

Empowering Women for Healthy Aging:

Key Policy Actions to Address Health
Challenges Across the Life Course



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Executive Summary

China, Japan, and the United Kingdom are at the forefront of global population aging—providing an important lens on the growing challenges and needed solutions in a world of both historic longevity and a societal shift of more old than young.

These countries face rapidly increasing health and economic impacts due to aging, but they also indicate the transformational role women can play in formulating and implementing solutions.

Women’s access to quality healthcare and their economic participation are inextricably linked. By connecting healthy aging and women’s rights, global and national policy leaders can empower women to live long, healthy lives, from youth through old age, allowing them to participate fully in their economies. Women often face their greatest health challenges during the height of their careers and their childbearing years. Policies designed to meet these challenges will in turn support inclusive national economic growth and unlock a bright future for China, Japan, and the U.K.—as models and engines for our aging global community.

However, these health systems are currently not providing women with the full range of information, care, and services they need to ensure lifelong health. Due to an absence of adequate screening and prevention programs, a lack of research on women during pregnancy and breastfeeding, inadequate support for women as the majority of caregivers of children and older loved ones, and disparities in healthcare access and healthy lifestyles, women face an unequal burden from certain age-related diseases. Without action, these diseases threaten to impede women’s empowerment, quality of life, and their vital role as economic contributors, caregivers, mothers, and family and community members in aging societies.

Indeed, women’s role as leaders—in their communities, as policy and business role models, and in their families—can provide tremendous value to today’s aging societies and economies. What is to be done to turn this resource into an inspirational driver of healthy aging?

The greatest opportunity for progress rests at the intersection of two global movements: healthy aging and women’s rights. Now is the time for leaders in China, Japan, the U.K., and around the world to build on this momentum with a number of policy actions:

- Support research to better understand women’s lifelong health needs and risks, in childbearing years and as they age, including by increasing participation in research and clinical trials.
- Provide educational resources for women of childbearing age to make healthier choices throughout the life course, supporting prevention and promotion of healthy aging.

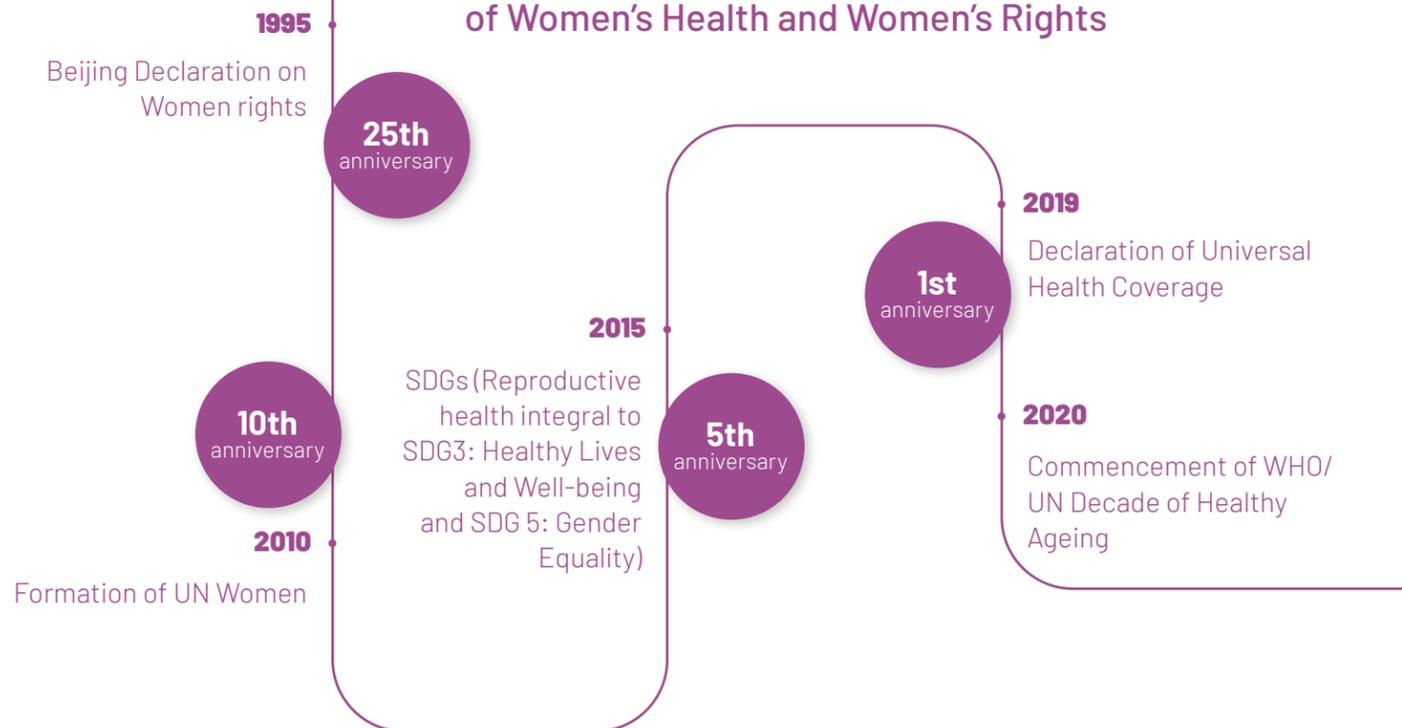
MICHAEL W. HODIN, PHD
CEO, Global Coalition on Aging

