

PRO HEALTH 65+

Health Promotion and Prevention of Risk – Action for Seniors



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Cezary Włodarczyk

Institute of Public Health,
Faculty of Health Sciences,
Jagiellonian University Medical
College Cracow

Marzena Tambor

Institute of Public Health,
Faculty of Health Sciences,
Jagiellonian University Medical
College Cracow

EU AGEING POLICIES

ABSTRACT

The aging of population has been affecting all countries across the European Union (EU). To address the challenges resulting from this process, a number of healthy ageing strategies has been proposed. Healthy ageing aims at keeping older people in good health and independent as long as possible, and thus, improves their wellbeing. Healthy ageing is a broad concept which, together with concept of active ageing covers various issues, such as promoting health enhancing behavior, disease prevention, changing the social perception of older people and providing conditions for independent living of older people. In order to support member states and monitor their performances within population ageing policies, the EU has proposed two relevant tools, i.e. Active Ageing Index and healthy life years (HLY) indicator. To influence country healthy ageing policy, the UE uses soft methods i.e. include providing guidelines and sharing good practices, but it has no power to impose suggested mechanisms or monitor the results. The attention which EU gives to health and well-being of older people is an important step toward a better country-level healthy ageing policy as it increases policy makers' awareness of the need to prepare age-specific health promotion and diseases prevention strategies.

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KEY FINDINGS

In the development of healthy ageing concept, the inspiration provided by United Nations (UN) takes its role. . As early as in the UN Universal Declaration of Human Rights of 1948, the old age was shown as the factor which must not discriminate the people in their right to adequate standard of living. In 1982, the First General Assembly on Ageing endorsed the Vienna International Plan of Action on Ageing. Historically it was the first internationally adopted document on problems of ageing, which was to guide perception and the formulation of policies and programmes on ageing. In 1991, the UN General Assembly adopted the UN Principles for Older Persons. In 2002, the Second General Assembly on Ageing passed Political Declaration and Madrid International Plan of Action on Ageing. It was underlined that the Governments agreed to link questions of ageing to other frameworks for social and economic development and human rights, and declared to be determined to enhance the recognition of the dignity of older persons and to eliminate all forms of neglect, abuse and violence.

The inspiration delivered by World Health Organisations has also played a very influential role. The first articulations of concept of healthy aging appeared in early nineties in the WHO documents referring to Health for All by 2000 Strategy (HFA) and later developed in papers progressing this approach. In 1998 annual Health Report, the concept of “healthy ageing” was resented as encapsulating the efforts aiming at stimulations habits and lifestyles conducive to a better old age. The idea of "active aging", applied parallel with “healthy ageing” appeared in the title of the World Health Assembly (WHA) resolution passed in 1999. The pair of two concepts – active and health – was being preferably used together, as it was done in the WHA resolution passed in 2005 when all member states were urged to act to promote “active and healthy aging”. In the World Report on Ageing and Health published in 2015, the concept of “healthy ageing” was defined as “the process of developing and maintaining by an individual the functional ability that enables well-being in older age”.

European Communities in early stages of their development focused mostly on economic cooperation. Later on the EC interest shifted to social problems, including questions of elderly people. Primarily in early 2000, attention was on occupational activity of elderly people which should be prolonged and retirement time delayed. Afterwards, in the process of growing interest on non-economic concerns a turning point was the Report “Healthy Ageing – A Challenge for Europe”, published in 2006, being an outcome of the “Healthy Ageing” project under the EU Public Health Programme, by the Swedish National Institute of Public Health. In the report the definition of healthy ageing reads as follows: *“Healthy ageing is the process of optimising opportunities for physical, social and mental health to enable older people to take an active part in society without discrimination and to enjoy an independent and good quality of life.”*

The health status of elderly people in a natural is worse than the health of younger co-citizens but rather often the difference is too large and biologically unjustified, the problem referred to as health inequality

(inequity). The EU followed the others' – WHO – in the problem and during the British presidency in 2005 two reports were commissioned to diagnose the situation. In order to tackle the problem very proliferated in all EU countries, the EU recommended to apply the approach named "Health in All Policies" which calls the decision makers in other sectors to be aware of health effects resulted from their actions. In 2006 and 2010 the Member States were encouraged to address the problems of inequalities.

