/receiving e-mails and seeking health information, while the latter is not shown here, the data indicate that the user rates among older people is increasing (Eurostat, 2020).

The figure also reflects internet usage activity according to educational levels. A clear trend that can be observed is that people with a higher formal educational level in general have more frequent internet activity, including email, videocalls, and online social networks. Indeed, the relation between educational levels and digital capabilities are evident across the three activities in all of the Nordic countries. However, differences in digital literacy and skills between the older population and the general Nordic population suggest a less noticeable digital divide compared to other EU countries overall, where the differences are larger (Eurostat, 2020).

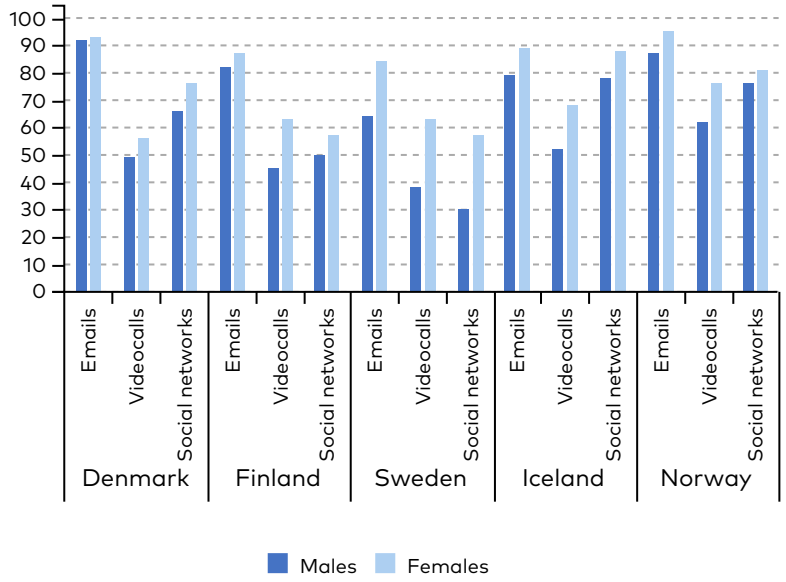

Figure 7. Internet activities measured as the percentage of people who have used the internet at least once in the last three years to carry out any of the tasks appearing in the graph.

Figure 7 provides an outlook on internet activity compared to the previous figure by showing differences in internet activity among men and women aged 55–74. In all five countries, women are more frequent internet users compared to men. The most noticeable differences between women and men can be seen in the use of videocalls and in participation in online social networks, where women are noticeably more frequent users than men in all five Nordic countries. Email communication is the most common activity among the three activity types shown in the figure in all countries, and

differences between men and women appear to be relatively small, with both genders being almost equally active.

Nordic countries have the highest levels of participation in cultural and/or sporting events

Cultural and other events can enhance the quality of a person's life because they promote the opportunity for engagement, which can increase a sense of belonging and wellbeing (Eurostat, 2020). However, the ability to participate in different types of activities and events tends to decline as a function of age. This is likely due to several aspects such as lack of mobility or transportation alternatives, fewer social contacts, lower disposable income, poorer health, or living in remote/rural areas. For this indicator, participation is measured as the percentage of the population that has gone to a cultural (defined as trips to the cinema, live performances, and to cultural sites) and/or sporting event in the previous 12 months (Eurostat, 2020).

Among older adults in the Nordic countries, more than 80 per cent of the population aged 65–74 years participate in cultural and/or sporting events, reflecting some of the highest levels in Europe (Eurostat, 2020). Finland is, however, an exception, having slightly lower levels of participation at 75 per cent among those aged 64–74 years, but compared to rest of Europe, this is still indicative of high activity within the cohort. Considering differences in gender, women were especially more likely than their male counterparts to have participated in cultural and/or sporting events. This is evident to a greater extent in Denmark and Iceland, where the participation of women is at 85 per cent, but 80 per cent for men, with comparable differences in Iceland.

