

EFP-Policy-Reflection: Active and Healthy Ageing - A Long-term View

Miriam Leis

Trends and challenges

Life expectancy in **Europe** is increasing and could lead to challenges for financing pensions and health care.

In Europe the (average) life expectancy at birth has risen from around 45 years in 1900¹ to 65.6 years in 1950-1955 to 75.1 years in 2005-2010 and is expected to reach 81.5 years in 2045-2050². Major reasons for this development have been improving socio-economic conditions as well as advances in hygiene, medicine and technology. However, the rising life expectancy is currently going towards a trend that may more and more lead to problems for financing pensions, health and social insurance. These problems are not attributed to people living longer as such but to a combination of circumstances that impact the social and economic balances of societies, which are not sufficiently adapted to a situation of having people who require more medical attention and will live on pension payments for a longer time.

The number of working people that support pensioners decreases in Europe.

People need to remain longer in the workforce, but are they able and willing to do this?

Declining birth rates, economic problems as well as high unemployment rates and lower wages all contribute to financing challenges of pensions, health care and welfare. If the current European retirement-age structures will remain, according to Eurostat figures "[t]he old-age dependency ratio is projected to double by 2060³. Whereas there is currently one person aged 65 years or over per four persons of working age, in 2060 the ratio is expected to be one to two according to the latest EUROPOP2008 population projections. The share of people aged 65 years or over in the total population is projected to increase from 17% to 30% in 2060. Similarly, the number of people aged 80 years or over is projected to almost triple from 21.8 million in 2008 to 61.4 million in 2060⁴"⁵.

⁵ http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Sustainable_development - Demographic_changes





1

¹ Data example for Germany, source: http://www.dkv.com/kunden_lebenserwartung-bevoelkerungsstrukturdemographie 63 12215 12230 85921.html

² UN population statistics http://esa.un.org/unpp/p2k0data.asp

³ European Commission and the Economic Policy Committee, '2009 ageing report: Underlying assumptions and projection methodologies', op. cit.

⁴ Ageing characterises the demographic perspectives of the European societies - Statistics in focus 72/2008



supporting forward looking decision making efp www.foresight-platform.eu

If "Active and healthy ageing" becomes reality, many problems would be solved.

Therefore reforms in regard to the retirement age and work-biography of elderly people need to be implemented. However, in order to achieve this, the quality of life of elderly people and the quality of ageing as such needs to be improved. Only if old people remain healthy and active even within high age, they will be able to remain socially and economically active, actively contribute to the economy and do not require extensive medical care and assistance. This is the reason why "Active and Healthy Ageing" is considered to be a central goal for society to invest in.

The goal of "Active and Healthy Ageing" needs to be tackled from different sides and requires investments, actions and reforms to intertwine with each other (e.g. if people are able to work longer, retirement laws need to be adapted and suitable jobs need to be available).

Action points and policy proposals

At the expert workshop of the European Foresight platform on "Active and Healthy Ageing" (Brussels, January 31, 2011), some major issues have been discussed and proposals have been made that relate to policy action.

Healthy ageing has been considered of such importance that it may be of advantage to create a specialised authority that deals with the social, economic, scientific, technological, legal and ethical issues around ageing and strategies for implementing "active and healthy ageing". Also research investments, funding and support should even more focus on this topic, which includes treatments for age-related diseases (especially dementia), regenerative medicine, but also research that could lead to a better understanding of the ageing process itself (in order to possibly minimising some of the degenerating processes) as well as social and psychological research that will help to improve the wellbeing and social integration of elderly.

The workshop participants also agreed that there is a need for better standardisation of products and interfaces to allow for interoperability of devices. This is especially important for the improvements of eHealth, telemedicine and assistive technology infrastructures to improve the autonomy of the elderly. The users themselves (the elderly and care personnel) should also stand in the centre of product development and products need to be designed more user friendly especially for the elderly. It has been emphasised that ageing begins at birth and thus all products and services as well as working environments need to focus much more on health sustainment and improvement. Industries, service providers and educators need to get the right incentives for following this path. Industry in general should become more responsible for supporting active and

"Active and Healthy Ageing" has also been a topic of EFP!

