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Healthy ageing in Europe

— LESSONS LEARNT AND WAYS FORWARD

Healthy ageing in Europe - lessons learnt and ways forward.

Conference documentation

The conference “Healthy ageing in Europe- lessons learnt and ways forward” was held in Stockholm on 22nd and 23rd October 2009. The main aim of this conference was to stimulate more health promoting activities towards older people and to bring together experts in the field to build a strong partnership for the future. This report presents the summary of the conference and next steps forward for the Ageing agenda in the EU, along with future opportunities for the Special Interest Group on Healthy Ageing. As part of this conference, the participants drew up key messages on policy, practice and research to be adopted by the European Commission to serve as a background when the Commission prepares the upcoming communication on ageing and health.

This conference was organised under the remit of the Swedish Presidency in collaboration with the Swedish National Institute of Public Health. The issue of ageing is not a new phenomenon, and now more than ever change is needed. With Europe facing great demographic challenges and an unstable economic situation, the elderly can play a pivotal role in changing the future. Ageing, more importantly, healthy and active ageing, cuts across many policy areas not just health. It is therefore vital that a coordinated approach through different policy areas, at local, national and EU level is adopted.

Day 1

“Is healthy ageing on the European agenda?”

“Health promoting and preventative policies towards older people within the EU” *Jorge Pinto Antunes, European Commission.*

The European Commission has been working on the issue of healthy and active ageing for a while; however it has not been in a coordinated way. There are many policy challenges intertwined in the field of ageing and so at EU level action is restricted. The issue of ageing has developed through the Lisbon Strategy and the sustainable development strategy, along with the OMC (Open Method of Coordination). Under the EU Health Strategy, Objective 1 clearly defines the role of the EC: “Foster good health in an ageing Europe”. The issue of a “lifecycle approach” being used when addressing the ageing issue was emphasized; so addressing the determinants of health was seen as invaluable. In this light the EC has so far concentrated on these health determinants, such as smoking, nutrition, physical activity, and intervened in these processes to get positive results.

Current actions by the EC in the field of ageing include:

- ❖ Promotion and Prevention: The EC supports the work on ageing mainly through specific ‘determinant’ actions; adopting a lifecycle approach. For example through various platforms and strategies (EU level Strategies on Mental Health and Alcohol).
- ❖ Social Welfare Coordination: The EC encourages national governments to reform their welfare systems by providing a platform for exchanging information and good practices.
- ❖ Providing a framework for political co-operation through the Open Method of Coordination: Agreeing common objectives and common indicators remains high on the agenda, with these objectives translated into national plans.
- ❖ EC Tool- Social Situation Observatory: Current research by the observatory shows ageing as an emerging issue through data gathered from the various Member States.
- ❖ Healthy Life Years Indicator: A report has been recently published, however data is dated back to 2005. A fundamental outcome of this report showed that although life expectancy has increased substantially, the number of healthy life years without disability has not increased so much. This clearly shows the need for more preventative policies in the future.

Future actions- The European Commission outlined possible ways of future actions in the field of Ageing:

- ❖ Facilitate the dissemination of best practices supporting an ageing population;

- ❖ Work to consider how to increase the use of the Healthy Life Years Indicator across the Member States and the European Commission;
- ❖ Develop measures to improve the health of older people
- ❖ Produce a Healthy Ageing Paper in 2010/2011, which would set clear objectives for Healthy Ageing Policy at EU level, providing a framework for different initiatives and identify delivery measures.

The EC highlighted the importance of tackling demographic change now, with prevention rather than reaction. Cross-sectoral work was mentioned as an important step in raising Healthy Ageing and preparing the EU for demographic change, at both EU and national level.

“Conclusions from the conference ‘Healthy and Dignified Ageing’ “
Niclas Jacobson, Ministry of Health and Social Affairs

The conclusions from the presidency conference on Healthy and Dignified Ageing were presented by the Swedish Ministry of Health and Social Affairs. Five areas for improvement in the field of dignity for the elderly were drawn up; these areas are considered of vital importance and a good foundation for upcoming work on Ageing:

1. ‘Care and coordination’: Cooperation of different sectors and all levels needs to be adopted, including government level and EU level cooperation. Different sectors need to work together to develop cross cutting initiatives which can fully support the notion of ageing;
2. Supporting and promoting Healthy Ageing: It was called upon at this conference that the EU should develop a Healthy Ageing Strategy by 2012, and promote Healthy Ageing with relevant funding programmes;
3. Alzheimers and other dementias: It was highlighted that further work needs to be done with prevention and treatment, with early diagnosis being crucial;
4. Staff and informal carers: More training should be provided for those who care, both formally and informally, for the elderly.
5. Indicators and data: There is currently a great difficulty in finding indicators which are valid in all Member States: This supports the need to work together throughout the EU to develop best policies.