“As the global definition of health is reframed from the absence of disease to maintaining functional ability because of the aging of society, good health must be a target at each stage of life. A focus on healthy mothers, with an impact on healthy babies, will help enable a healthier aging, healthier economies, and healthier societies.”

- Train healthcare providers and educate caregivers on delivery of integrated, person-centered care for women throughout their lives.
- Implement national screening and prevention programs for conditions particularly affecting and/or under-diagnosed in aging women, which today are often ignored until an acute event.
- Integrate global women’s rights with healthy and active aging—prioritizing women’s health and ability in each of the Decade of Healthy Ageing focus areas.

By protecting women’s health, these policy actions can fuel the silver economy, meet caregiving needs, advance women’s equality, and ensure that societies remain prosperous, healthy, and vibrant as they age. The Global Coalition on Aging (GCOA) is committed to that future, and we put forth this paper as the basis for an important new policy discussion.

2020 Marks Key Milestones in the Advancement of Women’s Health and Women’s Rights





LANDSCAPE:

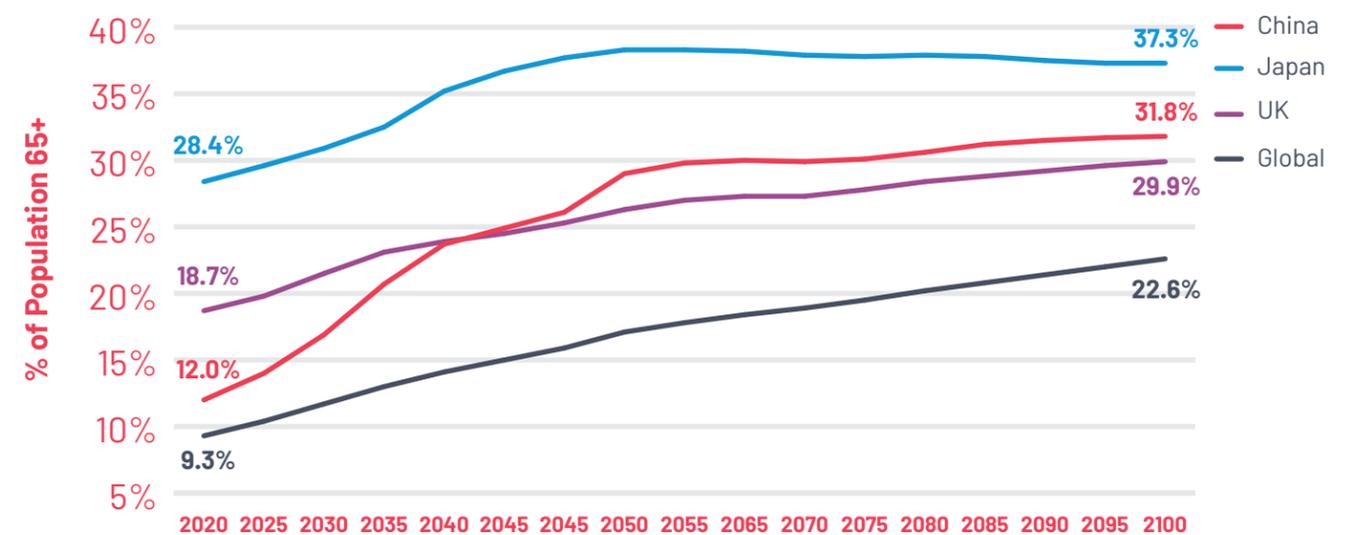
Women as Linchpins of 21st-Century Aging Societies