"Active and Healthy Ageing" needs coordination from policy; perhaps even a dedicated ministry.

R&D needs to focus even more on this topic.

"Active and Healthy Ageing" needs healthy products and supportive services.

Innovations need to become more usercentred.

29-3-2011





efp supporting forward looking decision making www.foresight-platform.eu

Industries need to take more responsibility and policy making could provide incentives and support. healthy ageing through their products, services and practices. Strategies similar to those about energy consumption guidelines for products supporting healthy and active ageing could be one idea. However the challenge in the context of policy-making is in how far regulatory frameworks are required from policy making or in how far actions can be left to the market.

The work environment plays an important role.

Education should focus on healthy living.

If the current trend remains, a huge shortage in care professionals is expected.

People need to get incentives to work in the demanding and low paid care sector.

Innovative models for care need to be created and supported.

The infrastructure for assistive technologies needs to be improved.

Policy making should give support and incentives.

The work environment also plays an important role for human health and thus healthy ageing. It does not only include obvious safety measures but also ergonomics, work-life balance and socio-psychological dimensions. In order to integrate elderly workers in the labour market, suitable jobs need to exist and even company structures may need to be reformed. Adapting a healthier life style should also be put on the school curricula and courses, e.g. by healthcare and insurance providers.

Health care delivery could become very challenging, especially if active and healthy aging will be less successful than envisioned. If the current trend continues, large deficits in financial resources for pensions and health care as well as lacking personnel for elderly care are expected. "By 2020 there will be a shortage of approximately 1,000,000 healthcare workers in the EU"⁶. Although care-workers need to be highly trained and do responsible work, they are generally rather low paid and people have few incentives to take up this profession, which increases the shortages in human resources. However, wage increases would put an even greater burden on financing. Thus other incentives need to be found for encouraging people to work in the elderly care profession.

But also institutional changes have been proposed by the experts, e.g. integrative care, an integration of homes and hospitals and new forms of community living designed for the needs of elderly. But also implementations and regulations in the area of telecommunication and privacy protection need to be adapted to better enable supportive technologies like eHealth and telehealth applications. The implementation of assistive technologies also raises new legal questions, e.g. in regard to liability issues, a situation which could become even more complicated when dealing with demented persons.

The major role of policy in supporting active and healthy ageing can be seen in providing incentives, setting framework conditions and implementing institutions for independent evaluation and quality control.

I think there should be a reference to the following picture which is the only one to include. The rest will be a separate annex. That is my suggestion.

innovation for life ipts MANCHESTER

The University of Manchester Manchester Business School

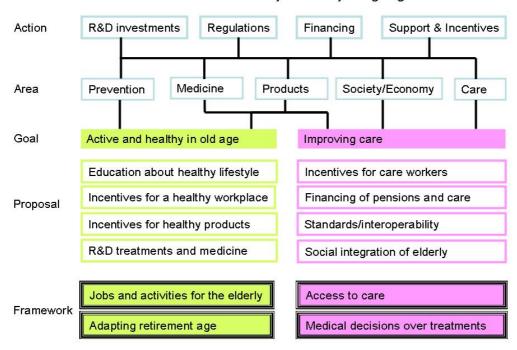
EUROPEAN COMMISSION
EUROPEAN RESEARCH AFRES
EVITATIVE RAMEWORK
PROGRAMMER STORE RESONANT SCIENCE & Mamasilities

⁶ http://ec.europa.eu/health-eu/newsletter/54/newsletter_en.htm



efp supporting forward looking decision making www.foresight-platform.eu

Coordination Efforts / Policy / "Ministry of Ageing Innovation"