With this in mind, a number of future actions were discussed. Cooperating more closely and learning from good practices in the field lays a good foundation for core development. It was called upon to strengthen cooperation in elderly care, partly to be achieved by giving more power and role to the Social Protection Committee and the OMC.

Discussion part I

The issue of demographic change, more importantly demographic gains and losses, was discussed during the meeting. The main aspects are summarized in Figure 1 “Demographic gains and losses”

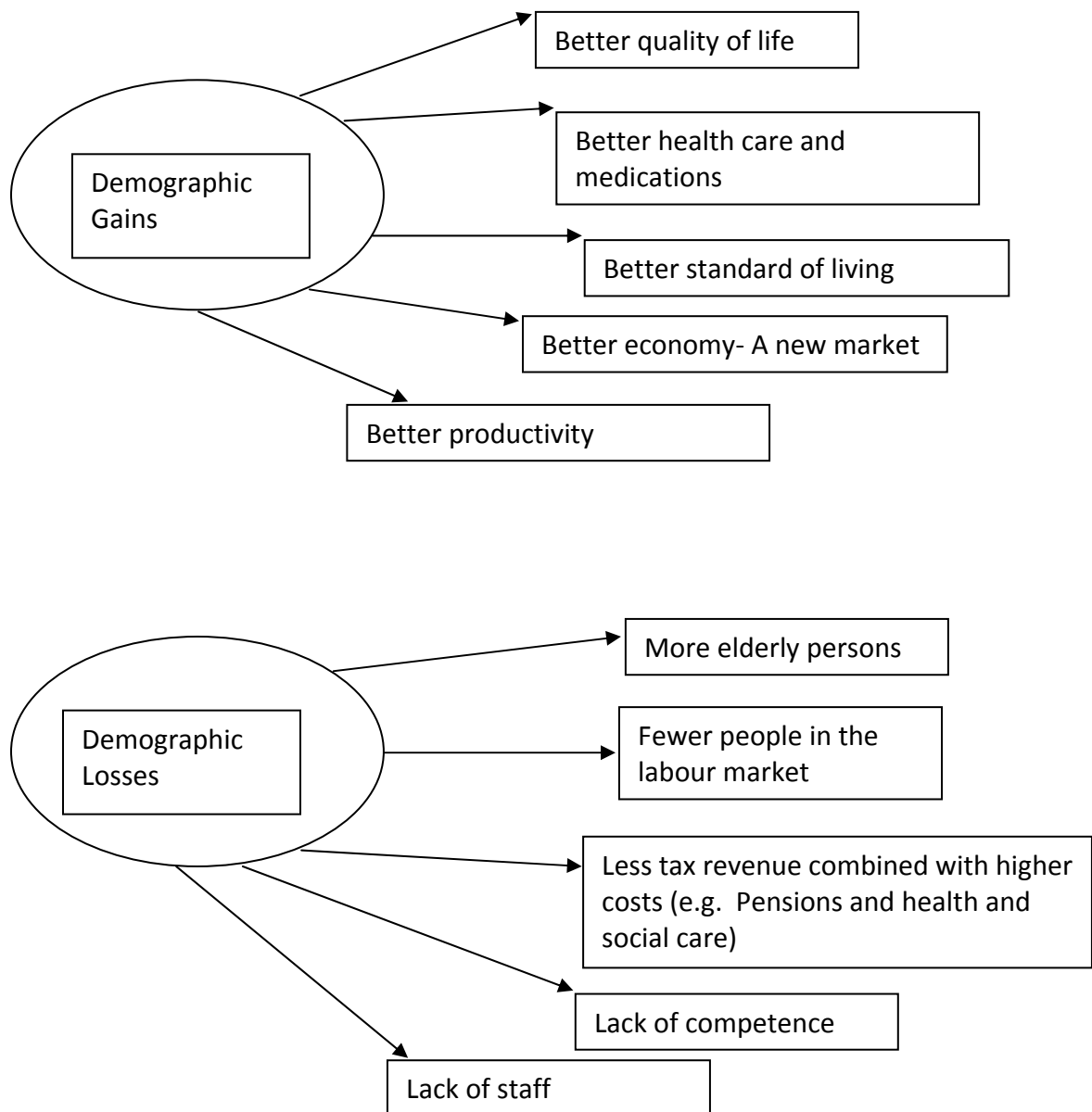


Figure 1 “Demographic gains and losses”

“Healthy Ageing Work across Europe”

The Healthy Ageing Project 2004-2007”: *Gerard van der Zanden, Health Institute NIGZ.*

Co-funded by the European Commission, the three-year (2004–2007) Healthy Ageing project aimed to promote healthy ageing among people aged 50 years and over. It involved ten countries, EuroHealthNet, the World Health Organisation (WHO) and the European Older People’s Platform (AGE). The goal was to exchange knowledge and experience among the European Union Member States and EFTA-EEA countries.