In China, Japan, and the U.K., as in countries around the world, unprecedented population aging and longevity are transforming societies and economies.

Japan is the oldest country in the world and the world's first super-aging society, with more than 28% of its population over the age of 65.¹ The U.K. is also at the vanguard of aging, with projections that nearly one-in-seven people will be 75 or older by 2040.² And while China is currently the “youngest” of the three countries, it is already home to roughly 250 million people over the age of 60—the largest population of 60+ adults in the world³—and this number is projected to nearly double to 485 million by 2050.⁴ In these societies experiencing more old than young, surely the demographic shift brings about a growing burden on how healthcare is managed and delivered.

This rapid aging and unprecedented longevity bring new health challenges. In response, international policy organizations are promoting healthy aging as both a healthcare and an economic priority. 2020 marks a number of important policy milestones, with

China, Japan, & the U.K. At Forefront of Global Aging



Source: World Populations Prospects 2019. The United Nations.2019.

the launch of the UN and WHO's Decade of Healthy Ageing, follow-on work from Japan's G20 Presidency in 2019, which featured aging, health, and economic growth as major focus areas, and the OECD's 2020 targeted strategy on Ageing Societies. Additionally, 2020 comes just a year after the first-ever global High-Level Forum on the Silver Economy, which brought together leaders in government, business, and philanthropy to advance the global discussion on aging, in alignment with the UN's Sustainable Development Goal 3, which calls for ensuring healthy lives and promoting well-being at all ages.⁵

National governments are also taking action. Japan has established aging as a central policy focus, with efforts to sustainably address age-related health challenges, boost innovation, and increase the labor participation rate of women and older workers.^{6,7} As a result, 22.8% of Japanese people 65 and over worked in 2016, the highest proportion among G7 nations.⁸ In China, the Finance Branch of the China Association of Gerontology and Geriatrics has issued several Silver Economy Indices outlining remedies for China's aging population. The U.K. government has published detailed reports and policy maps on the country's aging future, including key areas like extending careers, improving health and care systems, and supporting financial health for longer lives.^{9,10}

The stage is now set for continued action on aging. Yet as policymakers consider the future, they must address an aspect of aging that has been overlooked for too long: the critical role of women in aging societies.

Women, Longevity, & Aging: A Multi-Dimensional Role

Women, especially those of childbearing age, are at the heart of successful societal responses to aging—powering economies, providing much-needed elder and childcare, and leading their families and communities.

YUMIKO MURAKAMI
Head, OECD Tokyo Centre

“Around the world, as women increasingly take on roles as CEOs of businesses, they are also increasingly acting as CEOs of their households, making major purchasing decisions, ensuring the health of family members, serving as primary caregiver, controlling finances, and representing the family in the community. Taking on all these roles often comes at the expense of their own health, which is why women's health should be a priority for policymakers, health systems, and society as a whole.”

Women as Economic Contributors

Women make crucial economic contributions, stoking innovation and driving growth in aging societies. Helping women enter, stay in, and return to the workforce represents a critical opportunity to offset the national labor impacts of population aging. For example, in Japan, it is estimated that every percentage point increase in female labor participation rate increases overall GDP by roughly half a percentage point.¹¹ If China achieved gender parity in the workforce, it would increase GDP by \$4.2 trillion by 2025.¹² Globally, closing the gender workforce gap would add \$28 trillion to GDP.¹³

Women as Caregivers

Even as women play an increasingly important role in aging workforces, they are also very often serving as primary caregivers for children and older family members. In Japan, women account for more than 70% of caregivers who live with an elder care recipient and provide care “almost all day.”¹⁴ In the U.K., women account for 60% of caregivers who

provide more than 50 hours of unpaid care each week, and the economic value of women's unpaid care is estimated at more than £75 billion each year.¹⁵ In China, it is estimated that around 60% of elder caregivers are women.¹⁶ These caregiving statistics do not even account for professional elder caregivers, a field comprised largely of women and which represents a growing job and employment market in China, Japan, and the U.K. The role of the caregiver is essential to families and societies, and the demand for elder caregivers will only increase as populations age.