Participation in formal or informal voluntary activities

Engagement in voluntary activities is another important component of activity in older age. The indicator from Eurostat on participation in voluntary activities offers data for people aged over 65 and over 75. In addition, it also provides data broken down by educational attainment (lower secondary, post-secondary non-tertiary) and by gender. Voluntary activities comprise three categories, namely formal voluntary activities, informal voluntary activities, and active citizenship. This indicator was produced as an ad-hoc module for the survey on income and living conditions (EU-SILC), and, therefore, it only covers the year 2015. Despite that, some patterns can be identified across the Nordic region. For example, all types of voluntary activities decrease with age in all Nordic countries. In

addition, men engage themselves more often than women in all types of voluntary activities. Another interesting pattern is that in all countries and for both genders, informal voluntary activities are the most common, followed by formal voluntary activities and active citizenship.

Finally, it is also noteworthy that educational attainment plays an important role in conducting voluntary activities. Again, in all countries and for both genders, the higher the educational attainment, the higher the engagement in voluntary activities. In this sense, and as a matter of illustration, 30.5 per cent of men aged 65 or over in Norway with lower secondary education engage in voluntary activities while this percentage grows to 42.9 per cent among those with post-secondary non-tertiary education, and up to 60.9 per cent for those with tertiary education. Although women participate less in voluntary activities, the same pattern can be observed elsewhere. In Norway, for example, the percentages of women participating in voluntary activities are 22.5 per cent for those with lower secondary education, 36.1 per cent for those with post-secondary non-tertiary, and 46.2 per cent for those with tertiary education.

Discussion

Having considered some key Nordic indicators on active and healthy ageing, the following sections discuss the findings and provide heterogenous perspectives where applicable. The questions below have been used to frame the discussion. While it is acknowledged that the Nordic senior population is a highly heterogenous group composed of people with different abilities and backgrounds, further deliberations to understand active and healthy ageing remain to be explored in future studies. Here, the contribution of intersectional approaches in analyses and policy-making across the Nordic region will remain relevant.

- What characterises the diverse Nordic senior population in terms of health, activity, and societal participation? How does the intersection of these aspects affect older adults' ability to participate in meaningful activities for healthy ageing, and what kind of changes can be seen over time?
- How do the conditions for active and healthy ageing and societal participation differ for sub-groups within the older Nordic population, and where? Which background characteristics are the most important determinants?
- What are the main barriers for active and healthy ageing in the Nordic senior population overall, and for different groups of seniors?

Heterogeneity and diversity in active and healthy ageing

As illustrated in the previous section, the core of this analysis has placed emphasis on the key statistical differences between the Nordic countries. To a certain extent, examining and understanding gender differences, age group differences, and any gaps uncovered in urban-rural geographies and socio-economic groups have also been considered in order to better grasp the diversity of older adults. In the following, some of the key observations from the analysis are discussed more closely.

When focusing on health and wellbeing, one of the indicators that was examined was self-perceived health, showing how older adults in the Nordic countries rate their own health. Older adults are highly diverse in terms of health status, and perhaps unsurprisingly, self-perceived health tends to decrease as one enters older age. Interestingly, older men rate their health slightly higher than women, while, at the same time, statistics show that women generally live two to three years longer than men in all the Nordic countries. Similarly, as in the rest of Europe, there is a clear connection between health and socio-economic status in the Nordic countries, where older adults with a higher socio-economic standing are generally healthier. Based on our analysis, there is no clear distinction that can be made between urban and rural areas that is common to all the Nordic countries. Rather, opposite tendencies can be seen for instance, when comparing Finland and Norway, where older Finnish adults in cities generally rate their health higher than in rural areas, while the opposite can be observed in Norway.

Another indicator also worth highlighting in the context of health and well-being is the one reflecting how much physical activity is performed outside working time in a typical week, by educational attainment and according to gender and age group. In Europe, for instance, on average 44.5 per cent of people aged 65–74 years spend at least three hours per week on physical activity – perhaps reflecting the additional free time that is available to pensioners (Eurostat, 2020). Denmark and Sweden reported the highest levels of physical activity per week in 2017, with women being more active than men in Sweden, whereas Finland reported a lower percentage with approximately 60 per cent of people aged 65–74 spending at least three hours per week. Data are unavailable for Iceland, but among the four Nordic countries, Norway has the lowest percentage of its older population reporting weekly physical activity, with a slightly higher participation among men. While briefly considered here, it would be relevant to discuss further correlations with socio-economic standing because it is likely that higher levels of education are associated with more time spent on physical activities outside of work.

