



The European Older People's Platform
La Plate-forme européenne des Personnes âgées

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AGE response to Discussion Document for a Health Strategy

Health in Europe: A Strategic Approach

http://ec.europa.eu/health/ph_overview/strategy/health_strategy_en.htm

AGE would like to submit this contribution to the consultation launched by the European Commission regarding the discussion document for a EU Health Strategy; this response has been drafted in consultation with our member organisations and experts.

AGE welcomes the opportunity given by the Commission to participate in the consultation process on the European Union Health Strategy. AGE – the European Older People's Platform is a European network of organisations of people aged 50+ and represents over 22 million older people in Europe. AGE aims to voice and promote the interests of the 150 million inhabitants aged 50+ in the European Union and to raise awareness of the issues that concern them most. Health is an issue of huge concern for older people; therefore we welcome this consultation on how the EU can help Member States deliver better health for all.

The EU Health strategy must aim at promoting and ensuring high quality of healthcare based on common values and principles within the EU Health Systems as agreed by the Council of Ministers¹. From this perspective it is of vital importance that the Commission and Member States continue to mainstream "Health in all policies" working in partnership with other sectors to ensure a high level of health protection to the citizen.

Our response concentrates on those questions which are most relevant to citizens.

1 - How should we prioritise between and within all these areas to focus on those which add real value at EU level? In which areas is action at EU level indispensable, and which is it desirable? For example, is there a means to use the Healthy Life Years indicator or other outcome measurements to give weight to areas in which the EU should concentrate?

AGE believes that in the context of today's demographic ageing the future EU Health Strategy, should:

- Help Members States and local authorities develop health prevention and promotion measures to maximise the citizen's number of years of life spent in good health and delay onset of dependency.
- Aim at helping Member States to improve the quality, universal access and efficiency of their health systems;

¹ Adopted at EPSCO Council on 2 June 2006.

- Identify the limitations of the current national health care systems and help Member States find ways to improve their systems using all available EU instruments (e.g. structural funds; exchange of good practices; deployment of resources from one area to another, etc.);
- Address the social causes behind the increase of national healthcare expenditure, such as excessive consumption of drugs, price setting mechanisms and prescription behaviour of the medical community² to ensure the long term financial sustainability of healthcare systems without reducing health benefits for citizens;
- Embrace the challenge of health innovation through the development of new technologies ensuring that the choice for new therapies and technologies take into consideration their medical ("best scientific evidence") and cost effectiveness.

The EU should agree to use the Healthy Life Years (HLY) as a key indicator³. Using this indicator will encourage better coherence between the wide range of policies needed to meet the challenge of demographic ageing. Aiming at adding one year to each national HLY indicator by 2012 and two years by 2017 seems in our view a realistic target. Research should be undertaken to assess the potential economic impact of increasing HLY by 1-2 years. This would help health policy makers build a case for more health prevention and promotion among their financial colleagues. Too often health prevention and promotion measures are perceived as "luxury" policies a country can only afford in good times. However underfunding such crucial health policies can have very detrimental impact on the long term.

2. What should we realistically aim to achieve in practice in these areas of work? What broad objectives should we set for the short term and long term 5 years -10 years?

The European Union should prioritise its action on the areas that bring a real added value in terms of public health and should provide support to Member States to help them fulfil their duties.

○ **Healthy Ageing (Promotion and Prevention)**

A healthy ageing approach is one that considers the ability of people of all ages to live a healthy, safe and socially inclusive lifestyle. It recognizes the factors beyond health and social care that have a major effect on the health and well being, and the contribution that must be made by all sectors with an influence on the determinants of health. It also embraces a life course approach to health that recognizes the impact that early life experiences have on the way in which population groups age. Healthy ageing shifts strategic thinking away from a needs-based approach – the traditional approach used to deliver services to passive recipients – to a rights-based approach that recognizes the rights of people to equality of opportunity and treatment in all aspects particularly as they age. It fosters a positive attitude throughout life to growing old and seeks to break down stereotypes and change attitudes to ageing, promoting understanding between the generations⁴.

The European Commission should look at the evidence based research report and the recommendations of the *Healthy Ageing* project a three year study co-financed by the European Commission and take action and develop programmes and campaigns taking into account the various health determinants⁵. These campaigns should not only target children but also older people and the benefits (short and long term) of such interventions⁶ should be measured. For example:

² Please refer to a Publication by Schoenmaeckers R. and Kotowska I. (2005): from the Council of Europe "Population ageing and its challenges to social policy" that notes that the debate rising from healthcare expenditure in relation to an ageing population such as over-consumption, price setting mechanism and prescription behaviour of the medical community. The report calls for a more rational use of health resources.

³ "The Healthy Life Years indicator (also called Disability Free Life Expectancy), developed by the Commission along with other partners, measures the number of years that a person of a certain age can expect to live without ill-health, and can be used to monitor health as a factor in productivity and economic prosperity, to support health prevention and promotion policies", European Commission (2007): *Healthy Ageing: a keystone for a sustainable Europe*, p. 2.

⁴ World Health Organisation, *Healthy Cities*, 2003-2007

⁵ As mentioned by the *Healthy Ageing* project the major health determinants are: "Nutrition; Injury prevention, Social Capital, Mental health, Physical activity Substance use/misuse (alcohol, tobacco), Environment, Use of medication and associated problems, Retirement and pre-retirement in *Healthy Ageing: A challenge for Europe* (2007) <http://www.healthyageing.eu/> as well as new technologies.

