

Making the link: **healthy ageing** and health equity

The World Health Organization's **Commission on the Social Determinants of Health** (CSDH) has identified principles and recommendations to tackle health inequities: the factors responsible for avoidable health inequalities, which persist globally and in the European Union. This series of summaries, updated and expanded online at www.equitychannel.net, introduces how those and other recommendations, as part of evidence based health promoting approaches, could be applied to a range of European Union legislations, policies and programmes. The aim is to improve international, national and local policies and practices within and beyond health systems, in order to promote better health and well-being for all.

Why making the link matters

One of the greatest challenges currently facing Europe is how best to adapt EU policies and strategies to meet the demands associated with demographic change. As the EU faces this challenge its headline strategies such as the EU 2020 Strategy are heavily influenced by these prospects.

Europe will, together with Japan, experience the most pronounced ageing trends up to 2050, with around 37% aged 60+ in Europe by that date.ⁱ In addition, the birth rate is expected to fall as a whole across Europe.ⁱⁱ A number of European Commission (EC) communications have reported that the combination of demographic trends such as ageing and low birth rate pose long term major economic, budgetary and social challenges for Europe. For example, a smaller working population and a higher share of retired people will place additional strains on our welfare systems.ⁱⁱⁱ Therefore, in order to create a sustainable future for Europe, EC policy makers must strike a balance between promoting the inclusion of the ageing population while also ensuring social conditions that are conducive to family life.

So, why are people living longer in Europe? Evidence suggests that it is above all the result of significant economic, social and medical progress achieved in the past decades.^{iv} These improvements create an environment that is conducive to a healthy ageing process. Healthy ageing has been defined as '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'.^{iv} The World Health Organization (WHO) states that 'ageing is a privilege and a societal achievement and this must be respected and translated into concrete policies'.^v



The Situation

Supporting healthy ageing requires an integrated approach to policy-making which encompasses a wide variety of issues, often going beyond those usually identified with the issue. For example, according to the EU-funded and EuroHealthNet supported Healthy Ageing Project led by the Swedish National Institute for Public Health, air pollution is an environmental factor that greatly affects health in Europe and is responsible for the largest burden of environment related disease. The project reported that estimates indicate that 20 million Europeans suffer from respiratory problems every day, with the majority of them being children, older people or people with asthmatic problems, people with cardiovascular diseases and the socioeconomically deprived.^{iv}

Moreover, there are direct links between poor health status and the level of education and income of older people. Evidence suggests that those with poorer education or smaller incomes tend to die younger, and to have, during their briefer lives, a higher prevalence of most types of health problems.^v In addition, more and more elderly people are slipping into the poverty trap due to lack of financial assistance, issues around living alone, reduced social and family contact, mobility and health, accessibility and fear. Additional needs can turn an adequate income into an inadequate one and tragic events involving older people only serve to highlight the often particular risks faced by many older people.^{vi}

Poverty is a significant socioeconomic health determinant, with negative effects on health, life expectancy and disability. In 2008 the at-risk-of-poverty rate for those aged 65 years and over was 19% in the EU27.^{vii} The highest rates were observed in Latvia (51%), Cyprus (49%), Estonia (39%) and Bulgaria (34%), and the lowest in Hungary (4%), Luxembourg (5%) and the Czech Republic (7%). These variations show the huge level of inequalities between EU Member States,^{vii} highlighting the gravity of the problem and the urgent need for action.

Mental health problems can lead to social exclusion and can significantly compromise well-being. Europe has the highest proportion of older women in the world with twice as many women as men aged 80+. More than 70% of the population living alone at the age of 75+ are women,^{viii} and many older women can experience loneliness and isolation as a result of their male partners dying younger. Depression currently affects 10-15% of people aged 65 + in the EU, and these people are 2-3 times more likely to have two or more chronic illnesses.^{viii}



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Setting an example

In 2003, the Swedish National Institute of Public Health, with the support of the European Commission and twelve partners initiated the “**Healthy Ageing**” project under the EU Public Health Programme. It mapped and analysed facts and evidence concerning health promotion for people aged fifty and over. A set of recommendations in its final report, *Healthy Ageing: A Challenge for Europe* were based on the following principles:

- older people are of intrinsic value to society;
- it is never too late to promote health;
- equity in health;
- autonomy and personal control;
- heterogeneity.^{iv}