Women as Family & Community Leaders

Women lead their families, communities, and society. They are often the key healthcare decision-makers for their families, shoulder a greater role in parenting, and build connections across generations. Women also play a leading role in volunteering, school, and civic groups, cultivate relationships with neighbors and colleagues, and act as respected voices on community issues.



CHALLENGE:

Prioritizing Women's Health Needs

Despite the critical role of women in aging societies, policymakers and health systems have not prioritized women's unique health needs and risks.

In China, Japan, and the U.K., women face key health inequalities for age-related conditions like osteoporosis and cardiovascular disease. Responding to these inequalities will require greater policy action to promote healthy lifestyles, prevention, and access to care specifically designed for the needs of women, with a particular focus on their childbearing years, during which reproductive health and healthy pregnancies are an important contributor to healthy aging.

In particular, women with chronic severe diseases, including chronic inflammatory and chronic metabolic disorders, have an increased risk of developing age-related conditions. This is exacerbated by the fact they often do not receive the information, care, and treatment they need to manage their disease throughout their life, including during pregnancy and breastfeeding. As a result, they face greater health risks and impacts as older adults—but health responses are also lacking in this stage of life.

This risk is underscored by the growing discovery and inquiry around the new field of geroscience, which examines the science of aging itself and understanding its relationship to chronic diseases. Geroscience researchers are now uncovering that inflammation and chronic severe diseases play a role in human aging, raising questions about the long-term impacts of treatment and care decisions for women.¹⁷

Several key disease areas illustrate this challenge: chronic severe diseases, cardiovascular disease, and osteoporosis and fragility fractures.

Women of Childbearing Age, Chronic Severe Diseases, & Cardiovascular Disease

It is known that rates of cardiovascular disease after menopause are growing, and women often struggle to access a correct diagnosis and adequate prevention. Yet the root of the challenge begins even earlier, in childbearing years, when women lack sufficient access to high-quality, evidence-based care and clear information for key health decisions, including those related to chronic severe diseases.

At present, prevention of cardiovascular disorders relies on interventions early in life that aim to control classical risk factors, such as promoting a healthy lifestyle and physical exercise. However, stakeholders are overlooking the risk incurred by women during their childbearing years, in particular those associated with frequently occurring pregnancy complications, such as gestational diabetes, pre-eclampsia, pre-term deliveries, or others that are associated with a significantly higher risk of developing cardiovascular disease.¹⁸ Further, pregnancy and the maternal duties of raising a family can impact access to healthy life habits and physical exercise.

These realities are amplified in patients with chronic severe diseases, due to their increased susceptibility to cardiovascular disorders. Yet women do not have sufficient access to information about treatment continuation during pregnancy. In addition, women with chronic severe diseases are often uncertain about how to balance fertility goals and long-term health. In a global survey of women with chronic rheumatic diseases who had been pregnant in the past 2–5 years, 69% expressed concern that their treatment might harm the baby—but 60% were also concerned that *disease activity* might harm the baby.¹⁹ During pregnancy, 47% were advised to discontinue treatment by a healthcare professional, and 32% reported inadequately controlled disease activity.²⁰

Providers also lack consensus and express uncertainty about these treatment decisions. In a survey of Japanese providers, rheumatologists were split 50–50 on whether a woman should discontinue treatment prior to conception, and 64% of obstetricians believed treatment should be discontinued.²¹ Yet the majority of physicians

in both specialties agreed that if disease is controlled during pregnancy, it reduces the risk of pregnancy complications.²²

Further, physicians may not be considering the full range of long-term health impacts from discontinuing treatment, such as increased risk of cardiovascular disease. Studies have found that people with chronic inflammatory diseases face a higher risk for coronary heart disease, stroke, peripheral vascular disease, and cardiomyopathy, and these diseases represent a major cause of mortality and morbidity for this population.²³ Given that incidence of certain chronic severe diseases, such as rheumatoid arthritis, is up to three to four times greater among women, this increased cardiovascular risk represents an important health challenge, especially with uncertain treatment decisions related to childbearing.²⁴

