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DG EMPL - CAD A/ 23702
Date: 19-10-2005
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laure leonard-travers

Green Paper "Confronting demographic change: a new solidarity between the generations"

Identification of case	
IPM Reference Number:	459254
Creation date	14-10-2005
Modification date	

Privacy statement

Personal Data

Do you consent to the publication of your personal data/data relating to your organisation with the publication of your replies to the consultation?	Yes
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Are you replying as an individual or an organisation?	Organisation
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On behalf of which of the following are you replying?	European NGO
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Please specify the name of your organisation or institution	European Public Health Alliance (EPHA)
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Country where your organisation is based	BE - Belgium
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Explanation

- Do you take the view that the discussion of demographic trends and managing their impact should take place at European level?
- If so, what should be the objectives, and which policy areas are concerned?

1. The challenges of European demography

1.1. The challenge of a low birth rate

Over many years, the Union has been making considerable efforts to achieve equality between men and women and has coordinated national social protection policies.

- How can a better work/life balance help to tackle the problems associated with demographic ageing?
- How can a more balanced distribution of household and family tasks between men and women be encouraged?
- Should the award of certain benefits or advantages (leave, etc.) be linked to an equal distribution of tasks between the sexes? How best to ensure an adequate income for both parents on parental leave?
- How can the availability of child care structures (crèches, nursery schools, etc.) and elderly care structures be improved by the public and private sectors?
- Can a reduced rate of VAT contribute to the development of care services?
- How can parents, in particular young parents, be encouraged to enter the labour market, have the career that they want and the number of children they want?

EPHA's response, sent by ordinary mail on 14 October 2005, highlights the importance of public health in the process of demographic change. For an electronic copy of EPHA's position paper, please go to <http://www.epha.org/a/1759>

1.2. The possible contribution of immigration

The Thessaloniki European Council in June 2003 declared that an EU integration policy for immigrants should help to meet the new demographic and economic challenges currently facing the EU. This is the debate initiated by the Green Paper adopted last January.

- To what extent can immigration mitigate certain negative effects of demographic ageing?
- What policies should be developed for better integrating these migrants, in particular young people?
- How could Community instruments, in particular the legislative framework to combat discrimination, the structural funds and the Employment Strategy, contribute?

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2. A new solidarity between the generations

2.1. Better integration of young people

European objectives have been laid down for the prevention of long-term youth unemployment, combating early school leaving and raising the level of initial training. The structural funds help to attain them at grass roots level.

- How can initial training and adult training schemes be improved? What can non-formal education and voluntary activities contribute? How can the structural funds and the instruments for achieving better access to the knowledge society contribute?
- How can the bridges between school and working life and the quality of young people's employment be improved? What role should social dialogue play? What can dialogue with civil society, in particular youth organisations, contribute

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- How can Community policies contribute more to combating child poverty and poverty among single-parent families and to reducing the risk of poverty and exclusion among young people?
- What forms of solidarity can be fostered between young people and elderly people?

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2.2. A global approach to the "working life cycle"

In order to foster the transition to a knowledge society, EU policies promote the modernisation of work organisation, the definition of lifelong learning strategies, the quality of the working environment

- Should the European Union be promoting exchanges and regular (e.g. annual) analysis of demographic change and its impact on societies and all the policies concerned?
- Should the Union's financial instruments – particularly the structural funds – take better account of these changes? If so, how?
- How could European coordination of employment and social protection policies better take on board demographic change?
- How can European social dialogue contribute to the better management of demographic change? What role can civil society and civil dialogue with young people play?
- How can demographic change be made an integral part of all the Union's internal and external policies?

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The Questionnaire

How did you perceive this questionnaire?	Expectations not met
Why?	Irrelevant in content

and "active ageing", in particular raising the average retirement age. Demographic changes reinforce the importance of these policies, whilst raising new questions:

- How can the organisation of work be modernised, to take into account the specific needs of each age group?
- How can young couples' integration in working life be facilitated and how can we help them to find a balance between flexibility and security to bring up their children, to train and update their skills to meet the demands of the labour market? How can we enable older people to work more?

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- How can work organisation best be adapted to a new distribution between the generations, with fewer young people and more older workers?
- How can the various stakeholders in the Union contribute, in particular by way of social dialogue and civil society?

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2.3. A new place for "elderly people"

The European coordination of retirement scheme reforms is promoting more flexible bridges between work and retirement.

- Should there be a statutory retirement age, or should flexible, gradual retirement be permitted?
- How can elderly people participate in economic and social life, e.g. through a combination of wages and pensions, new forms of employment (part-time, temporary) or other forms of financial incentive?
- How can activities employing elderly people in the voluntary sector and the social economy be developed?
- What should be the response to pensioner mobility between Member States, in particular with regard to social protection and health care?
- How should we be investing in health promotion and prevention so that the people of Europe continue to benefit from longer healthy life expectancy?