The main aims of the Healthy Ageing project were to review and analyse existing data on health and ageing, to produce a report with recommendations and to develop a comprehensive strategy for implementation of the report findings and the recommendations in Member States as well as the Commission on policy, practice and research. Significant in the process was the discussion, at a European Seminar in Helsinki in 2006, with high-level officials from ministries throughout Europe.

The Healthy Ageing project has a holistic approach and took into account health determinants influenced by society and its policies as well as the individual. Ten major topics were agreed upon which mostly are broad and interact with each other and four cross-cutting themes: socioeconomic determinants, inequality in health, gender and minorities.

“Healthy Ageing in Europe- A follow up study among Healthy Ageing Project”: *Partners: Gary Wilson, NHS Health Scotland and Therese Räftegård Färggren, SNIPH.*

The report ‘Healthy Ageing in Europe – lessons learnt and ways forward’ outlines the result from a follow-up survey with the purpose of helping to increase knowledge about different initiatives taken in order to fulfill the Healthy Ageing recommendations on policy, practice and research and to prepare next steps forward. The report shows that policies, projects and research has continued to develop and produced new knowledge and experiences and that the initiatives are overall in line with the recommendations from the project. Even though healthy ageing work has several dimensions it is of major importance that the health promoting work towards people in later life is permeated with a holistic perspective and that ageing is viewed from a life-course perspective. In order to meet the demographic trends the stereotyped view of older people as a burden to society has to change. Older people should rather be seen as the resource they are to society. This report shows that in order to enhance processes cooperation as well as coordination on European, national, regional and local level is essential through-out Europe and would give further support to health promoting work towards older people. Also, in order to have a healthier ageing there is a need for more sustainable healthy

ageing work which is highly dependent on several factors such as long-term funding and rigorous evaluations.

“Health Promotion Policy Programme” *Päivi Voutilainen, Ministry of Social and Health Affairs, Finland.*

Healthy ageing is emphasised in Finnish health policy goals. To ensure that older Finns have better possibilities of healthy ageing, the National Framework was launched. The framework sets the scene for mainstreaming ageing in all society functions with strong emphasis on health promotion and preventive services. The framework pushes ahead with the ‘Health in all policies’ line as well as implements the goals expressed in the Policy Programme on Health Promotion by the Finnish Government.

To reach the goals of healthier ageing, the Ministry of Social Affairs and Health established an expert group that presented altogether 18 proposals. The proposals are focusing on the provision and funding of activities to promote healthy ageing, organising, targeting and content of activities, and developing the related skills and knowledge. The proposals also include actions for monitoring and assessing the relevant activities. The Working Group emphasised older persons’ equality in health promotion.

“From Policy to Practice- How to implement health promoting activities on national, regional and local level”: *Emmy Nilsson, SNIPH.*

In 2008 the National Institute of Public Health received a government assignment with the aim to investigate how municipalities, county councils and non governmental organisations work to promote social interaction, physical activity, and good eating habits among older persons. The assignment focused on collecting best practice in county councils, municipalities and NGO:s. The SNIPH has also developed a strategy to strengthen this work and the strategy is spread through regional conferences as well as instructional courses at the regional and local levels. Important parts of the strategy include among other things:

- A broader cooperation between the public and ideal sectors contributes to a stronger resource base but also to increase awareness of available to the elderly.
- Preventive and externally-initiated home visits can provide a way of reaching persons that are socially inactive but wish to have a more socially active life.
- More evaluation and follow-up of health-promoting efforts is required to be able to show which health- and socioeconomic effects such efforts have on municipalities and regions, as well as how health itself is affected.
- Social meeting places are an important part of the work in promoting health among older people and fighting loneliness.

“Promoting Mental Health and Wellbeing within Care Home Settings”:

Fiona Borrowman, NHS Health Scotland

Two research projects in Scotland have looked at how older people, family and friends and staff in care homes understand the notion of mental health and wellbeing and what helps and hinders them in achieving it.

The focus of the research was to build a picture of the different attitudes, beliefs, assumptions and values in relation to mental health and wellbeing held by older people living in care home environments. It focused on defining what behaviours, interpersonal skills, relationships and environment assist promoting mental health and wellbeing.