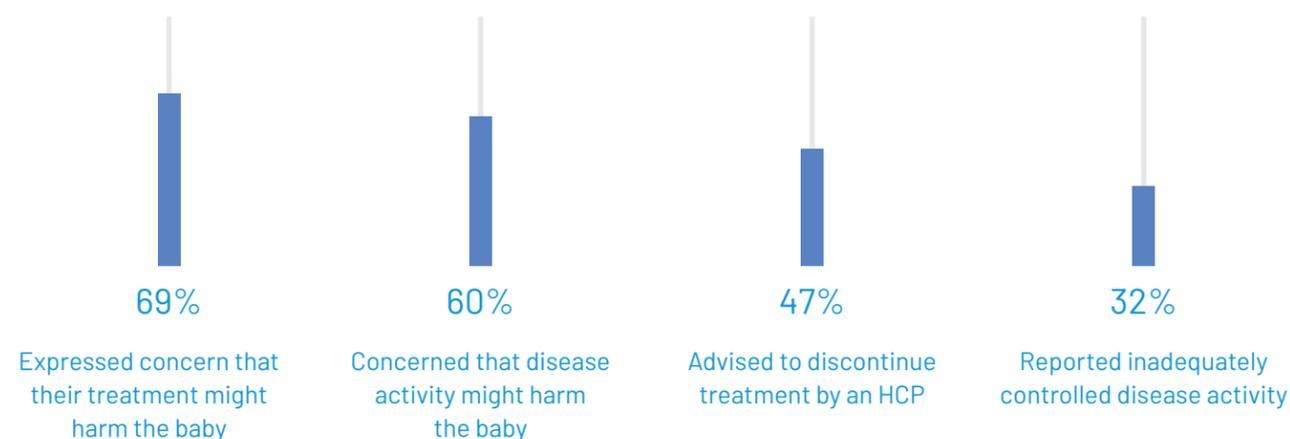
These risks are particularly concerning given that women also face disparities in cardiovascular care. A study in the U.K. finds that risk factors like smoking and high blood pressure increase women's heart attack risk 80–100% more than men, that women are 50% more likely to receive an incorrect initial diagnosis for a heart attack, and that women are 7% less likely to receive beta blockers when leaving the hospital after a heart attack.²⁵

Yet it appears physicians are likely not raising these long-term health concerns with women earlier in their lives, when they are making key decisions about the treatment of chronic severe diseases. Instead, women are left to struggle with fears and misconceptions, unsupported by clear guidance and consistent information about their disease, treatment, and potential later-life health risks.

Taken together, health systems lack high-quality, evidence-based care for women of childbearing age, whether they are healthy or live with chronic severe diseases. There are a number of key gaps:

- **Excluded from trials:** For numerous reasons, pregnant women have traditionally been excluded from clinical trials, limiting understanding of treatment safety and efficacy in this population and constraining the evidence base needed to drive sound clinical decisions.²⁶
- **Unbalanced ethical frameworks:** Ethical frameworks for treatment decisions have historically focused on the risk to the fetus,²⁷ while prioritization of the risks of uncontrolled disease activity on the mother's health have been limited to cases of severe or life-threatening situations.
- **Lack of provider training:** Many physicians have not been sufficiently trained in the complex issues surrounding pregnancy, chronic severe diseases, and treatment decisions.²⁸ There is also a lack of collaboration between specialties.²⁹
- **Women not included in decisions:** In many cases, women of childbearing age are not fully included or supported in making treatment decisions, with unclear or insufficient communication from healthcare providers, including long-term health risks.³⁰
- **Lack of attention to geroscience and CVD risk:** The increase in older populations has brought new attention to the underlying processes of aging, which are impacted by immune responses, medications, and chronic conditions that are associated with aging. The relationship to inflammation, particularly the risk of cardiovascular disease, must be understood to provide new pathways for healthy aging.³¹

Pregnant Women Uncertain About Key Treatment Decisions



Aging and the Rise in Osteoporosis & Fragility Fractures

“Geriatric hip fractures will increase dramatically in China in the next few decades....If we want to manage hip fractures efficiently, we need to have multi-disciplinary collaboration between orthopedic surgeons and geriatricians....and address a fracture as early as possible.”