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2.4 Solidarity with the very elderly

The coordination of national social protection policies is due to be extended to long-term care for the elderly in 2006. How can this help to manage demographic change?

- The coordination of national social protection policies is due to be extended to long-term care for the elderly in 2006. How can this help to manage demographic change?
- In particular, should a distinction be drawn between retirement pensions and dependency allowances?
- How do we train the human resources needed and provide them with good quality jobs in a sector which is often characterised by low salaries and low qualifications?
- How do we arrive at a balanced distribution of care for the very old between families, social services and institutions? What can be done to help families? What can be done to support local care networks?
- And what can be done to reduce inequality between men and women when they reach retirement age?
- How can new technologies support older people?

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3. Conclusion: what should the European Union's role be?



Subject	EPHA response to the Commission consultation on demographic change
Date	October 2005

The European Public Health Alliance (EPHA) represents over 115 nongovernmental and other notforprofit organisations working in support of health in Europe. EPHA aims to promote and protect the health interests of all people living in Europe and to strengthen the dialogue between the EU institutions, citizens and NGOs in support of healthy public policies.
<http://www.eph.org>

Demographic change in Europe

European society is ageing. Contributory factors include a decline in birth rates and an increase in life expectancy. This trend has major implications for Europe internally, in terms of our economic capacity and our future quality of life, specially in matters such as the way business operates, organisation of work, urban planning, design of homes, public transport, voting behaviour and the infrastructure of public spaces. But there is also an impact externally in term of Europe's place in the world, as demographic change is occurring at different stages and speeds in many other parts of the globe.

The European Commission has issued a Green Paper entitled "**Confronting demographic change: a new solidarity between the generations**" aiming to stimulate debate and launch a process of consultation at European level. The deadline for the consultation is **15 October 2005**. EPHA is therefore answering to this consultation.

The Green Paper has been drafted by the Directorate-General on Employment, Social Affairs and Equal Opportunities and therefore the approach is narrowly focussed on the social policy options to address demographic change. However, a number of other policies which should be looked at: public health¹, anti-discrimination, family policies, structural funds, immigration policies etc. This response

¹ "Ageing: Scientific Aspects" by the Science and Technology Committee of the House of Lords of the UK,
<http://www.publications.parliament.uk/pa/ld200506/ldselect/ldsctech/20/20i.pdf>

will highlight the importance of public health in the process of demographic change.

A whole life approach to health is the key to healthy ageing starting with good perinatal care and assistance for young children within families and the parents. There are dividends for society for investment in adequate childcare and education, attention directed to mental health through life transition points, health promotion in workplaces and aimed at older generations.

Low birth rates in Europe – not always a question of choice

Overall fertility rates of populations reflect the social status and circumstances of women and men as well as the biological potential for reproduction. The clear correlations between women's empowerment, educational and professional opportunities and family size are well argued. Key policies such as affordable childcare and family friendly work patterns can certainly influence whether couples decide to have children. While the Commission's document highlights the social issues that can determine fertility choices there is no mention of the biological and physical constraints that may exist. Specifically the growing number of individuals with fertility problems and the increased need for assisted conception. It is estimated that at least one in 7 couples experience difficulties in conceiving and these rates may reach 1 in 3 couples².

Infertility has been linked to a number of factors related to home and work environments, diet and lifestyles³.

- Environment factors: pollutants such as chemicals and endocrine disruptors used in plastics, cosmetics and pesticides⁴ have been linked to declining levels and quality of sperm in European men. Air and water pollution can contribute towards infertility and miscarriages have been linked to environmental factors.
- Lifestyle factors: smoking, alcohol and drugs, nutrition and mental health, all affect the onset and maintenance of reproductive function. The levels of obesity among young women are causing particular concern in terms of their ability to become pregnant.
- Sexual health: Sexually Transmitted Infections (STIs) such as gonorrhoea, chlamydia are on the rise particularly among young people. If untreated, they can lead to infertility in men and women. In addition the HIV/AIDS patterns in some of the new Member States affect mainly the young (under 25) and this will have an impact on family planning and birth rates.
- The foundations of adult health, including reproductive capacity, are usually established during

² Sheffield University Professor Bill Ledger report to the European Society of Human Reproduction and Embryology (ESHRE), Annual Conference June 2005

³ European Society of Human Reproduction and Embryology, <http://www.eshre.com/emc.asp>

⁴ Male fertility in Europe under chemical attack?, WWF 3/08/2005
http://www.panda.org/campaign/detox/news_publications/news.cfm?uNewsID=22270

pregnancy and during childhood and adolescence.

Protecting the next generation of children and young people

Children and young people are the future generations of citizens and workers and every effort must be made to maintain their health and quality of life.

