

The European Platform on Health and Social Equity (PHASE) is an advocacy and action oriented body for EuroHealthNet participants and a wider range of partners from relevant fields in public, private and voluntary sectors willing and able to work on addressing the wider determinants of health. PHASE aims to directly support and actively contribute to the EU policy framework for social investment and innovation by bringing new ideas to bear on areas of specific added value with regards to tackling social inequalities in health.

Our *Policy Précis* provide an easy-to-read analysis of a key policy area, outlining where progress can be made to address social and health inequities in Europe. The aim is to inform and help 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.

This series of summaries is updated and expanded with full references online at www.eurohealthnet.eu

Making the link between health equity and long term care matters

Why making the link between health equity and long term care matters

People in Europe are living longer, but their chances of spending these later years in good health and well-being vary greatly within and between countries. At the same time, Europe is experiencing an increase in chronic diseases which affect 8 out of 10 people aged over 65. A growing need for Long Term Care (LTC) risks increasing and exacerbating already existing gaps in health and equity within and between countries and communities.

Policy responses exist to close those gaps and contain the growth in needs, such as: strengthening prevention and rehabilitation; promoting age-friendly environments; boosting cost-effective provision of home and institutional care; ensuring a sufficient long-term care workforce; and enhancing support for informal carers. The focus of this *Policy Précis* is on the social gradient; ensuring equitable health and social outcomes; and on prevention.

A Joint Report on Adequate Social Protection for Long-term Care Needs, produced in 2014 by the EU Social Protection Committee and the European Commission services¹ defines long-term care (LTC) as “a range of services and assistance for people who, as a result of mental and/or physical frailty and/or disability over an extended period of time, depend on help with daily living activities and/or are in need of some permanent nursing care.”

The report points out that most assistance needed are with the self-care activities that a person must perform every day as well as with independent living. People of all ages may become dependent on LTC; however the

risks are higher for older persons and for people facing multiple disadvantages or that are living in poverty².

Usually the primary responsibility for financing and delivery of LTC remains with the people in need of care and their families. Some Member States provide a “LTC only safety net” for individuals without the financial resources for their own care or relatives that can take over caring responsibilities. The out-of-pocket expenditure can be a barrier and consume a significant proportion of the income of a person in need. Thus, LTC dependency can represent a significant health-related economic risk, comparable to the need for expensive medical treatment.

Currently few countries have prioritized prevention strategies to reduce older people’s need for LTC. Preventative measures for adherence to medication or to prevent falls are cost-effective and enhance older people’s quality of life. Broader healthy and active ageing strategies are also needed in order to ensure people remain independent and healthy as long as possible.

There is a strong social gradient in LTC dependency, as individuals with lower socio-economic status and low income have worse health than those with a higher socio-economic status and income³. This results in a higher probability for disability and subsequently a higher need for LTC. Thus reducing social inequalities in health could be one way of containing the need for LTC. Similar studies from other parts of the world have found that efforts to increase income and educational levels may help to decrease LTC needs by indirectly improving physical and mental health.⁴

1 Social Protection Committee and the European Commission. (2014, June 18). Adequate social protection for long-term care needs in an ageing society. http://ec.europa.eu/health/ageing/docs/ev_20140618_co04_en.pdf

2 StSteel, N., et al. “Economic inequalities in burden of illness, diagnosis and treatment of five long-term conditions in England: panel study.” *BMJ open* 4.10 (2014): e005530.

3 Van den Bosch et al. Long-term care use and socio-economic status in Belgium: a sur-

vival analysis using health care insurance data. *Archives of Public Health* 2013, 71:1 <http://www.archpublichealth.com/content/71/1/1>

4 Kong, F. L., Hoshi, T., Ai, B., Shi, Z. M., Nakayama, N., Wang, S., & Yang, S. W. (2014). Association between socioeconomic status (SES), mental health and need for long-term care (NLTC)—A Longitudinal Study among the Japanese Elderly. *Archives of gerontology and geriatrics*.