The research report gives further backing to the engagement and involvement of older people. Eight key areas for action and recommendations developed by key partners and older people were presented.

“INCLusAGE and Fighting Loneliness”: *Anita Gebska-Kuczerowska, National Institute of Public Health, Poland + Hanna Nowakowska, Forum 50+, Poland.*

The National Institute of Public Health in Poland and Forum 50+ work in very close partnership with disseminating recommendations of social capital involvement as well as building a link between individuals and societies. Several projects are implemented eg. “INCLUSage – debating older people’s needs” and “Fighting loneliness and social isolation among older people in Poland”. Recently, NGOs have become a sort of indicator of market needs or “health services”, an avant-garde of changes which, sooner or later, will occur.

“Healthy Ageing- A Challenge for the City of Ljubljana”: *Eva Turk, National Institute of Public Health, Slovenia.*

The Slovene National Institute of Public Health was a collaborating partner in the FP6 Project Healthy Ageing, which was carried out between 2004-2007. Based on the Healthy Ageing project and within the World Health Organisation (WHO) Healthy Cities initiative, in 2008, the Municipality of Ljubljana published a booklet »Healthy Ageing. A Challenge for the city of Ljubljana«. The booklet has a holistic approach and it includes many fields of the society. In addition to health promotion and assertiveness programs for medical service users, it touches upon education in old age, accommodation policies and social inclusion. Moreover, intergenerational solidarity is emphasized and with the work of the Anton Trstenjak Institute of Gerontology and Intergenerational Relations, many activities are carried out. One of them is the WHO initiated project »Age friendly cities«, where Ljubljana is the first city in Slovenia to join the global idea.

Discussion part II

When looking at healthy ageing in these projects, it was noted that it is important to keep a balance between the individual's aims and the social and physical environment. Many cross cutting themes were also underlined: Inequalities in health, socio economic determinants, nutrition + physical activity. In all these projects there were similar barriers faced when trying to develop healthy ageing strategies. First and foremost a lack of co-operation and co-ordination through different cross-cutting policies made it difficult to develop and improve living of the elderly. A lack of funding was also emphasised, as currently Healthy Ageing of the elderly is not seen as a stand-alone priority. Linked in with this problem are the difficulties faced when prioritising areas within health of the elderly: is there a need to focus more on the elderly who are in need of most care or should policies be aimed at trying to keep older people in general as healthy as possible? It is clear that all barriers are interlinked, and so it is vital to address them all in order to create a sustainable Healthy Ageing Policy.

The most important finding in these projects was evidence that prevention and early intervention is cost effective, and subsequently it was called upon EU Member States to reform their health systems to include more preventative policies, in order to respond to the individual needs of older people and related demographic challenges. Linked to prevention strategies is the development of sustainable policies which integrate health promotion for older people. A common challenge evident in the field of healthy ageing is the inclusion of older people in the research and policy decisions. When consulted, the elderly often pointed out different problems they faced, and so they provide first hand experience and good practice. The views and needs of the elderly need to be taken into consideration when developing policies in this field: A point that has to date been missed.

Healthy Ageing in all policies needs to be endorsed by the EU: At European Level, National Level and Local and Regional level. This decentralization is vital in achieving the best possible results, as it incorporates lessons from the field and research including older people. In addition to this, four key cornerstones were identified for action:

1. Social interaction/support
2. Participation/meaningfulness/feeling needed
3. Physical activity
4. Healthy eating

In light of this, the EU dimension in Healthy Ageing needs to be defined more precisely, and so the group welcomes the European Commission's initiative to publish an Ageing Paper in 2011. This paper should include clear guidelines for European Level involvement and priorities which can be implemented and developed at local level.

Day 2

“Improving healthy ageing work”

“From news to everyday use: Challenges with implementation and dissemination within the health promotion field”: *Karin Guldbrandsson, SNIPH*

There is research enabling us to distinguish components that have significant bearing on the implementation result. The most basic requirements are that there is an explicit need and that the proposed method is the right one in the context. Further, if the method: is relevant; has visible benefits; is in line with existing values; is easy to use; can be tested on a small scale and can be adapted to local needs, the implementation success rate will increase.

Offering only information or education is usually not enough when a new method is to be introduced. It is instead a question of combining several measures, e.g. education and practical training and feedback, to offer high-quality support and guidance, to set aside time and resources and to involve the users at an early stage of the process.

“EU Research Opportunities”: *Kevin McCarthy, European Commission DG Research*

In terms of implementation, there is a need for more evidence based methods. Stakeholders and policy makers in different fields must work together, incorporating local needs which are an important element for successful implementation. It is also important to note that when needs are expressed, there is more chance of successful implementation. If this is put in the ageing context, the need for cross-cutting policies, participation of the elderly and structured feedback from ground level needs to be clearly stated and incorporated at policy level.