The same chemicals suspected of causing infertility and miscarriages have also been identified as increasing the risk of children with reproductive disorders, predisposition to testicular cancer, mental retardation, learning disabilities or behaviour problems. There have already been some measures put in place to quantify the threat to children's health. The WHO has developed, jointly with the European Environment Agency (EEA), a set of children's health and environment indicators⁵ to support the policy-making process by assessing, monitoring and reporting on the environmental burden of disease for children⁶.

According to the World Health Organisation, injuries⁷ are the leading cause of death for children across the European region. The injuries result from road accidents, drowning, homicide, falls, fire and suicide. In general the EU-10 have higher rates of child injury rates with the exception of Malta and Slovenia. In most countries road accidents are the leading cause of injury deaths, although in some countries in Central and Eastern Europe drowning takes the heaviest toll of child lives⁸.

These accidents and injuries are largely preventable and resources should be devoted at European and national level to injury reduction programmes.

Keeping Europe's working age population health and productive

- Chronic diseases and disabilities⁹: 14% of the working age population (EU15) report a long-standing health problem or disability but only 6% of illness absence is attributed to accidents at work. In some European countries there are larger numbers of individuals registered as too ill to work than those registered as unemployed. Therefore return to work strategies need to address both rehabilitation after accidents and long term chronic disease management. There is a real danger of unemployment linked to poor health resulting in social exclusion which further harms physical and mental health.
- Health inequalities: socio-economic status is still the key determinant of health with deprived communities experiencing poorer health status during life and a shortened life expectancy. Health

⁵ Children's Health and Environment indicators by the
http://www.euro.who.int/childhealthenv/monitoring/20030627_1

⁶ <http://www.euro.who.int/Document/EEHC/ebakdoc10.pdf>

⁷ European Child Safety Alliance, <http://www.childsafetyeurope.org>

⁸ http://europa.eu.int/comm/health/ph_determinants/environment/IPP/documents/wp_ippnews_1.pdf

⁹ Report by the European Foundation for the Improvement of Living and Working Conditions "Employment and disability – return to work strategies": <http://www.eurofound.eu.int/publications/EF04115.htm>

inequalities, particularly when compounded across several generations can result in community groups that are socially excluded and unable to enter the workforce.

- Health and safety at work: the European Union has made progress on reducing workers exposure to hazards such as chemicals and carcinogens such as asbestos. The health impact of environmental tobacco smoke has been a key factor in the introduction of smoking bans in workplaces in a number of countries. Other stressors on human health include noise, long working hours, job insecurity, bullying and harassment. Some employment sectors feature strong gender patterns in terms of the workforce and this can lead to specific vulnerabilities for example for pregnant and breast-feeding workers or employees in high risk professions. Implementation of health and safety legislation needs to be consistent and well monitored.
- Suicide, accidents and homicide are the leading cause of death for men under 30, one of the most productive age groups in society. Mental health problems can lead to poor productivity, absenteeism and inability to work. According to the World Health Organisation¹⁰ up to 1 in 4 people will experience a serious mental health problem during their lives. There is a good body of knowledge on prevention and promotion of mental health, much of which can be integrated into workplace health measures.

Supporting families and communities

The family setting is particularly important for the basic framework of good health. Starting with perinatal care that supports parents during pregnancy, it is important to help families to develop a good knowledge base about hygiene, nutrition, exercise as well as the emotional and intellectual stimulation needs of their growing child. The relationship between children and parents can, if poor, lead to neglect, abuse, behavioural and developmental difficulties and to mental illnesses and substance misuse.

Divorce and other forms of family breakdown can have a real impact on the health and wellbeing of all involved, children and adults. The end of family relationships can sometimes lead to homelessness, or force individuals and families into poverty. When children are taken into local authority care this can have a long term effect on their educational attainment, employment opportunities and risks of committing crime.

Families are key actors in both providing care and also sometimes generating health risks. In Europe, the majority of non-paid carers are women between 45-74 years old. Most employed carers are untrained, low-paid and undervalued. As the European society gets older there are increasing numbers of people that need permanent care services and if these are not provided within the family then it is often the state that has to pay for and meet the health and welfare needs of older people.

¹⁰ WHO Helsinki conference on mental health, <http://www.euro.who.int/mentalhealth/conference/>

The use of families as outsourced (and possibly reluctant) care providers can lead to inequalities between those with families and those without family support; between men and women; and between families with financial capital to buy services and those with few resources. There is also the growing problem of elder abuse where older people suffer from emotional or physical violence inflicted by relatives or carers.

Changes in society and demography require public policy to revise the definition and understanding of families and communities. This implies the reconfiguration of taxation, welfare credits, health and social service provision to reflect the realities of society. Ensuring that families, in all of their forms, are properly supported will help to create the conditions that encourage couples to have children and to ensure inter-generational solidarity.