From the perspective of progress in healthy ageing, several of the indicators examined in the analysis show a positive development over time. For instance, life expectancies have increased in all the Nordic countries and progress can also be seen in terms of improvements in self-perceived heath and long-standing health limitations over the past two decades. To this end, it should be acknowledged that the Nordic countries generally rank relatively high in international and European comparisons for many indicators measuring health status and wellbeing. However, the wealth of indicators available in this domain suggest that active and healthy ageing in the Nordic region is a complex landscape to interpret when it comes to the different countries and the varying regions within them. Aspects such as nutrition, mental health, and social belonging also need to be taken into greater consideration to draw a more complete picture of health and well-being.

Evidently, while additional heterogenous perspectives are needed, socio-economic status remains an important determinant of active and health ageing. Looking at the educational attainment levels among older people in the Nordic countries still provides the fundamental knowledge that there are noticeable differences. Norway, Sweden, and Finland have the highest proportions of older adults who have completed a tertiary degree. Beyond this, there are certain common patterns that can be observed across the countries. First, a trend in the Nordic countries is that women generally have higher educational levels than men. Second, a general pattern that can be observed is that educational levels are higher in urban than in rural areas. This difference is most evident in Iceland where the proportion of older adults who have completed tertiary education is more than twice as high in urban areas than in rural areas. Another indicator used for examining socio-economic status in this study was the at-risk-of-poverty rate. This measure shows noticeable gender differences that can be seen throughout the Nordics, where women in all five countries face a greater risk of poverty than men. Related to this, housing and living conditions show that older adults who live alone generally also face a heightened risk of poverty and social exclusion (Eurostat, 2020). While there are country-specific differences between the Nordic countries, the general trend shows that in most cases those older adults who live alone generally have lower incomes.

In the WHO (2002) framework for active ageing, "active" refers to continued participation in society in different ways, and different indicators measuring social activity, engagement, and participation were analysed as such. The primary intention here was to examine digital literacy in different ways. While the Nordic countries are generally among the top-ranked countries in Europe and the world on several measures of digital literacy in older age groups, cross-Nordic comparisons show great variation among older adults in this regard. One of the aspects influencing digital capabilities is socio-economic

status. For instance, the general trend in all the Nordic countries is that older adults with higher educational levels are more frequent internet users than those with lower formal education. Gender differences are also apparent here as women are generally more active internet users than men in the five Nordic countries.

Another measure of activity and participation that was examined, and where a distinction between women and men could be made, is participation in formal or informal voluntary activities as well as in cultural and/or sporting events. Here, men engage more actively than women in all types of voluntary activities in each of the Nordic countries. Yet, when it comes to cultural and/or sporting events, the opposite is seen among women. Observing these trends, what still needs to be elaborated is who these people are and what the main barriers are that prevent some sub-groups of the older population from participating compared to others. Similarly, as reflected across many other indicators, engagement in all types of voluntary and cultural and/or sporting activities decreases with age in all Nordic countries. And, again, educational attainment level is an important determinant influencing how actively one participates in voluntary activities, highlighting the importance of socio-economic factors in understanding the preconditions for active and healthy ageing.

Based on our analysis, we can identify which age and gender groups are advantaged and disadvantaged, but the data for understanding key social determinants for a given indicator or the domain at large will require a next phase. As mentioned, the selection of indicators in addition to those that are available at the national level suggest that there is much to say about how active and healthy ageing in the Nordic region will be constituted as we proceed through the Decade of Healthy Ageing that has been mapped out at the global level.

This study therefore calls for the need to enhance and strengthen a heterogenous approach to using indicators and available data. However, there are challenges in using intersectional analysis as a tool in this context because the application of understandings and perspectives in active and healthy ageing is relatively new to the field. Further intersectional analysis based on cross comparing the data could therefore be followed up in a next phase of these reports. Here, one would for instance be using more detailed classifications of sex and other identity variables to create an intersectional identity matrix that crosses each variable, so that each subgroup can be uniquely classified. In a simplified example, if studying gender and ethnic background, four groups could be created: ethnicity 1 women, ethnicity 1 men, ethnicity 2 women, ethnicity 2 men. What follows is that other variables such as educational attainment, income level, and degree of urbanisation could also be added to the matrix. However, from an analytical standpoint doing so presents considerable complexities for, at least, two reasons. First, the data required to examine these intersections are rarely available at the

macro level. Second, the more variables added to the matrix, the smaller the sample of individuals would become because the subgroups created would also be smaller. For example, it can be challenging to find a representative sample of individuals matching many characteristics in rural areas where, due to smaller populations, diversity is smaller. In short, it often requires survey data and more detailed classifications of not just age and gender, but other identity variables. For example, out of the subgroup formed by gender, age can be divided. In the case of active and healthy ageing, the indicators observed in this report suggest highly correlated variables, which makes it difficult to separate the effects of certain variables, which is to say the true effect of a single measure. Another consideration is that it would also be necessary to apply both quantitative and qualitative methods to explore and describe the ageing population from an intersectional perspective. Exploring lived experience through a qualitative lens would add the voices of older adults, in addition to the analysis of the statistical variables.