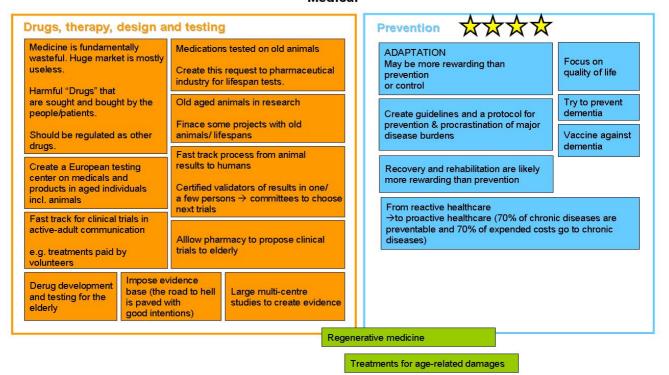




Annex: Transcripts of the workshop exercises (does not reflect the opinion of the authors or the European Commission)

(Note: the starts represent the votes given by the participants for a topic. The topics with the most start were selected for further discussion with the participants during the working sessions).

Medical



 $\label{eq:eff-workshop} \begin{tabular}{l} EFP Workshop on Active and Healthy Ageing - A Long-term Perspective (poster/workshop results) 31.01.2011 \\ at bottom left it should be "Drug" not "Derug" \\ \end{tabular}$

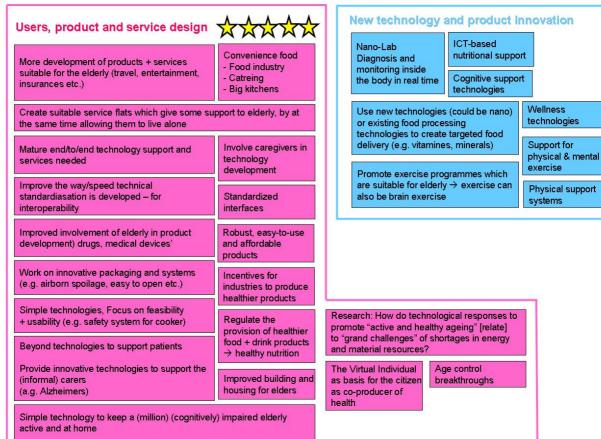






efp supporting forward looking decision making www.foresight-platform.eu

Technology



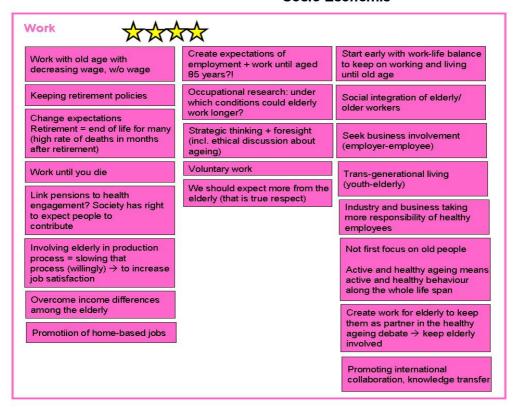






It should be research, not resdearch n top of the blue box. What's "Krepte" and "metformin"? in the blue boxes?

Socio Economic







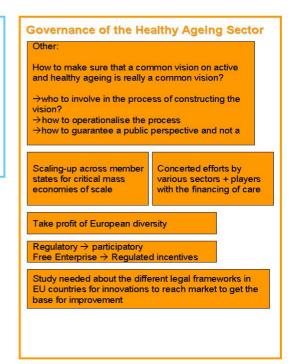


efp supporting forward looking decision making www.foresight-platform.eu

Other

Technology Transfer Funding for: Effectiveness of - RTD New technologies - Death Valley e.g. AAL -Market/Commerce Dissemination and Technology with good research implementation will thrive with (macro, meso, microgood integration level) funding contained costs adequate scale

Do not forget Japan, USA. Canada...

