

Healthy ageing: A pathway to reducing long-term care needs

Effective prevention policies and practices to implement
the European Long-Term Care Strategy

Webinar report



TABLE OF CONTENTS

INTRODUCTION.....	3
WELCOME AND OPENING REMARKS.....	4
<i>Caroline Costongs</i> , Director at EuroHealthNet.....	4
<i>Dana-Carmen Bachmann</i> , Head of Unit ‘Social Protection and Demography’, Directorate-General for Employment, Social Affairs and Inclusion, European Commission.....	4
KEYNOTES ON THE LINKS BETWEEN HEALTHY AGEING AND LONG-TERM CARE.....	4
<i>Stefania Ilinca</i> , Technical Officer for ‘Long-Term Care’ at WHO Regional office for Europe	4
<i>Silvia Ganzerla</i> , Policy Manager at EuroHealthNet,	5
GOOD PRACTICES ON HEALTHY AGEING	5
<i>Hilde Verbeek</i> , Professor of Long-Term Care Environments at the Department of Health Services Research, within CAPHRI, Faculty of Health, Medicine and Life Sciences, Vice-chair of the Living Lab in Ageing and Long-Term Care at Maastricht University	5
<i>Klemen Širok</i> , Project Manager of the Slovenian STAR-VITAL project.....	5
<i>Petra Plunger</i> , Senior Health Expert, and <i>Barbara Preiner</i> , Health Expert, at the Austrian National Public Health Institute	6
Q&A SESSION WITH AUDIENCE (DISCUSSION)	7
CLOSING REMARKS	7
<i>Alison Maassen</i> , Programme Manager at EuroHealthNet.....	7

Introduction

Europe's population is ageing quickly. By 2050, the number of people aged 65+ is expected to rise by 41%, with the 80+ population almost doubling. The growing demand for long-term care is driven less by longevity than by ageing in poor health, reflecting inequalities built up over the life course.

In its [Policy brief on 'Healthy ageing'](#), EuroHealthNet challenges the assumption that poor health is a natural and unavoidable part of ageing. Instead, it finds that **the increasing need for long-term care is not caused by population ageing, but rather ageing in poor health.**

Acknowledging the importance of healthy ageing, the European Union, through [Principle 18 of the European Pillar of Social Rights](#), commits to ensuring that “everyone has the right to affordable long-term care services of good quality, in particular home care and community-based services.” In support of this, the [2022 European Care Strategy](#) and the [Council Recommendation on access to affordable high-quality long-term care](#) stress the importance of supporting healthy ageing to maintain independence and dignity.

More recently, the 2025 European Competitiveness Compass has also highlighted support for active and healthy ageing as a key European priority, aiming to extend working lives and achieve sustainable prosperity and competitiveness.

This **webinar** presented **recommendations from EuroHealthNet and WHO Europe** and offered suggestions for improving the further implementation of the Council Recommendation. It also presented **examples of good practices** to encourage action for healthy ageing at the national, regional, local, and EU levels.

Welcome and opening remarks

Caroline Costongs, Director at [EuroHealthNet](#), drew attention to the rapid population ageing across Europe, highlighting that although increased longevity is a success, efforts must ensure that individuals age in good health and with a high quality of life. Furthermore, ageing in poor health contributes to poverty, linking the discussion to the European Commission's emerging anti-poverty plan. Healthy and active ageing was confirmed as a key priority for the EU. Healthy and active ageing is a key EU priority and will continue to be part of EuroHealthNet's focus on the coming years.

Dana-Carmen Bachmann, Head of [Unit 'Social Protection and Demography', Directorate-General for Employment, Social Affairs and Inclusion, European Commission](#), affirmed the high relevance of preventive actions within the scope of the [European Care Strategy](#). Attention was drawn to the fact that while the Care Strategy and the [Council Recommendation on access to affordable, high-quality long-term care \(LTC\)](#) acknowledge prevention, current actions often focus on delivering and organising LTC and ensuring access. It was stressed that there is significant potential to explore the perspective of healthy living and healthy ageing across all policy areas, including collaboration with DG SANTE. This push requires stronger evidence on the returns on investment in preventive and health promotion policies.

Keynotes on the links between healthy ageing and long-term care

Stefania Ilinca, Technical Officer for 'Long-Term Care' at [WHO Regional office for Europe](#), discussed current trends. The European region reached a symbolic milestone last year, now having more older people than children and adolescents. The new [WHO strategy, 'Ageing is Living'](#), places healthy ageing at the core of its work, advocating for a life course approach founded on prevention. The strategy aims to transmit a positive narrative that moves away from discourses based on decline and dependency, focusing instead on expanding health spans alongside lifespans. A dual-track approach was proposed: addressing the needs of older people today while simultaneously setting the foundation for lifelong health for future generations. Action areas focus on prioritising prevention across the life course, transforming health and long-term care systems, challenging ageism, and enabling supportive environments. Prevention was stressed as essential across the entire continuum of

care, even when capacity declines, to prevent worse outcomes such as institutionalisation or loss of autonomy.

