



## Roadmap towards a European Commission's Green Paper on Ageing

EuroHealthNet's consultation input, December 2020

In the context of demographic and socio-economic changes, particularly those related to ageing, **key functions of public health - health promotion and prevention – should be central to European and national efforts to assess, prepare and act in a timely way to keep people healthy.** To ensure the sustainability and affordability of health and social protection systems, it will be increasingly important that people can stay active and contribute to society for longer.

The European Commission report on the impact of demographic change<sup>i</sup> correctly highlights **regional inequalities in health outcomes and abilities to absorb the impact of demographic change.** Future work on demographics must also address social and economic inequalities within countries and regions. **We do not all age equally; people with lower levels of education and low-status jobs suffer more from the negative aspects of ageing more than others, and experience those aspects earlier.** Europe will need a highly skilled and adaptable workforce in the future, however, the needs of those who cannot or have more difficulties up- or re-skill cannot be ignored if the EU does not wish to exacerbate existing inequalities and social instability.

In recent years, a focus on rising healthcare costs – mostly due to the ageing population and the rise in non-communicable and chronic conditions, especially in high-income countries, has dominated the policy debate, whereas **health as an investment for economic return has largely been absent from the discussion.** This has been a focus for EuroHealthNet's efforts in this field. Healthy individuals and healthy populations can create a competitive advantage through lower healthcare costs, overall higher levels of well-being and productivity.<sup>ii</sup> A report by McKinsey Global Institute '*Prioritizing health: a prescription for prosperity*' concludes that **improved implementation and enhancing enforcement of preventative measures across broader segments of the population "could extend the number of years in good health by a decade".**<sup>iii</sup>

Maintaining a high level of '*functional ability*' (having the capacities to do what an individual has a reason to value) depends on **enabling physical and psychosocial environments in later years, but notably also throughout the life course.** At the same time, the coherence of EU policies impacting health and social care should be increased. There are serious contradictions in the design of some policies; particularly visible in the debates around mental health, digital health, occupational health and safety, services of general interest, and last but not least health systems reforms – in particular when it concerns public health preventative measures.

As the main causes of death and disability over 60 are non-communicable diseases (NCDs), notably cardiovascular diseases, cancer, diabetes, and chronic respiratory conditions, prevention of the NCDs is key to increasing healthy-life expectancy.<sup>iv</sup> There are **gendered differences in the years people can expect to live in good health.** This is particularly the case among women. While women across EU countries can expect to live almost another 22 years when they reach the age of 65, only ten of these years can be expected to be free of activity limitations. Based on the latest wave of the Survey on Health, Ageing and Retirement in Europe (SHARE), about 37% of Europeans aged 65+ reported having at least two chronic

diseases.<sup>v</sup> Women report multiple chronic diseases more often than men (41% versus 32% on average).<sup>vi</sup> Inequalities in healthy-life years by socioeconomic status are even greater than inequalities in total life expectancy because women and men with lower education or income are also more likely to report some activity limitations throughout their lives than those with a higher level of education or income. The prevalence of activity limitations increases greatly with age: about 45% of people aged 75 years and over report to be limited in their daily activities across EU countries. There are also large disparities in disability by income quintile: on average across EU countries, about 18% of people aged over 65 in the highest income quintile report such activity limitations compared with 43% among those in the lowest income quintile.<sup>vii</sup>

The landmark World Health Report on Ageing and Health underlined the **role of public health strategies in building and maintaining health in older adults**.<sup>viii</sup> This is particularly a case in the context of the digital transformation of health and social care delivery. Increasingly, in face of the raising challenges of NCDs and health inequalities, digital health solutions have been looked up to as part of modern health systems and services. However, **without a real understanding of underlying causes of chronic and NCDs conditions – structural inequalities in access to resources and skills – undermine the effectiveness of e-health approaches**. Health literacy and digital skills divides are prevalent in the EU, with around 40% of adults reporting little to no digital skills. This figure is higher among the elderly population. EU Pact for Skills, European Educational Area, and EU Digital Education Action Plan should urgently address those gaps.