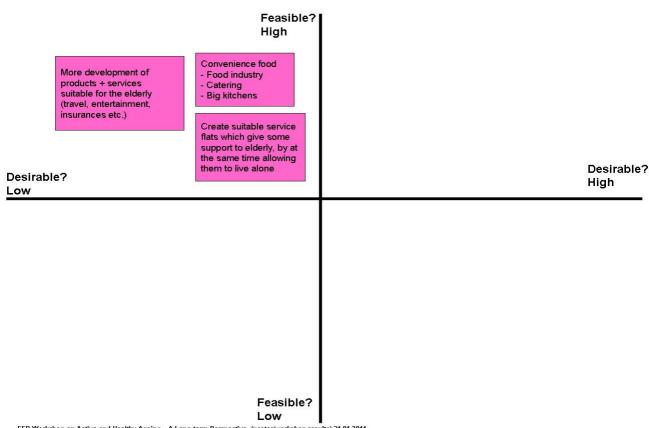








Cluster 1: Users, product and service design









Cluster 1: Users, product and service design

Actions (Policy Proposals)	Enabling	Hindering	Challenges		
Mature end/to/end technology support and services needed	Systemic perspective Involve clients in technology development	Demand/Supply Gap for healthcare	Deployment		
Improved involvement of elderly in product development) drugs, medical devices'	Standardized interfaces	Not enough funding for innovation + technology development	Improve the way/		
Involve caregivers in technology development			standardisation is = obligation developed – for		
Beyond technologies to support patients, provide innovative technologies to support the (informal) careers (e.g. Alzheimer's)	Market deregulation Personalised services	Not offered yet	interoperability Social responsibility to take care of elderly		
Improved building and housing for elders	+ Technology		SOCIAL INNOVATION		
Robust, easy-to-use and affordable products	Exchange of good practice				
Simple technologies, Focus on feasibility + usability (e.g. safety system for cooker) Simple technology to keep a (million) (cognitively) impaired elderly active and at home	Work on innovative packaging and systems (e.g. airborn spoilage, easy to open etc.)		EDUCATION "less salt, sugar		
Incentives for industries to produce healthier products	Tax incentives	Advertising, Culture, image building	fat in baby food" Information, Obligation, Product declaration		
			Regulate the provision of healthier food + drink products → healthy nutrition		







Cluster 1: Users, product and service design

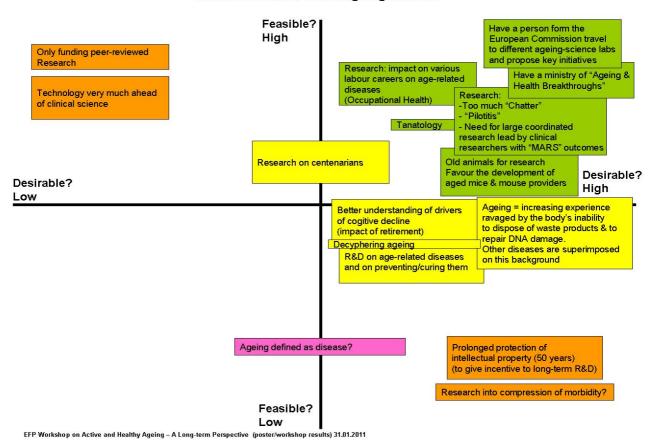
Actions (Policy Proposals)	Policy Requirements	Time Line	Level	Reflection
Encourage participation in product and service development + implementation + advertising + use of • Individuals (young & old) • Industry • Healthcare providers • Insurance companies • Regulators	Regulatory framework Funding for European Tech. Base Pilot Project Change Choice Architecture	Short term Short term Short term Short-mid term	European	→Information Society in healthcare to overcome supply-demand gap
Adapt curricula towards more healthy and active living • Social responsibility to take care of elderly age-related solidarity	Educational authorities	Mid term	National	→Responsible Society
Encourage open innovation to develop + offer integrated products and services	Procurement rules Certification Quality control	Mid term	EU	