Older people – the active generation?

Increased life expectancy and improved health of older people is one of the proudest achievements of social and economic progress in Europe. As more people live longer lives, diversity amongst older people continues to grow and chronological age is increasingly an inaccurate indicator of whether people are active or sedentary, healthy or sick, wealthy or poor, etc.

However, there are some key assumptions regarding older people that need to be reviewed.

- **Retirement is a period of leisure and financial security:** The WHO notes that socio-economic status is the greatest determinant of health, therefore income levels are vital to ensuring that the health of older people. But pensioners are a section of society that are often in financial difficulty. As many as 1 in 5 older people live in poverty, particularly older women¹¹. Although some older people enjoy high levels of income from private sources and are the basis of the 'grey consumer' economy many more rely on state pensions which were never designed to fully support individuals through 20-30 years of life and are insufficient to guarantee quality of life.
- **Today's older generation are more active than ever before:** Older people will not necessarily be in better health and more active in the future: with the highest ever proportions of young people entering their adult lives already overweight, obese and even diabetic, it is inevitable that the health burden will get worse¹² at a later stage of life. Many older people will be living with several chronic conditions requiring complex health and care services. Although healthcare has improved, the lifestyle trends mean that there will a greater proportion of older people than today in need of high intensity care.

¹¹ Key facts: older people and the EU, http://www.ageconcern.org.uk/AgeConcern/about_2750.htm

¹² Report by the International Obesity Task Force (IOTF): "Obesity in Europe – 2: Waiting for a green light for health? Europe at the crossroads for diet and disease" <http://www.ietf.org/media/euobesity2.pdf>

Conclusions for the European Union

In order to counterbalance the demographic trend, Europeans need to have more children, protect them better once they are born, enhance the social and economic productivity of adults and improve the health status of older people. The European Union has a role to play in all of these areas.

The biological aspects of fertility must be addressed. This includes accurate and comparable data on fertility problems, miscarriages, assisted fertility procedures, birth defects and infant deaths. There is a need for more research on the environmental factors affecting fertility and a more systematic use of the precautionary principle in EU policy-making when there are suspected impacts on the human reproductive capacity, e.g; endocrine disrupting chemicals.

In terms of lifestyle patterns that can reduce fertility such as smoking, alcohol consumption and poor diet, communication efforts aimed at health professionals and the general public should emphasize the link with fertility problems. Greater attention to sexual and reproductive health including surveillance and early treatment of sexually transmitted diseases, access to good quality family planning and sexual health services are also important measures.

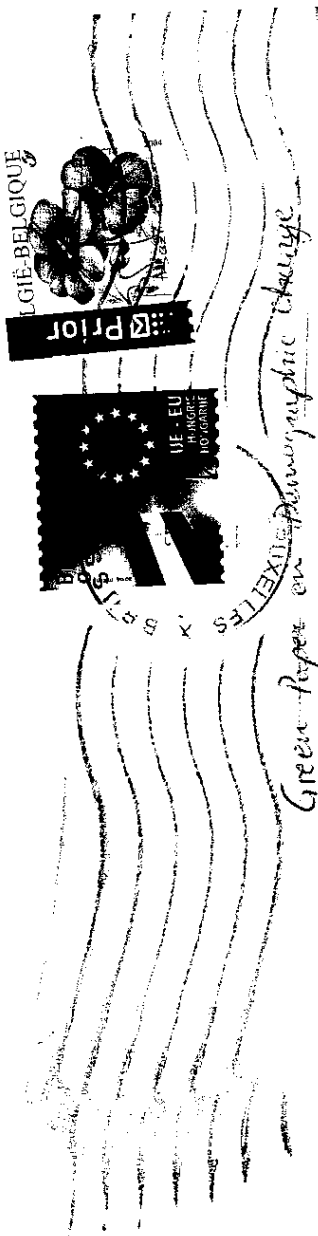
A comprehensive accident and injury prevention strategy would help to reduce the leading cause of death for children and young people. Measures that the EU could take include improving the safety of goods and services used by children, strict traffic calming measures including speed restrictions, safer car design and pedestrian areas.

A systematic health promotion strategy for all age groups. It is never too late to start being healthy and significant benefits can be delivered even among 60-90 year olds. Older people should be supported to adopt or strengthen health behaviours such as quitting smoking, reducing alcohol consumption, taking exercise and a diet of fruit and vegetables with fewer saturated fats.

Quoting Mr José Manuel Barroso, President of the European Commission, "The challenge for society today is both to support the bad habit of ageing, and find ways of keeping us busy and **healthy**." ¹³

¹³ http://europa.eu.int/comm/employment_social/events/2005/demographic_change/barroso_en.pdf

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Green Paper on Pan-European Charge

DG EMPL / E / A J - 27 01 / 122

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