DETERMINE, a DG SANCO co-funded and EuroHealthNet coordinated project, has reported on aspects on Health Inequalities and Social Determinants of Health, including work related to healthy ageing across Europe. For example:

1. Delicious Life (chutny Zivot) introduces a gradual change of attitudes, social contacts and co-operation, plus improvement of knowledge and skills among older people concerning nutrition and physical activity.^{ix}
2. Cost-utility analysis of preventive home visits in Nordmaling, Sweden where a large proportion of inhabitants have a low level of education and the population is older than the average. Preventive home visits lead to substantial health gains among the elderly population and help reduce future needs for hospital care and home-nursing.^{ix}

Pathways to progress

EU actions on ageing have so far focused mainly upon the challenges of increasing the employment level of older workers, as well as the likely impact of demographic change upon health and social protection systems. For example, The European Commission set out in its report to the 2006 Spring European Council that ‘*Member States need to reduce the high numbers of people who are inactive because of their ill-health and that Europe cannot afford to have people drop out of the labour market when they are in their fifties*’.^x However, the health equity dimension of ageing has often been ignored. Nonetheless, there are strong opportunities to strengthen the EU’s actions to promote healthy ageing.

Article 25 of EU Charter of Fundamental Rights¹, as now incorporated within the new Lisbon Treaty, sets out the Rights of the Elderly, and commits the EU to ‘respect the rights of the elderly to lead a life of dignity and independence and to participate in social and cultural life.’^{xi} This provides a general principle to guide the EU’s actions on ageing, which are also based upon the commitment within Article 2 of the Lisbon Treaty to promote solidarity between generations.

Economic policies are also relevant. The Europe 2020 Strategy (which will guide the EU’s strategic direction until 2020 in relation to economic, social, and environmental objectives) maps out ways to improve the employment prospects of older workers, including setting targets: the employment rate of the population aged 20-64 should increase from the current 69% to at least 75%, including through the greater involvement of women, older workers and the better integration of migrants in the workforce.ⁱⁱⁱ

Healthy ageing can increase the potential of older workers to remain in the workforce at an older age, a challenge which the EU is likely to pursue in the years ahead, as demographic changes reduce the active workforce within the Union. This theme is already taken up as part of the EU’s Employment Strategy. The EU Social Protection and Social Inclusion Process provides for the use of the Open Method of Coordination to benchmark good practices, and encourages Member States to learn from one another.

1 The UK, Poland and Czech Republic have opted out of the EU Charter of Fundamental Rights.

Additional Information

- **The Healthy Ageing Project**
- **DETERMINE** - www.health-inequalities.eu
- **European Older People's Platform (AGE)** - www.age-platform.org
- **Directorate General for Employment, Social Affairs and Inclusion – Tackling demographic change**
- **Directorate General for Health and Consumer Affairs – Health and Ageing**
- **World Health Organisation – Health and Life Course**

Contacts

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Sources

- ⁱ European Commission. Ageing and Health. 2009. http://ec.europa.eu/health/ph_information/dissemination/diseases/age_en.htm
- ⁱⁱ The demographic future of Europe – From challenge to opportunity. European Commission. COM/2006/0571 final
- ⁱⁱⁱ Europe 2020: A strategy for smart, sustainable and inclusive growth. European Commission. COM(2010) 2020
- ^{iv} The Healthy Ageing Project 2004-2007: Funded through the Health Programme and co-ordinated by EuroHealthNet and the Swedish National Institute for Public Health (www.eurohealthnet.eu)
- ^v World Health Organisation – Health and Life Course. Available at <http://www.who.int/ageing/en/>
- ^{vi} European Older Person's Platform: Social Exclusion and Poverty – http://www.age-platform.org/EN/rubrique.php3?id_rubrique=43
- ^{vii} Europa Press Release - Living conditions in 2008 17% of EU27 population at risk of poverty Higher risk of poverty among children and elderly – 18/01/2010, available at: <http://europa.eu/rapid/pressReleasesAction.do?reference=STAT/10/10&format=HTML&aged=0&language=EN&guiLanguage=en>
- ^{viii} European Commission. Ageing and Health. 2009. http://ec.europa.eu/health/ageing/policy/index_en.htm
- ^{ix} DETERMINE Consortium: Good Practice Directory. Brussels 2010
- ^x 2006 Commission Communication to the Spring Council, COM 2006, 30, 25/01/2006
- ^{xi} EU Charter on Fundamental Rights: http://www.europarl.europa.eu/charter/default_en.htm