Cluster 2: Research on Ageing as such









Cluster 2: Research on Ageing as such

Actions (Policy Proposals)	Enabling	Hindering	Challenges
Prolonged protection of intellectual property to 50 years (in line with artists)	Patent-Life extension (50 yrs.) 1) Governmental debate 2) Legislation 3) Industry 4) Scientific necessity	Social perception of patents Reliance on surrogate outcomes	
Foster research on ageing	Ageing research (understanding) - applied dialogue	Ageing research understanding: too much associated with "ageing as a disease" Age and disease are inextricable in practice	Challenge: Prolonging life with morbidity will be a by-product of prolonging healthy life
	Ageing research (applied) - understanding dialogue Ageing research: novel, but accepted in scientific community	Less acceptance, more skepticism (applied ageing research)	
Innovation in research practice and procedures	New approaches to research funding (consensual dialogue & peer review Better evaluation of research on ageing & coordination	Restrictions imposed by peer review process, too many small, repetitive projects - peer review research only too much distance - between technology and - clinical trials	







Cluster 2: Research on Ageing as such

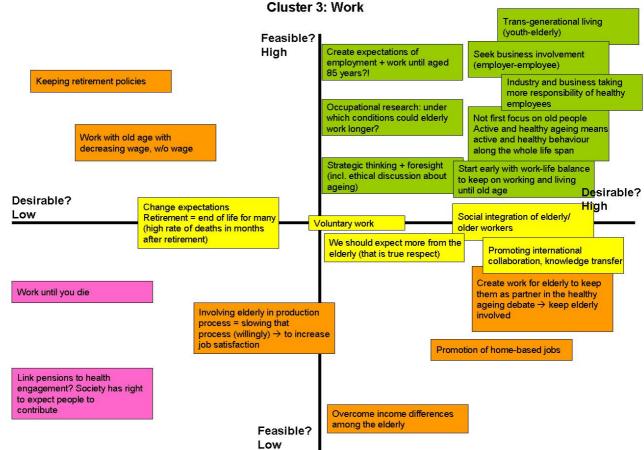
Actions (Policy Proposals)	Policy Requirements	Time Line	Level	Reflection
Have a ministry of "Ageing & Health Breakthroughs"	Government approval	2012	EU	++++
Prolonged protection of intellectual property to 50 years (in line with artists)	EU and international law	2020	International	+
Specific funding for clinical trials on ageing in animals and humans	e.g. FET Flagship initiation on ageing-related topics	2011	EU & National	+
Long-term cohort studies in animals and humans	Large-scale clinical trials	2011	EU & National	+
Consensual (in addition to competitive) peer-reviewed grant funding for centrally directed research	Hire people who convert ideas into projects Less bureaucracy	2012	EU & National	++
Public understanding of research into ageing	Media & education	2013	EU & National	+
Innovative strategies for engaging the population in applied research	e.g. FET Flagships	2013	EU & National	++







efp supporting forward looking decision making www.foresight-platform.eu









Cluster 3: Work

Actions (Policy Proposals)	Enabling	Hindering	Challenges
Seek business investment (employer-employee relation) health conditions of employees	Tax reductions incentives		Discussions with trade unions
Start early with work-life balance policies	Examples of good practice Social welfare system	Traditional career system Shortage of labour and work demans	Rigidity of deliverables/based systems ↑ Cost of life
"Voluntary work" after retirement	Integrating retired people at "all" levels Recognition of elderly people's experience and knowledge	Negative impact on employment of youth	Public acceptance
Promote strategic thinking & foresight (work for older people) + creation of jobs	Teleworking	Growing unemployment in some European countries	Who should participate in the discussions
Promoting home-based jobs		Need for social interactions (fear' of isolation)	Accounting issues / monitoring