In October 2007, the European Commission adopted a document on a new Health Strategy. Confronting consequences of ageing was evoked in the first objective. It was pointed out that if people could remain healthy as they live longer, the rise in healthcare spending due to ageing would be halved. All actions to promote health and prevent disease should address relevant health determinants like poor nutrition, physical activity, alcohol, drugs and tobacco consumption, environmental risks, traffic accidents, and accidents in the home.

An important part of actions aimed at problems of healthy ageing was unfolded in subsequent health programmes. Amounts of attention devoted to the issues increased gradually. At the beginning, in the first version of the programme adopted in 2002 health of elderly people was seen as a fragment of good health of population in general – the overall aim of the public health programme. In the second Health Programme, the healthy ageing questions took more room. While presenting characteristics of the health sector, the ageing of the population was depicted as one of the factors contributing to its potential for growth, innovation and dynamism. In the third Health Programme, the problem of healthy ageing was put on in separate paragraphs. The people should be able to enjoy a healthy and active life as they get older and public policies should contribute to this. The policies should cover a broad set of determinants influencing health status of people through the life-time, together with well-directed investments to promote health and prevent diseases. The measurable goal was to increase the number of 'healthy life year'.

After the Lisbon Strategy of 2000, in 2010 a new document "Europe 2020" was adopted to help the EU and the Member States to accomplish high levels of employment, productivity and social cohesion. In its frame "the Innovation Union" was conceived, as one of seven priorities to improve framework conditions and access to finance for research and innovation. The Innovation Union has contained many action points including the European Innovation Partnerships (EIP) and one of them was the European Innovation Partnership on Active and Healthy Ageing (AHA). A target of increasing the healthy lifespan of EU citizens by 2 years by 2020 was stated. Three kinds of benefits, linked with the target, were expected:

- improving health and quality of life (with a focus on older people);
- ensuring health and social care systems are sustainable and efficient in the long term;
- enhancing the competitiveness of EU industry through business and expansion in new markets.

Partners have been working in two main strands: (1) the *Reference Sites*, and (2) the *Action Groups*. As far as “Reference Sites” are concerned, this status has been granted to organisations which have demonstrated excellence in the development, adoption and scaling up of innovative practices for active and healthy ageing, in line with the strategic objectives of the EIP on AHA. Within the stream of Actions Groups hundreds commitments were submitted by groups of stakeholders including public authorities, technology companies, health providers, industry and non-governmental organisations. The following themes were selected to tackle and respective Groups set up:

A.1 Prescription and adherence to medical plans

A.2 Personalised health management and falls prevention

A.3 Prevention and early diagnosis of frailty and functional decline

B3. Replicating and tutoring integrated care for chronic diseases, including remote monitoring at regional level

C2. Development of interoperable independent living solutions

D.4 Innovation for age-friendly buildings, cities & environments

In 2013, the European Commission issued a document devoted to a new EU programme “Investing in Health” to complement the EU initiative named Towards Social Investment for Growth and Cohesion. It was noticed that elderly people were much more likely to suffer from multiple diseases (co-morbidity) than other age groups increasing the pressure on health systems and social care structures in terms of demand for care. The significance of integration or coordination of care – between medical and social or between different medical specialties for fulfilling a well-being of elderly persons was emphasised. .

In 2008, the Ambient Assisted Living (AAL) Joint Programme for years 2008-2013 was established by a co-decision of the European Parliament and of the Council. It was a funding programme, absorbing money from EU sources (EC participation based on article 169 of the Amsterdam Treaty, complements longer term research under 7th Framework Programme, and private sources). When AAL Joint Programme ended its successor The Active and Assisted Living Programme (AAL Programme) was endorsed. According to the Strategy for 2014 – 2020, The AAL Programme is an applied Research, Development and Innovation (R&D&I) funding programme that supports projects developing ICT solutions for ageing well.

The EU designated 2012 as the European Year for Active Ageing and Solidarity between Generations. It was intentionally declared that European societies must be more age-friendly and better adapted to its ageing population. In the Report published in 2015 the fulfillment of the specific objectives (Raising general awareness, Stimulating debate, Creation of a 'framework, Promotion of activities) were largely met, but the

general objective, i.e. the creation of an "active ageing culture in Europe", failed and still required further, additional efforts.