These limitations of using intersectional perspectives have also been reflected in dialogue with different Nordic actors (see Appendix). Here, it could be observed that while the actors acknowledge the importance of considering heterogeneity in practice, there were no specific actions that targeted an intersectional approach in policy mainstreaming or national level programmes and activities. Based on the inputs provided, intersectionality and heterogeneity in general are considered relevant as an analytic tool, yet there are noticeable variations in how different stakeholders view and understand this analytical framework and its applicability in supporting policy action in the field of active and healthy ageing. Overall, though, the possible contribution of intersectionality remains relevant for policy and practitioners to meet the objectives set forth in the Nordic countries' national policies and strategies targeting health and welfare in the ageing population.

Next steps for Nordic indicator analysis for Our Vision 2030

As observed, it is not straightforward to determine the main barriers for active and healthy ageing with the currently available data. However, it can be observed that various socio-economic factors are central determinants of active and healthy ageing across the Nordic countries, and there are also noticeable differences according to gender and other background characteristics on several of the indicators examined in this study.

There are a range of institutions from the international level to the municipal that offer indicators spanning topics such as health, pensions, living conditions, and active ageing, among others, and

understanding the most important determinants influencing the preconditions for active and healthy ageing is still at an early stage. In line with the challenges addressed in the previous section, this type of analysis would require the availability of Nordic data that can be broken down even further to disentangle the interrelations of different variables, and how different background characteristics intersect. Subsequently, there are several challenges and tools that need to be addressed to obtain a clearer picture for conducting these analyses. These aspects have been covered in the report Indicators for Active and Healthy Ageing in the Nordic Region (2022) and are therefore abbreviated for the purposes here. The findings concluded that the indicators produced by the OECD, ESS, Eurostat, and UNECE show various inconsistencies in terms of geographic and time coverage. Overcoming this is a precondition for successful comparisons, but the gaps in these data pose a great challenge to studying changes over time, and for making comparisons between countries (note that this is not a challenge posed only by Nordic databases, and other indicators produced by other institutions are also outdated). Closer Nordic collaboration and coordination of relevant data at least at the national level will be needed, while also underscoring that data rapidly become obsolete.

In parallel, the coverage of subnational territories (regions and/or municipalities) remains another challenge. It is very seldom that supranational institutions produce indicators that are relevant for active and healthy ageing at the subnational level, except for Eurostat. This is a barrier for making comparisons across regions in different countries because this means that national institutions have the responsibility to produce these indicators and, as such, these indicators differ from country to country.

It is also worth noting that the selected indicators here correspond with many of those set forth by the Nordic Council of Ministers in Our Vision 2030 (Nordic Council of Ministers, 2020). Under the area covering the objectives for a socially sustainable Nordic region, the indicators, while not addressing the ageing population specifically, include Self-rated health, Mortality before the age of 75 from diseases that can be prevented and cured, Proportion of people living at risk of poverty and social exclusion, Social trust and electoral turnout in general elections, and Household cultural expenditure. Alignment between the suggested list of common Nordic indicators alongside those set forth in Our Vision 2030 can strengthen Nordic efforts targeting measures to promote active and healthy ageing across the region. To do so multilaterally but also in the domestic context, cross-sectoral competencies will be needed to use, manage, and apply the indicators. Applying intersectionality and heterogenous approaches will also have to be strategically mainstreamed at the political level.

Outlooks

The Covid-19 pandemic has highlighted the seriousness of existing gaps in policies, systems, and services for the senior population in the Nordic countries. People in the second half of their lives have been among the groups most severely affected by the pandemic, which in turn has exposed the flaws and shortcomings of various systems, including health, long-term care and support, social protection, finance, and information-sharing (see Georgantzi, 2020; Olivera, 2020). The Nordic countries have had different responses and lockdown measures, but the pandemic equally forced all national systems to quickly adapt and solve the challenges that came with restrictions for older adults. It became obvious that digital services and welfare technology are areas that could mitigate some of the main difficulties, which has been addressed by the Nordic Welfare Centre (2021) in previous welfare technology projects.