The Situation

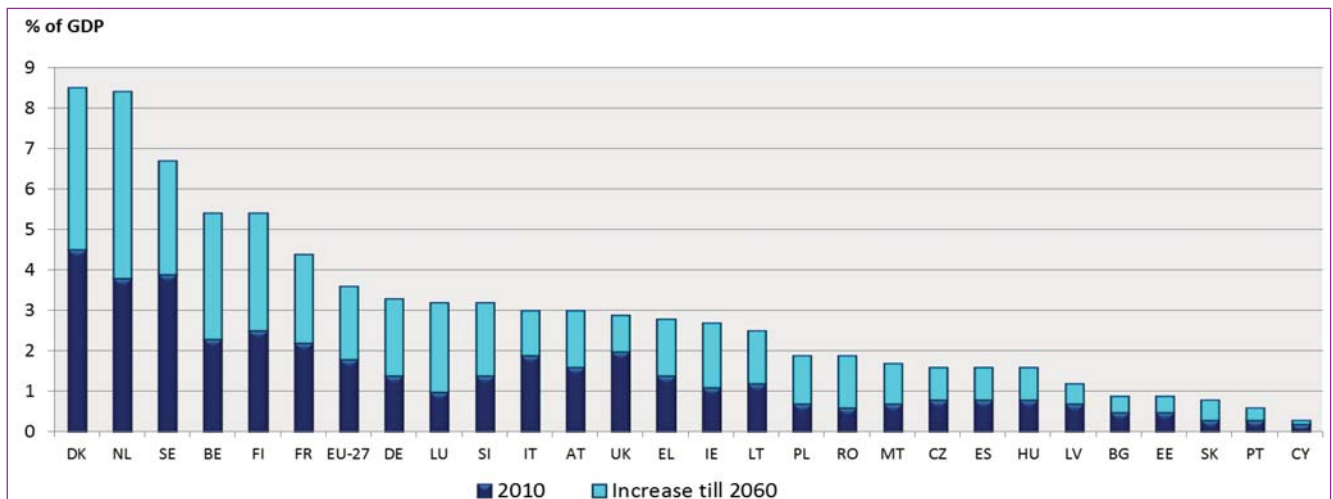


The European Commission Ageing Report 2012 predicted a rise in the number of people aged over 80 that would generate an increase in needs for long-term care, raising pressure to expand care provision. The effect of ageing itself is expected to result in at least a doubling of public spending on LTC for the EU27, i.e. from 1.8% to 3.6% of GDP in the period 2010-2060.⁵

A decrease in the number of people of working age further exacerbates a shortage of long term carers. Projections show that in EU27 there will be two people aged 15-64 for every person aged 65 or older in 2060 (53 % of the population), compared with four in 2010 (26%).

Member States can establish social protection against the risk of LTC dependency for reasons of social equity and efficiency. They can also include measures aimed at preventing people from becoming dependent on care. This can be achieved by increasing health literacy among older persons and promoting age-friendly environments to prevent the loss of autonomy and thus reduce care demand, and fully integrating the health care and social elements of LTC provision.

Figure 1. Long-term care spending as % of GDP, Base case scenario (2010 and 2060)



Source: based on data from *The 2012 Ageing Report*

The need for prevention

The European Commission paper on Long-Term Care that accompanied the Social Investment Package⁶ underlines that active and healthy ageing and an emphasis on prevention and rehabilitation can reduce the incidence of frailty, postpone its onset and reverse or mitigate the course of frailty and disability. People who remain physically and mentally active have both a chance of avoiding frailties and better abilities to managing functional decline when it occurs. General prevention and health promotion schemes for all ages can be built into social protection and target some of the main diseases/physical conditions that cause dependency.

The Joint Report on Adequate Social Protection (ibid) recommends that prevention programmes include drawing up “*personalised action plans*”. A comprehensive approach is needed to provide guidance on promoting well-being, healthy lifestyles and functional capacity as well as on preventing illness and accidents; and early support for identified social or health problems. These plans should also provide guidance on

- on financial support available ;
- medical care, rehabilitation and safe pharmacotherapy;
- locally available services to promote wellbeing, health, functional capacity and independent living.

⁵ Council of the European Union (2012, May 12). Council conclusions on the sustainability of public finance in the light of ageing populations. http://ec.europa.eu/health/ageing/docs/ev_20140618_co04_en.pdf
⁶ European Commission (2013, February 20). Towards Social Investment for Growth and Cohesion - including implementing the European Social Fund 2014- 2020. Social Invest-

ment Package, Long-term care in ageing societies - Challenges and policy options Accompanying the document Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. ec.europa.eu/social/BlobServlet?docId=9769&langId=en



Open method of coordination policy framework

The provision of long-term care is a Member State responsibility. However EU countries have also agreed, in the context of the Open Method of Coordination⁷ (OMC), the following three common objectives:

1. Guarantee access for all to adequate health and long-term care and ensure that the need for care does not lead to poverty and financial

dependency; address inequities in access to care and in health outcomes.

2. Promote quality in health and long-term care.
3. Ensure that adequate and high quality health and long-term care remains affordable and sustainable by promoting healthy and active life styles. With the adoption of the Europe 2020 Strategy in 2010, the role of the OMC changed and the Member States were then required to report on their progress in achieving Europe 2020's social goals.

Setting an example

Slovenia⁸

In Slovenia, the SOGRAP project's goal is to explore the social gradient potential for the reduction of health inequalities among elderly people. Patient reference groups were set up with different chronic diseases/conditions from different social and cultural backgrounds to measure self-management capacity; attitudes and capacities for mutual help and learning on all health-related topics. The project found:

- self-management proved to be efficient for a mutually beneficial exchange of knowledge and experiences about healthy ageing.
- taking local environments (geographical, sociological) into consideration is key success factor for design of LTC delivery.

Denmark

In Denmark, where long-term care is provided by local government, the municipality of Fredericia⁹ developed a new strategy to promote independent living as long as possible. The municipality realised that the current LTC approach may not be able to meet the expected need of an ageing population within 15 years. Their experiences with a '*rehabilitation for everyday life*' approach showed

it is possible to promote autonomy and limit the need of LTC on a regular basis. With the right mix of preventive measures of active and healthy ageing, greater efficiency in care delivery as well as the overall quality of protection against LTC risks can be achieved. There was an additional benefit of increased job satisfaction for formal care staff and cost-savings by better coordination.