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Silvia Ganzerla, Policy Manager at [EuroHealthNet](#), shared key recommendations drawn from EuroHealthNet's [briefing on Healthy Ageing](#). It was asserted that poor health is not a natural part of ageing and that unhealthy ageing is avoidable if the right conditions and policies are in place. The policy objective must clearly focus on increasing healthy life years. Healthy ageing requires a multi-dimensional framework addressing physical and mental health, social connections (to combat isolation), inclusive societies (fighting ageism), healthy environments, adapted housing, digital literacy, and gender-specific needs. Policy recommendations included prioritising healthy ageing in high-level EU processes, such as the European Semester and the anti-poverty strategy. Attention was drawn to the fact that 70–80% of existing European housing stock is not adapted for independent living for older people, creating a strong link between poor housing and potential long-term care needs.

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Good practices on healthy ageing

Hilde Verbeek, Professor of Long-Term Care Environments at the [Department of Health Services Research, within CAPHRI, Faculty of Health, Medicine and Life Sciences](#), Vice-chair of the [Living Lab in Ageing and Long-Term Care at Maastricht University](#), detailed the Limburg Living Lab in The Netherlands, a formal collaboration between the university, nine long-term care organisations, and three educational institutes. The lab's missions are to enhance quality of life, quality of care, and quality of work through scientific research. A crucial element involves 'linking pins', senior researchers and practice-based individuals who work in tandem between academic and care environments to identify problems and implement evidence-based working. The model contributes to empowering older persons and creates an attractive environment for early career staff, improving job satisfaction.

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Klemen Širok, Project Manager of the [Slovenian STAR-VITAL project](#), presented the Comprehensive Workplace Health Promotion Programme, which includes a focus on workforce ageing. It consists of an e-platform (a customer relationship management-based solution) to manage communication and provides specific, tailored campaigns

for small and medium-sized enterprises (SMEs). The programme offers workshops, coaching, and mentoring for company owners, and detailed analyses of the work environment to improve ergonomic conditions. The initiative involved over 1,000 participants and delivered more than 90,000 opportunities for engagement, including popular daily active breaks via video during the COVID-19 lockdown. Key lessons highlighted that an individualised approach functioned better than universal solutions. However, operational capacity and financial stability within SMEs were identified as key barriers, as companies needed to establish profit margins before committing to workplace health promotion (WHP). Success required intensive field work and flexibility from the project team.

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Petra Plunger, Senior Health Expert, and **Barbara Preiner**, Health Expert, at the [Austrian National Public Health Institute](#), outlined community-level work across villages, towns and cities, aimed at strengthening social participation and reducing loneliness and social isolation in older age. Beginning in 2022, the team mapped almost 80 community projects funded over the past decade by the Austrian Health Promotion Fund, complemented by workshops and expert interviews. This process produced a six-field action model for community-based healthy ageing: (1) health promotion and health literacy, (2) health-promoting organisations and environments, (3) coordination and networking hubs, (4) neighbourhood help and volunteering, (5) participatory approaches, and (6) data and evaluation. A policy brief then translated the model for decision-makers, summarising benefits for social participation, physical activity and quality of life. They also outlined [Health and Quality of Life in Ageing \(2024–2028\)](#), a multi-year initiative funded from the [preventive resources of the Federal Health Agency](#). It has three pillars: (1) an information platform for experts, with sections on policy, Austrian and regional data, good practices and tools, and training; (2) development of a [good-practice model and tools](#); and (3) training for students, lecturers and professionals. Within the platform's good-practice portal, entries cover different types of initiatives and are reviewed by internal and external experts against criteria such as relevance to healthy ageing, quality of health promotion, transferability, impact model and evaluation. Examples include ['Trittsicher & aktiv'](#), a 12-week falls-prevention course with multiplier training for elderly, and a separate municipal project on [dementia-friendly libraries](#).

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Q&A Session with audience (Discussion)

The discussion turned to workforce pressures in care and the evidence for return on investment. The 'linking-pins' model emerged as a practical way to motivate and retain early-career staff by giving their roles clear purpose and a bridge to research and improvement. Calls were made for evaluation frameworks that capture social and non-monetary value alongside financial outcomes. Evidence from comparable living-lab initiatives points to economic returns in the region of seven to one.

The example from Malta shows that, in a small unitary system moving from roughly one in five older people today to one in four by 2035 and one in three by 2050, long-term care capacity, workforce and financing will come under strain. In response, the government is implementing a Technical Support Instrument project with WHO Europe to establish a comprehensive national legal framework for long-term care by January 2026.

Closing remarks

Alison Maassen, Programme Manager at [EuroHealthNet](#), concluded by consolidating best practices, aligning incentives derived from lessons learned, and ensuring the availability of high-quality e support from DG Employment and WHO Europe. Future progress will depend on pulling together good practices, aligning incentives derived from lessons learned, and ensuring the availability of great data.



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