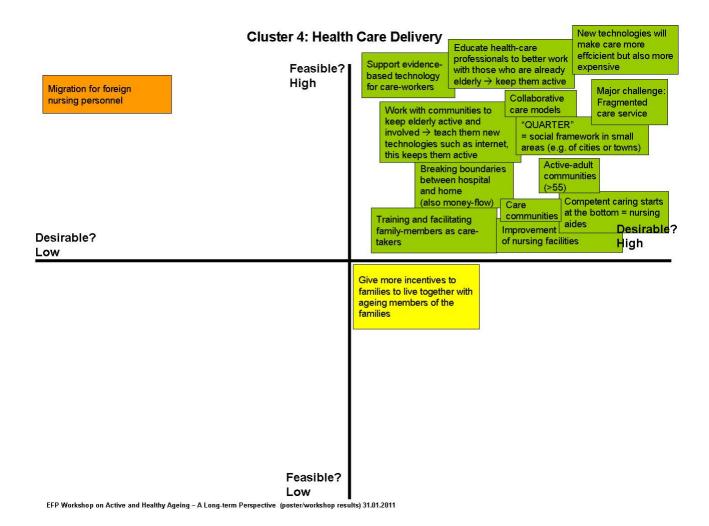
Cluster 3: Work

Actions (Policy Proposals)	Policy Requirements	Time Line	Level	Reflection
Seek business involvement	Tax reductions incentives (regulation) also on income revenue for employees	2015 - 2020	National	Relieve Health + Pension Insurance System
	Competition among socially responsible firms Eligibility criterion for EU funding	2015 - 2020	EU	
	Promotion of professional health + safety + environment inspection	2015 - 2020	EU	EMAS
Start early with work-life balance	Working-time regulations (daily, annual) Social reward beyond the professional activity (→ Elderly)		EU	European Foundation for Working and Living Conditions + Industrial Relations (Dublin)
	Funding for social work infrastructure			















Cluster 4: Health Care Delivery

Enabling	Hindering	Challenges
Social care-broker People feel that things need to change Upgrading of nurse professions Rising healthcare costs Lot of technologies developed to support this, e.g. telecare, remote patient management	Finance of health care service Interoperability of systems Lack of user-oriented product design	New (financial and quality) incentives to organise integrative healthcare Harmonisation on EU-level Common acceptance of evidence on healthcare practices Patient-oriented financing instead of vertical pillars
	Status-quo/lack of incentives to change	
• ICT	Lack of business-models	→People are afraid of change, little room for experiment
Internet → broadband Virtual social networks	More people + money needed to organise social care broker Lack of evidence in	→Evidence should be generated in real life situations
Retirees as volunteers or as workers → caretakers ———————————————————————————————————	cost-effectiveness Underfinanced communities	—→need professional support
Private professional services for elders	to develop services Responsible minister of	
	Social care-broker People feel that things need to change Upgrading of nurse professions Rising healthcare costs Lot of technologies developed to support this, e.g. telecare, remote patient management ICT Internet → broadband Virtual social networks Retirees as volunteers or as workers → caretakers Private professional services	Social care-broker People feel that things need to change Upgrading of nurse professions Rising healthcare costs Lot of technologies developed to support this, e.g. telecare, remote patient management Status-quo/lack of incentives to change Lack of business-models ICT Internet → broadband Virtual social networks Retirees as volunteers or as workers → caretakers Finance of health care service Interoperability of systems Lack of user-oriented product design Status-quo/lack of incentives to change Lack of business-models More people + money needed to organise social care broker Lack of evidence in cost-effectiveness Underfinanced communities to develop services







Cluster 4: Health Care Delivery

Actions Policy Requirement (Policy Proposals)	ents	Time Line	Level	Reflection
• More funding for operations / outcomes Health services research targeted at elderly perspective • Technology assessment Social Innovation Research Not only funding, but also methodological issues Pilots: • Create room for experimentation in real life situations with business models + practices to create evidence-base • Financial incentives with underlying quality incentives → quality indicators EU wide • Social-care broker / retirees as volunteers/working patient community → training of professionals training of non-professionals, create new skills requirements, reskilling, new skills sets		Strategic research agenda for ageing +deployment agenda + reimbursement business models Learning, benchmarking, harmonisation? Long-term?	EU (triggering, benchmarking) National/local → National/EU → benchmarking inspiring Individual EU actors	Patient orientation Personal Individual should be in the centre
→Broadband connection / access, affordable ICT applications (relevant, innovative, usable)		Short-term?	EU mandate Universal service	