WHO Europe

The World Health Organization (WHO) Strategy and action plan on healthy ageing for Europe, 2012-2020¹⁰, outlines a number of strategic priority areas and priority interventions. This Strategy implements core principles that are at the heart of Health 2020, the overall WHO European Region policy framework for health and well-being, such as cross-sectoral approaches that are crucial for developing and implementing integrated care. The Strategy notes that there is scope for closer cooperation across sectors and levels of government. The WHO outlines several actions in the strategy, including: ensure that human resource planning and monitoring take adequate account of the numbers and qualifications of staff needed for ageing populations; exploit synergies with the strategic priority area of health systems strengthening under the NCD action plan, in particular on coordination of care for people with chronic conditions.

Pathways to progress

LTC is relevant for the Europe 2020 strategy and many of its objectives, such as sound public finances in ageing societies, a high level of employment and the reduction of poverty. As part of efforts to coordinate economic reforms, the EU has a yearly cycle of policy coordination, known as the *EU Semester*. Member States submit their plans for sound public finances (Stability or Convergence Programmes)

and reforms in areas such as employment, research, innovation, energy, social inclusion, health and Long-term care (National Reform Programmes). Then each Member State receives tailored recommendations. In 2014 six states received recommendations on LTC In order to ensure the efficiency and financial sustainability of social protection systems.

7 European Commission (2004, October 13). Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions: Strengthening the social dimension of the Lisbon strategy: Streamlining open coordination in the field of social protection. http://europa.eu/legislation_summaries/employment_and_social_policy/social_protection/c10120_en.htm

8 http://www.inst-antonatrstjenjaka.si/repository/Annex18d_Informational_leaflet.pdf
 9 <http://www.fredericia.dk/Borger/Sider/default.aspx>
 10 World Health Organization (2012, September 13). Strategy and action plan for healthy ageing in Europe, 2012–2020. http://www.euro.who.int/__data/assets/pdf_file/0008/175544/RC62wd10Rev1-Eng.pdf



EU projects and initiatives

“Measuring effective social protection in Long-Term Care” - In January 2014, the European Commission/OECD two-year joint project on “Measuring effective social protection in Long-Term Care” began to measure the impacts on LTC services and systems. The project will develop a methodology for cross-country comparisons of social protection systems against the risk of needing long-term care. The project will assess whether LTC is adequately covered by social protection.



innovative policies for healthy ageing

IROHLA - “Intervention Research On Health Literacy among Ageing population” focuses on improving health literacy for the older people in Europe¹¹. It aims to take stock of on-going effective health literacy programmes and projects. The interventions will be part of an evidence-based guideline for policy and practice for local, regional and national government authorities to start action. Health literacy capacities of older adults can improve by empowering them and giving them more knowledge, skills and self-confidence in making decisions about their own health. Health care workers can contribute by clearer and simpler communication on health issues. Improved literacy and ability to manage one’s health can help prevent the risk of LTC dependency.



AFE-INNOVNET¹² aims to establish an EU wide community of local and regional authorities and other relevant stakeholders across the EU to work together to develop age-friendly environments across the EU. Many innovative solutions supporting active and healthy ageing have been developed as pilots across the EU, but they often remain isolated and do not get scaled up, not even in their own country. This means that their impact on addressing challenges of demographic change in Europe is limited. AFE-INNOVNET aims to exchange practices with the aim to scale up innovative solutions. For LTC this has strong potential to be a preventive tool to reduce the need for LTC as creating age-friendly environments facilitates independent living of people with impaired health.

EuroHealthNet is working with partners in states and other organisations to contribute to these initiatives and help take the Country Specific Recommendations forward. For further information, including references and sources, please see www.eurohealthnet.eu and relevant projects in which EuroHealthNet is involved

Intervention Research On Health Literacy among Ageing population (IROHLA), www.irohla.eu

AFE-INNOVNET, the European Thematic network on innovation for age-friendly environments, www.afeinnovnet.eu

EuroHealthNet’s Summary – Synthesis Report on the Public Consultation on the European Innovation Partnership on Active and Healthy Ageing, www.healthyageing.eu

Policy Précis Making the link: Pensions and health equity, www.eurohealthnet.eu

Summary Briefing: European Commission Demography Report 2010

APPENDIX – References and sources

Source: Council recommendations in the 2014 European Semester, available at:

<http://ec.europa.eu/europe2020/making-it-happen/country-specific-recommendations/index>

The joint Social Protection Committee and the European Commission on adequate social protection for long-term care needs in an ageing society.

Identifying fiscal sustainability challenges in the areas of pension, health care and long-term care policies

Social Investment Package paper Long-term care in ageing societies - Challenges and policy options

World Health Organization 2012-2020 Strategy and action plan for healthy ageing in Europe

¹¹ <http://www.irohla.eu/practices/#Health>

¹² <http://www.afeinnovnet.eu/>