Alcohol: although it would seem that drinking one drink a day can actually be effective in preventing coronary heart disease and stroke, it is harmful for men to drink more than 4 drinks a day and for women to drink more than two drinks a day. This increases the risk of developing cancer. Heavy drinking in women is often hidden⁷ and many older men and women drink heavily without being conscious that it is harmful for their health. Education programmes targeting this age group could prevent much morbidity and mortality.

Malnutrition and Obesity: the challenge for the EU is to address the risks of poor nutrition⁸ and low exercise in a balanced way encompassing obesity and malnutrition. Nutrition is a complex subject and its goes beyond meeting the physical needs. Multiple factors intervene in one's eating process: physiological⁹; functional¹⁰, psychological¹¹ and social¹². The EU could provide good guidance to the Member states based on the best examples of good practice and help them develop national nutrition programmes to meet the needs¹³ of their particular population

Mental Health: needs¹⁴ are unfortunately more common in old age. The most serious threats to mental ill health in old age are posed by depression and dementia with serious consequences such as increased dependency, increased suicide rates and increased non suicide mortality. Dementia, and in particularly Alzheimer's disease, is the main cause of disability among the elderly. There are other causes of mental ill health in old age such as psychological distress, anxiety disorders, alcohol and drug related problems, psychosis, abuses of all kinds (physical and psychological), and loneliness, amongst others. Mental illness at any age is determined by an array of factors "biological (e.g. genetics, gender), individual (e.g. personal experiences), social (e.g. lack of family and social support) and economic and environmental (e.g. social status and living conditions)"¹⁵.

- **Health Inequalities**

In 2005 the UK presidency acknowledged that the European Union suffers from major Health Inequalities¹⁶. Health inequalities start at a young age and continue throughout old age. The European Union Health strategy must take steps to address the health of those people in poverty or at risk of poverty in the European Union guaranteeing that "Member States must fully honour their responsibilities for providing high quality health services" to all their citizens, as stated in art 152 of the Treaty.

- **Transport and Health**

Transport can have a wide ranging of effects on health, for example (air pollution, accident rates, noise, mental health, etc.). Inaccessible transport can mean lack of opportunities to remain active in society. The availability of universal accessible transport based on a notion of universal design¹⁷ is key to improving the quality of life, inclusion and health of all European citizens.

⁷ Mary Parkinson, MD, Senior Health Advisor at Civil Service Pensioner's Alliance, UK <http://www.cspa.co.uk/>

⁸ Poor nutrition is the cause in the development, susceptibility and outcome of diseases such as arthritis, hypertension and stroke, heart conditions, diabetes, cancer, osteoporosis, etc.

⁹ For example, decline in the ability to smell, or taste in old age.

¹⁰ Restrictions in the level of mobility allied to several pathologies (pain, rheumatism, etc) when getting older.

¹¹ Cultural factors, anxiety, depression in old age.

¹² Situations of isolation, loneliness, financial resources, etc.

¹³ Please refer to AGE's response to the consultation on Nutrition and physical activity http://www.age-platform.org/EN/IMG/AGE_Response_to_Green_Paper_Nutrition_Physical_Activity-2.pdf

¹⁴ There is an important difference between mental illness (ie. The presence of disease) and mental ill-health (which is as much as overall well-being as it is about disease). "Mental health needs" covers both aspects. Jonathan Ellis – Senior Policy Manager, Help the Aged UK <http://www.helptheaged.org.uk/en-gb>

¹⁵ Please refer to AGE's response to gree paper on mental health: http://www.age-platform.org/EN/IMG/AGE_Response_GP_Mental_Health_Final-2.pdf

¹⁶ Health Inequalities – Europe in Profile (2005): http://www.fco.gov.uk/Files/kfile/HI_EU_Profile.0.pdf ; Health Inequalities – a challenge for Europe (2005): http://www.fco.gov.uk/Files/kfile/HI_EU_Challenge.0.pdf

¹⁷ "Universal design ensures a solution or group of solutions that is valid for everybody (or nearly everybody). Some people with very limited abilities may require product/service specifications beyond any achievement in the field of universal design – today at least- but most people have easily achievable requirement level albeit with some relatively small changes in the usual design" in (2006): "Understanding the evolution from accessibility to Universal Design – a reference guide" – Uniaccess project – Design of Universal Accessibility systems for Public Transport <http://w3.euve.org/uniaccess/index.asp>

The Commission should better acknowledge the relationship between health and transport amongst European citizens.

Add a paragraph on adequate housing (fall prevention, cold and heat wave prevention, etc.)

6. *How do we ensure that the strategy adds value to actions at Member State level?*
7. *How could methods for involving stakeholders be improved?*

- Implementation of the EU health strategy requires:

- Involving all citizens

Well designed public health campaigns are those which have been developed in close consultation with representatives of the target groups. The message and communication tools must be adapted to the needs of the widest group possible.

- Sharing good practices and intelligence

The Open Method of coordination could be a useful tool to share experience of what Member States are doing at national level and exchange good practice. This would make it easy for Members States to compare and improve their own systems based on data and methods which have proved efficient elsewhere. The OMC is also a good method to help Member States develop better understanding a the great variety of complementary measures needed to increasing the number of healthy life years (HLY) in their country.

- Working in partnership

The European Commission together with various stakeholders such as governments, health professionals, academia, patients organisations, social NGO's and civil society have a crucial role to play in developing an European Union Health Strategy and building support for actions taken at national and local level. Close partnership can also help reach the most vulnerable groups in society including older people. AGE strongly supports a holistic and inclusive Health strategy and would be very happy to contribute with its knowledge to achieve concrete results.

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