Currently the problem of ageing is secured at the level of EU Treaties. In the article 3 of the Treaty on European Union, one of essential aspects of elderly people related policy was raised – it stated that the Union shall promote solidarity between generations. As it is an element of the "hard law" the concept of solidarity between generations is becoming an integral part of legal systems which are in force in the Member States. It is supplemented by three provisions relating to the problems of the elderly: Article 21 on non-discrimination, Article 25 on the rights of the elderly, Article 34 on social security and social assistance.

APPROACH AND METHODS

The findings are based on review of EU documents broadly related to ageing policy as well as on literature. The snowball or cascade method was used. The first selection of documents relied on identification of subject addressed in documents: they were accepted if problems of elderly people were referred to. Usually in introductory parts of documents many earlier records or files were indicated. Looking at documents quoted a number of successive items was identified. The method of finding the papers was the same. The documents once selected were confronted with results of similar procedures.

POLICY RECOMMENDATIONS

- Given the unfordable demographic trend, the strengthening of healthy ageing policy is needed. A greater political commitment to pursue health promotion programmes targeted at older people is highly warranted.
- There is need to provide more clarity in the concept of healthy and active ageing and establish a clear policy definition of it. The two-word expression is needed to cover dual nature of actions recommended to both public authorities and the target groups.
- The EU should enhance a complex character of the health and active concept. It covers various issues, such as health enhancing behaviour (e.g. physical activity), disease prevention (particularly, falls prevention of mental disorders), changing the perception of older people in society and providing conditions for independent living of older people. All should be taken seriously.
- The EU should reconsider proper proportion between soft law and hard law norms that are applied in policy documents. If efficacy of EU strategies is to be improved a possibility of using hard law rules seems to be required. Otherwise the EU recommendations may be ignored, especially it time of economic or political crises.

- The implementation of law specifically dedicated to public health, which is lacking in some European countries, might contribute to a greater political and social interest in public health and might facilitate health promotion actions.
- In promoting further the idea of independent living of elderly people the EU should encourage the governments to create favourable conditions conducive to it by contribution to development of qualified and motivated personnel, physical environment and necessary equipment.
- The EU should urge the countries to increase their efforts to ensure more equitable distribution of health promotion programmes for older people. The still existing situation when elderly people from some disadvantaged social groups have no easy access to health promotion programmes cannot be accepted.
- There is need for better coordination and integration of health promotion activities in European countries. Although some activities exist, there is still a great fragmentation and overlapping of activities. Health systems in the countries should represent more responsiveness while meeting the elderly people needs
- There is need to provide funding for these projects initiated in Member Countries and targeted at elderly people which are in close accordance with values disseminated by EU. This especially refers to projects already ongoing and endangered by expiring financial resources.
- There is need to recognize the importance of moral values attributed to elderly age and contributions provided by elderly people to social life. A disproportionate attractiveness linked with youth and purely physical fitness, so popular in popular culture, should be opposed.

PROJECT IDENTITY

PROJECT NAME	PRO HEALTH 65+ Health Promotion and Prevention of Risk – Action for Seniors
COORDINATORS	JAGIELLONIAN UNIVERSITY MEDICAL COLLEGE Project leader: Prof. dr. hab. Stanisława Golinowska Project manager: Andrzej Kropiwnicki
ASSOCIATED PARTNERS	JAGIELLONIAN UNIVERSITY MEDICAL COLLEGE www.uj.edu.pl Principle investigator: Prof. dr. hab. Stanisława Golinowska MAASTRICHT UNIVERSITY www.maastrichtuniversity.nl Principle investigator: Prof. dr. Wim Groot UNIVERSITÀ CATTOLICA DEL SACRO CUORE www.unicatt.it Principle investigator: Prof. dr. Nicola Magnavita UNIVERSITÄT BREMEN www.uni-bremen.de Principle investigator: Prof. dr. Heinz Rothgang
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LINKEDIN FORUM	https://www.linkedin.com/groups/ProHealth-65-Health-Promotion-Prevention-8354412/about
FOR MORE INFORMATION	PROJECT OFFICE Anna Najduchowska, leader's assistant Jagiellonian University Medical College ul. Grzegórzecka 20, 31-531 Kraków, Poland Tel: +48 12 433 28 09 / +48 603 663 822 E-MAIL andrzej.kropiwnicki@uj.edu.pl anna.najduchowska@uj.edu.pl