Also in the context of the EU Joint Action on Implementing Good Practices for Chronic Diseases (CHRODIS+ 2017-2020,<sup>ix</sup> a collaborative network of EU Member States), healthy and active ageing received a lot of attention, suggesting the issue remains of high relevance and urgency across the EU. Specific national policy dialogues were organised (Greece, Poland, Slovenia, Hungary), and several good practices directly relevant to ‘ageing’ were brought forward such as an Integrated Multimorbidity Care Model<sup>x</sup> and a Workbox on Employment and Chronic Conditions.<sup>xi</sup> Those efforts help to shift the policy and practice actions adding to various international organisations’ work, not least through the WHO Decade of Healthy Ageing 2020-2030.<sup>xii</sup> However, as many experts have pointed out<sup>xiii</sup>, **more should still be done on all fronts and by various sectors to promote the integration between health services, social protection, and long-term care and beyond**, if deepening of the existing division is to be avoided. This is particularly of concern given the current COVID-19 context.

Indeed, the ‘*Health at a Glance 2020*’ report<sup>xiv</sup> rings an alarm bell to a **lack of serious actions on social determinants of health and chronic underfunding of preventative care in years preceding the current pandemic**. The consequence was high numbers of the elderly disproportionately affected by the COVID-19. It is therefore of utmost importance to urge the EU decision-makers to focus on integrated and community-based approaches to healthy and active ageing, closing the gap in opportunities for healthy lives across the life course, heavy investments in social protection, skills, and settings in which we live and work. A **range of policies can contribute to increasing healthy life-expectancy while reducing health inequalities**, including greater efforts to prevent health problems starting early in life, promoting equal access to care for the whole population, and better managing chronic health problems when they occur to reduce their disabling effects.<sup>xv</sup>

**Social and gender aspects must also be considered.** Current social and policy measures mean that women have more caring responsibilities both for children and older family members. This has specific consequences on health, labour market, and living conditions. Women are more likely to live alone in later life and suffer from the gender pay and pension gap, constituting a significant risk of old-age poverty, especially among women. This is also a time in life when, because of a greater burden of disease and disability, people spend a larger proportion of their income on health and social-care related costs. This aspect has also been addressed in an important WHO Europe report *'Can people afford to pay for health care? New evidence on financial protection in Europe'*<sup>xvi</sup>, concluding that **out-of-pocket payments for health, particularly for medicines, are unaffordable for many in Europe, including the elderly of both genders.**

**Ageism and discrimination**, which 33% of people have been exposed to<sup>xvii</sup>, should be considered. Ageism not only prevents people from being able to contribute to society but is also linked to health outcomes; people who have negative feelings towards the ageing process die on average 7.5 years earlier than those that have positive attitudes. Here the equity aspect is important: women and people of colour are more likely to suffer from negative ageism than others.<sup>xviii</sup>

**It is therefore crucial that discussions on keeping older people active in the workforce in the future also consider measures to prevent, promote or impede good health and healthy ageing from early years, youth, and working life today. This will require the whole-of-government and whole-of-society approach to health.**

**As a matter of priority for the EC Roadmap on Ageing, EuroHealthNet recommends to:**

1. **Adopt a holistic, people-centered, and inter-sectoral community-based** approach to healthy and active ageing across the life-course.
2. Recognise that human and financial **investments in healthy and active ageing constitute a vital asset**, not a burden to health and social costs in Europe.
3. **Bring forward attention to the workforce for ageing populations** especially in the long-term care, employment/productivity of older population with a particular focus on the psychosocial dimension of occupational health and safety strategies, closing the digital skills divide.
4. **Prioritise preventative measures** within primary health care, focus on chronic and non-communicable diseases, including mental health and cognitive functioning.
5. **Recognise large inequalities in ageing** not only between regions but importantly between people with different social and economic statuses. An assessment of the effects on equity and different groups of people should be central to all future actions and proposals.