As demonstrated in this report, older adults in the Nordic region are far from a homogenous group. While this study has examined and identified some of the differences that can be seen among the older population with regards to active and healthy ageing, there is still a need for further analysis to fully grasp this diversity. Heterogenous perspectives can be useful to identify indicators to better understand and promote this diversity, although at the Nordic level, this would require a greater degree of not only detailed, but also harmonised data to disentangle how different background characteristics intersect. This also seems to be important from the perspective of policy development and practice, and acknowledging the heterogeneity of active and healthy ageing among older adults should be a crucial starting point for framing strategies and action plans. Effective governance and the setting of national and local frameworks will be needed as well as gathering stakeholders to develop the relevant competences to ensure that the assumptions related to ageing and being old are meaningfully shifted, which is to say that they meet social sustainability targets, in the Nordic region. In short, to foster active and healthy ageing and improve the lives of older adults and their families and communities, fundamental changes will be required in the actions and paradigms related to age and ageing. This will be important as the roadmaps for the Nordic Vision 2030 are planned in the coming years. A region capable of promoting inclusive, equal, and shared values and strengthened cultural exchange and welfare is a region working towards enabling active and healthy ageing for everyone.

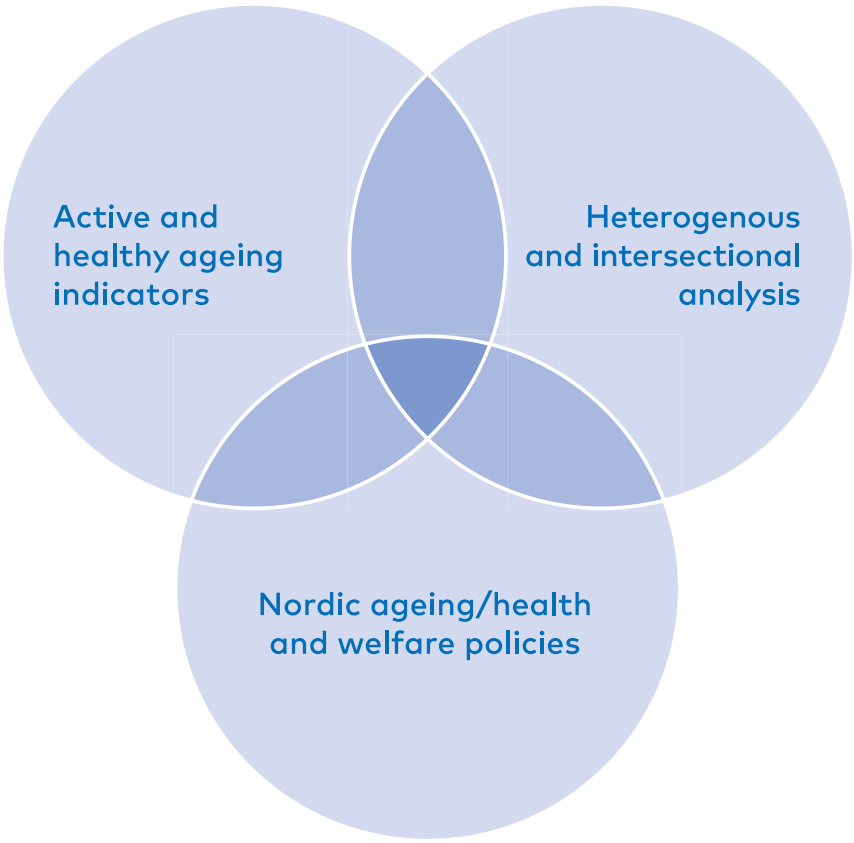

Figure 8. Dimensions showing how the overlap of these can enhance evidence-based decision-making on active and healthy ageing policies in the Nordic countries.

Indeed, to sustain the national goals for active and healthy ageing toward 2030 and beyond, a heterogenous approach can strengthen the understanding of what enables and prevents active and healthy ageing among the senior population in the Nordic countries (see for instance Figure 8). Over time, this knowledge can devise more inclusive and effective solutions to address barriers to policy mainstreaming and complex, if not systemic, exclusion from all the aspects that help people age well while maintaining good health.