Under the 7th framework Programme (FP7), the Ageing agenda is being developed, and it is seen as a cross-cutting policy. So far there have been many achievements in the field of ageing, under FP7, including:

- Increased co-operation, networking and knowledge sharing: allowing more collaborative research ventures between different policy fields
- Improved public awareness of ageing research and its importance
- Creation of “arrangements for cooperations”

“Future action within the fields of policy, research and practice”

As part of this conference, stakeholders discussed the different issues related to policy, research and practice. A concrete outcome of this was the development of key messages and future actions which were seen as necessary to step up the Ageing agenda.

The conference participants endorse the following Key Messages:

POLICY Key Messages

- EU Member States should reform their health systems and include more **policies with focus on prevention** in order to respond to the specific needs of older people and related demographic challenges. From a humanitarian perspective prevention is better than care and also cheaper.
- Address the determinants of health **throughout the life course**, many causes of diseases among older people can be prevented early on. In addition, healthy ageing is also about the importance of an additional focus on older people, as much health gain can be achieved, even at an older age.
- Ensure the **involvement of older people** and **carers** in research, practice and policy decisions as an active partnership between older people as experts and decision makers. Policy documents suggest that involvement leads to research and practice of greater relevance to people, findings which are more likely to be implemented and empowerment of older people and carers
- Ensure policies that create better conditions for **employment and voluntary work** (for private sector, public sector, civil society and NGOs) which can facilitate an older persons' ability to maintain a healthy, active, independent and social life.
- Ensure policies that strengthen **lifelong learning** and address the need to improve education and training among older people: to counter unemployment, to contribute to a meaningful and active life of older people, and to raise EU productivity.

RESEARCH Key Messages

- Develop a **common vision** on an EU strategic research agenda in the area of healthy and dignified ageing.
- Develop evidence around cost-effective analyses to show that health promotion can save money and delay ill-health
- Address **heterogeneity** among older people and inequality of healthy ageing.
- Develop research into **the potential of older people**, to what extent are older people contributing to society and how can this be strengthened?
- Promote the use of the **Healthy Life Years** indicator in Member States, increase its value by linking it to socio-economic data and provide more up-to-date data and evidence in order to better shape future public health policies.
- **Disabled persons, people from different ethnic groups and immigrants** are a rapidly growing group in Europe. More research is needed into utilising peer-leaders and other methods to address the health and other specific needs of these groups.
- Develop targeted research initiatives to ensure **transferability of knowledge** on healthy ageing and exchange of knowledge between Member States.

PRACTICE Key Messages

- Address the **cornerstones of healthy ageing** in practice implementation i.e. ensure social interaction and a sense of meaningfulness, promote physical activity and healthy eating, empower older people and increase the sense of personal control. In addition, address the outdoor environment and quality of housing (including care home quality).
- Support **capacity building** and include healthy ageing into the curricula of health professionals and gerontology and work towards common curricula across Europe. Facilitate the exchange of Healthy Ageing professionals and students across Europe via ERASMUS programmes.
- Ensure a **partnership approach** on different levels, from local to national and European stakeholders. Include and inform a wide range of stakeholders about healthy ageing initiatives, involving older people and the general public.
- Promote the systematic analysis and collection of **effective and evidence-based methodologies** at all levels and across Europe. Encourage the evaluation of

projects and the analysis of transferable elements between European countries. Stimulate dissemination and uptake by professionals.

Conclusion and next steps forward

The main aim of this event was to raise awareness of the Healthy Ageing issue, to develop the agenda and priorities within this field, and to engage stakeholders from other fields besides health. A first step towards obtaining a coherent Healthy Ageing Strategy would be to gather research and evidence which clearly states the cost-effectiveness of prevention, alongside developing common indicators which are reliant and efficient. There is already a wealth of information and evidence from the field, as shown during this conference, however there needs to be a strong basis for facilitating the exchange and experience between organisations/government bodies at EU level. Healthy ageing needs to be defined as a concept, showing it as a natural life stage which points out that older people are a value to society and not a burden.

Future work in this field will be dedicated to developing a Healthy Ageing strategy, in line with the future objectives of the European Community in this field. The Swedish Presidency has already set the ball in motion with two subsequent events related to Ageing; in the upcoming Spanish Presidency, the challenge of Ageing will be further developed. The Special Interest Group on Healthy Ageing will support any work being done to further develop this concept, and will work together to provide as much information and research to bring this agenda to the forefront.