MINGHUI YANG, MD

General Secretary, Fragility Fracture Network—China, Beijing Jishuitan Hospital, speaking at Silver Economy Forum, Sept. 23, 2020³²

Osteoporosis often goes undetected and under-addressed, even though it increases the risk for fragility fractures. In the U.K., 50-year-old women have a 53% lifetime risk of a fragility fracture, compared to 21% for men,³³ and women account for the majority of the 300,000 fragility fractures in the U.K. each year, as well as the resulting £2 billion in healthcare costs.³⁴ Overall, British women 45+ spend more days in the hospital due to osteoporosis than diabetes, breast cancer, or heart attacks.³⁵

There are similar challenges in Japan and China. More than 15 million Japanese people live with osteoporosis, and the incidence of hip fractures is projected to increase from 190,000 in 2012 to 320,000 by 2040.^{36,37} In China, the total prevalence of osteoporosis is estimated to increase from around 84 million in 1997 to 212 million by 2050, and women face a prevalence rate almost double that of men.^{38,39}

Having children may also influence the risk of osteoporosis and fragility fractures. There is a

need for more research into the direct health connections between pregnancy, bone density, and osteoporosis. More broadly, having children could affect osteoporosis risk by limiting a mother’s time and access to sufficient physical exercise, a healthy diet, and other lifestyle-based protective factors.

Osteoporosis and related fragility fractures combine as one of the most widespread, age-related health challenges facing women. Despite this global and growing prevalence, there are a number of gaps in health system responses to osteoporosis and osteoporotic fragility fractures:

- **Lack of primary or secondary screening:** Japan, China, and the U.K. have not established national screening programs for osteoporosis, built on the model of screening programs for other diseases.⁴⁰ Programs that identify osteoporosis and focus on monitoring after the first fragility fracture would improve patients’ quality of life and could achieve a high return-on-investment since the patients are already identified. High returns could also be generated by screening programs for primary osteoporosis detection and prevention in all post-menopausal women. This is part of a larger global gap in health system readiness for aging, as few countries are prioritizing women’s health needs related to osteoporosis. Instead, many women first learn they have the condition when they suffer a fragility fracture.
- **Not prioritizing prevention of a first fracture, nor rehabilitation after:** Health systems and providers are not prioritizing prevention efforts to address osteoporosis, such as providing women with information

about how to reduce risk through exercise, healthy diets, intake of calcium and Vitamin D, and appropriate treatment of chronic severe diseases. Once older women have a first fracture, effective treatment and rehabilitation to prevent the second fracture are under-addressed or not addressed at all, which becomes a lost opportunity in individual health outcomes and societal cost burdens.⁴¹ Once these patients are identified in the healthcare system, it should be a priority to address their

bone health with an integrated care approach. This is a critical inflection point for ensuring ongoing healthy and active aging.

- **Insufficient research for mothers:** The medical community has not fully researched and clarified the complex links between osteoporosis risk and childbearing, breastfeeding, and motherhood, including the indirect health impacts of changes to a mother’s lifestyle.⁴²





CALL-TO-ACTION:

Policies to Advance Women's Healthy, Active Aging

Now is the time for policy action that prioritizes women's health across the life course, from birth to later life, including through their childbearing years.

In women, healthy aging is not only dependent on early decisions regarding overall lifestyle and diet, but also on events associated with reproductive health and pregnancies. As population aging accelerates, the toll of challenges like chronic severe disease, osteoporosis, and cardiovascular disease will only grow. Prompt policy responses are needed to address these challenges and mitigate the impacts on women, families, and society.