Conclusions and recommendations

The final section summarises the report and lists some key recommendations for future research.

Strengthening a heterogenous approach to health and ageing/welfare policies

One of the main aims in this study has been to establish a better understanding of the Nordic senior population in terms of different aspects of active and healthy ageing. Indicators measuring health and wellbeing, socio-economic status, social activity, engagement, and participation were examined to explore what characterises older adults in the five Nordic countries. This knowledge, as well as the following recommendations, are intended to serve national and local stakeholders who work with improving the conditions for age-friendly environments and active and healthy ageing programming in their communities, while also seeking to enhance Nordic cross-collaboration and practices.

More specifically, policy makers need more information to make informed decisions to promote active and healthy ageing. Heterogenous and intersectional perspectives can contribute to a significant shift away from a one-size-fits-all paradigm to more holistic categorisations that meet the diverse needs of older population groups in the Nordic countries. There is a great deal of potential in the availability and quality of statistical indicators, but this project has identified the need for improving and strengthening comparisons, and further enhancing inclusive knowledge exchange across the Nordic countries so that health inequalities and their intersections can be properly understood. This suggests that situating heterogenous perspectives as they relate to active and healthy ageing within both empirical measures and in the Nordic policy context, still has a way to go. As such, there are benefits to adopting intersectional and diverse perspectives, where mixed-methods approaches might be more beneficial than quantitative approaches alone. Based on this report's observations, we present the following actions and take-aways:

- Establish dialogue and roundtable networks with national and local stakeholders focusing on intersectionality and heterogenous perspectives in active and healthy ageing. This could for, instance, complement or be integrated into existing efforts within the Nordic Age-Friendly City Network.

- Enhance vertical and horizontal knowledge-exchange and collaboration on active and healthy ageing applicability, identify challenges, and explore current understandings of local and regional approaches.
- Strengthen intersectionality research within the context of active and healthy ageing inequalities through Nordic guidelines. This may include considerations of other demographic characteristics such as socioeconomic status or ethnic origin in the indicators to obtain a better picture of these subgroups of the older populations in the Nordic countries.
- Consideration of the terms intersectionality and heterogeneity in a Nordic context and what usefulness the application of these has for the region to become socially sustainable, and how, as a concept, they can help identify the diversity of needs so that active and healthy ageing can be practically implemented in local and national policy frameworks.
- Improve access to comparable data in the Nordic countries and support the creation of a Nordic working group formed by municipalities and regions in order to steer objectives toward a coordinated system of indicators.
- Adopt mixed-method approaches to active and healthy ageing research and policy design, such as targeted surveys, which can be beneficial to complement quantitative approaches.
- Mobilise experts in developing common indicators within the Nordic Council of Ministers and identify additional subjective indicators related to active and healthy ageing. These could be in closer alignment with the indicators targeting Social Sustainability in Our Vision 2030.

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Appendix

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Mr. Kenny Jansson, Uppsala municipality, Sweden
Mr. Thomas Niedomysl, Uppsala municipality, Sweden
Ms. Wenche Lerme, Gothenburg municipality, Sweden

Guiding questions for Nordic stakeholders working with active and healthy ageing

1. What is the active and healthy ageing strategy in the municipality? What is the focus of current initiatives? What have been the most successful areas/initiatives?
2. Do all senior citizen groups have the same possibility and ability to participate and affect the decision making in municipalities? And how do the different groups of older adults participate in these initiatives?
3. How do the conditions for active and healthy ageing and societal participation differ for senior citizen sub-groups in your municipality/work?
4. How has the response from the groups of older adults (among those who do participate) been over time? Which groups are over and/or underrepresented? What have been the consequences of this?
5. What has been the most challenging in implementing the initiatives? Why is this the case?
6. What are the main barriers for active and healthy ageing in your municipality/work today?
7. Are there any measuring mechanisms specific to your work in general or for each initiative? If so, how frequently are they monitored and who is responsible for gathering and disseminating the data?
8. Have indicators been developed? If so, how? Are these in line with local/regional/national baselines?
9. What are some of your challenges and opportunities in following up the work?
10. Has there been any national or regional level support and/or coordination in this work? If so, how? What have you learned from each other as Nordic cities?

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