



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.

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 2060^{4,5}”.

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

¹ Data example for Germany, source: http://www.dkv.com/kunden_lebenserwartung-bevoelkerungsstruktur-demographie_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

⁵ http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Sustainable_development_-_Demographic_changes



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

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

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.

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

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.

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

“Active and Healthy Ageing” needs healthy products and supportive services.

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

Innovations need to become more user-centred.



Industries need to take more responsibility and policy making could provide incentives and support.

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.

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 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.

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



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