EuroHealthNet will follow up on these recommendations throughout 2021 and beyond, with our members and partner organisations. We will seek to contribute to detailed consultative dialogues and strategic planning, specifically from a health equity and prevention-focused perspective. Within our 2021 thematic area, EuroHealthNet will step up its work on digital, skills, and capacities in rights-based and life-course approaches to health. We will help the implementation of the European Pillar of Social Rights Action Plan, the Digital Education Action Plan and the Educational Area, the EU Pact for Skills, as well as effectively engage within various European strategies on e-health, healthy lifestyles, and health systems' organisation/financing reforms.

ENDNOTES:

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- <sup>i</sup> European Commission (2020). The impact of demographic change in Europe. [https://ec.europa.eu/info/strategy/priorities-2019-2024/new-push-european-democracy/impact-demographic-change-europe\\_en](https://ec.europa.eu/info/strategy/priorities-2019-2024/new-push-european-democracy/impact-demographic-change-europe_en)
- <sup>ii</sup> World Economic Forum (2015). Maximizing Healthy-Life Years. Investments that Pay Off. An Insights Report from the World Economic Forum’s “Future of Healthy” Project Prepared in collaboration with Bain & Company [http://www3.weforum.org/docs/WEF\\_Maximizing\\_Healthy\\_Life\\_Years.pdf](http://www3.weforum.org/docs/WEF_Maximizing_Healthy_Life_Years.pdf)
- <sup>iii</sup> McKinsey Global Institute (2020). Prioritizing health: A prescription for prosperity. <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/prioritizing-health-a-prescription-for-prosperity#>
- <sup>iv</sup> Liotta, G. et al. (2018). Active ageing in Europe: adding healthy life to years. *Frontiers in Medicine*, 5: 123. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5946166/>
- <sup>v</sup> SHARE - Survey of Health, Ageing and Retirement in Europe. <http://www.share-project.org/home0.html>
- <sup>vi</sup> ibid
- <sup>vii</sup> ibid
- <sup>viii</sup> WHO (2015). World Report on Ageing and Health. <https://www.who.int/ageing/events/world-report-2015-launch/en/>
- <sup>ix</sup> CHRODIS PLUS (2017-2020) <http://chrodis.eu/>
- <sup>x</sup> <http://chrodis.eu/06-multimorbidity-care-model/>
- <sup>xi</sup> <http://chrodis.eu/08-chronic-diseases-and-employment/>
- <sup>xii</sup> WHO Decade of Healthy Ageing 2020-2030. <https://www.who.int/initiatives/decade-of-healthy-ageing>
- <sup>xiii</sup> Lloyd-Sherlock, P. et al. (2019). WHO's proposal for a decade of healthy ageing. *The Lancet*, November 2019. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)32522-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)32522-X/fulltext)
- <sup>xiv</sup> OECD/EC (2020). Health at a Glance: Europe 2020. State of Health in the EU Cycle. [https://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-europe-2020\\_82129230-en](https://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-europe-2020_82129230-en)
- <sup>xv</sup> OECD (2017), Preventing Ageing Unequally, OECD Publishing, Paris, <http://dx.doi.org/10.1787/9789264279087-en>.
- <sup>xvi</sup> WHO Europe (2019). Can people afford to pay for health care? New evidence on financial protection in Europe. <https://www.euro.who.int/en/publications/abstracts/can-people-afford-to-pay-for-health-care-new-evidence-on-financial-protection-in-europe-2019>
- <sup>xvii</sup> European Social Survey 2008. <https://www.europeansocialsurvey.org/data/themes.html?t=ageism>
- <sup>xviii</sup> Levy BR et al. (2020). Longevity increased by positive self-perceptions of aging. *Journal of Personality and Social Psychology* 2002 83(2):261-270.