Policy organizations and leaders can build on today's historic momentum for both healthy aging and women's rights. As described above, national governments and international health

organizations are recognizing the critical importance of healthy aging and integrating it into their strategies. In the area of women's rights, 2020 marks the 25th Anniversary of the Beijing Declaration on Women Rights, the 10th Anniversary of the formation of UN Women, and the 5th anniversary of the Sustainable Development Goals, which focus on gender equality and good health. Women Political Leaders (WPL)—a global network of women in political office—also launched a campaign calling on policymakers to accelerate progress towards women's equality globally on International Women's Day 2020.⁴³

This momentum opens opportunities for several key policy actions at the intersection of women's health and women's rights in China, Japan, and the United Kingdom:

EMMANUEL CAEYMAEX
Executive Vice President, Immunology
Solutions & Head of US, UCB

"Policymakers, health systems, and the private sector must come together to develop forward-looking, person-centered policies and solutions that help women detect, manage, and prevent chronic diseases throughout their lives."

- **Support research to better understand women's lifelong health needs and risks, in childbearing years and as they age, including by increasing participation in research and clinical trials.** Policymakers should direct research investment to understand the long-term health needs and risks for mothers, through childbearing years. This research should explore key medical questions like how childbearing affects chronic disease risk, as well as broader topics like the health impacts of familial care responsibilities. This will require conducting further research on the natural course of disease and on the safety profile of treatments that may be necessary during pregnancy in an ethical manner. Research should also connect learnings from

geroscience on the connection between inflammation and aging.

- **Provide educational resources for women to make healthier choices throughout the life course, supporting prevention and promotion of healthy aging.** Policymakers should also consider proactive education to help younger or middle-aged women, especially those with caregiving responsibilities, understand how they can stay healthy and reduce their lifetime risk of chronic disease. This education should draw on geroscience and emerging findings about the important role of inflammation and other factors.
- **Train healthcare providers and educate caregivers on delivery of integrated, person-centered care for women.** Clinical findings and guidelines should provide the basis for integrated, cross-discipline, and person-centered care that balances the treatment of chronic diseases with a woman's fertility goals. These efforts should aim to enable clear, open communication between a woman and her entire care team, beginning even before conception and including both the risks and benefits of treatment or discontinuation of treatment. In addition, physicians should receive training in person-centered care for women with age-related conditions, such as osteoporosis and cardiovascular disease.
- **Implement national screening and prevention programs for conditions particularly affecting and/or under-diagnosed in aging women, which today are often ignored until an acute event.** Governments should invest in national screening programs for age-related conditions—a relatively low-cost, high-return opportunity to address health challenges for women, such as chronic severe diseases, osteoporosis, and fragility fractures. Such screening programs could be especially valuable for conditions where pregnancy, breastfeeding, and caregiving responsibilities are linked to disease risk.

- **Integrate global women's rights with healthy and active aging—prioritizing women's health and ability in each the Decade of Healthy Ageing focus areas.** Given the central role of women in aging societies, the WHO and national governments should include a focus on women in the Decade of Healthy Ageing and its core focus areas. For example, governments should promote research to understand and address women's lifelong health needs, ensure health systems and long-term care systems are aligned with these needs, and consider the economic case for investing in women's healthy aging.

CONCLUSION:

Launching a New Policy Discussion on Healthy Aging for Women as an Engine for Societal Health and Economic Growth

Today's unprecedented changes in longevity and demographics demand a new global policy discussion focused on women's health, aging, and early intervention, in particular during childbearing years.

Japan, China, and the U.K. are ideally positioned to lead this conversation, given their demographic profiles and role at the forefront of policy responses to aging.

Empowering women to understand and protect their health is the foundation for gender equality and women's rights, as well as policy priorities like inclusive growth and efficient, effective healthcare systems. Key health challenges for women during their life course remain largely overlooked and under-addressed, resulting in a higher risk of developing preventable aging-related disorders. To drive progress, policymakers must correct these oversights and speed policy attention and resources to awareness, medical consensus, and treatment and care.

GCOA looks forward to joining with policymakers to achieve those goals for women's health and equality across the life course, and we hope this paper provides a starting point for a productive, cross-sector discussion and targeted, meaningful policy actions.



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About the Global Coalition on Aging

The Global Coalition on Aging aims to reshape how global leaders approach and prepare for the 21st century's profound shift in population aging. GCOA uniquely brings together global corporations across industry sectors with common strategic interests in aging populations, a comprehensive and systemic understanding of aging, and an optimistic view of its impact. Through research, public policy analysis, advocacy, and strategic communications, GCOA is advancing innovative solutions and working to ensure global aging is a path to health, productivity and economic growth.

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