



Reflections on HEALTHY AGEING: Health Systems – Innovations – Consumers

*European Commission DG SANCO Workshops with experts on 11-12-18
October 2010, Brussels*

Voices from the workshops



"In 2030, older people live in a society where they are not 'older people', but people with much in common with all age groups. This includes a mix of capabilities as well as limited functions, living in an environment that enhances capability but does not marginalise those with least function."



"Ageing is a demographic dividend, not a demographic tsunami."

The European Commission's Directorate General for Health and Consumer Policy (DG SANCO) invited over 60 experts from across Europe to three one-day workshops which aimed to discuss, explore and create a common vision for healthy and active ageing. Each workshop addressed a specific theme -

- adapting health systems to the future demographic,
- meeting the health needs of older people through innovations and technology, and
- keeping older consumers active.

This short paper outlines some of the outcome and reflections of the three workshops. Detailed reports of each workshop with suggested areas for action are available to download at: http://ec.europa.eu/health/ageing/policy/index_en.htm

The workshops provided a sound preparatory basis for the upcoming European Innovation Partnership on Active and Healthy Ageing.



WHAT KIND OF SOCIETY DO YOU WANT TO LIVE IN?

"Older people in 2030 will live in the society where they are valued, can have a choice, and can influence large scale political decisions."



"I want to be an active subject, not a passive subject."



"Ageing is a fact of life, not the end of life."



"We need to make a benefit of age – it should be a benefit, not a burden."



"I learnt about complexity, interdisciplinarity and diversity."

Each workshop kicked-off with a session where participants explored their ideal vision and hopes for the future. They were asked to imagine the lives of older people in 2030. There were strong similarities in the responses from all three workshops. A common vision emerged of **one society where people were connected and supported**.

The concept of old age was questioned and some people felt it would be redundant in 2030 whilst others thought it would become a powerful and positive concept – from burden to benefit. The importance of being included in society, having purpose and participating in politics was a recurrent theme. The need to reduce fear addressed a broad range of issues, namely: the fear of falling; the fear of violence; fear of debt and poverty; the fear of losing independence and self-confidence; the fear of death. Finally, people's jobs and roles in society would be based on capabilities and functions rather than on age.

The diversity among participants was a very strong element allowing us to develop a truly global view on the challenges that lie ahead. Moreover, the 'world cafe' type discussions led to many ideas, reflections and suggested actions which are grouped in three main headings:

1. A NEW PARADIGM – KEEPING PEOPLE ACTIVE AND ABLE

Health system – We need to acknowledge the complexity of ageing. The current health system focuses on treating diseases (usually in isolation of other diseases) rather than improving functions and autonomy. A new approach is needed based on case management which integrates the international classification on functioning (ICF) into health systems. Integrating geriatric medicine into primary care and specialist care and providing a holistic patient centred approach is vital to changing the culture towards treating older patients in the health system. This would also lead to a more positive approach to ageing by identifying successful outcomes and care pathways. The health system needs to prepare for the projected increase in dementia. Healthcare settings as we know them will change. Ensuring quality will become more important as care is decentralised to even more local levels and the providers of care diversify.

Healthy ageing is part of a life-course perspective. **Health promotion and disease prevention** are important at all ages - living well to age well. However, there is still a lack of focus and understanding on the benefits of prevention and health promotion at population and general individual level. The importance of leisure activities, hobbies and enjoyment in the approach to healthy ageing needs to be considered. More rigorous, evidence based research, evaluations of projects and the dissemination of results to policy makers is needed. Specific routine health checks for older people to encourage early diagnosis, prevention and health promotion could form a 'seniors public health policy'. The health of older people

"I'm not mourning my past. I'm actually looking forward to my future."



"What she needed at the end was mental stimulation and no one could provide that. The lesson from this is that we've got to find ways to make life better for older people."



"There is a personal angle as ageing affects us all."



"I want to create a different world, change our systems of values so our children can age in much better conditions than my grandparents and parents did."

across all socio-economic groups needs to be taken into account, with a focus on vulnerable older people.

Social care – The complexity of ageing requires coordination between health services, social services and other sectors (transport, housing, volunteering) at local level. This could be carried out by a 'care broker' or 'care coordinator' who is outside the healthcare system but has an understanding of the needs of the individual (health, social, housing, etc.) and tailor make a plan to maximise health, independence and activity. The difference here between traditional case management is the shift in power to the individual with much more emphasis and support on self direction and self care. The home may become one of the main healthcare settings and the role of self care and informal carers (family, friends) needs to be explored in this context.

Consumers – Shifting the focus from an older person being a passive recipient of goods and services to an active user of goods and services. Older people need to be involved from the inception phase in the development of products and services that meet their needs. The concept of 'Design for All' needs to be promoted with standards that meet the needs of older people. This can create new market opportunities and appeal to private companies creating more private investment and public/private partnerships.

Many population surveys, including health surveys have an automatic cut off point at 65 years. This means that a growing proportion of society is not being surveyed and therefore their needs and opinions go unrecognised.

Centres of Reference – An increasing knowledge base from all fields of gerontology is providing us with new insights and new directions in shaping policy, from economics to healthcare. This needs to be consolidated, analysed and disseminated in order to generate examples of best practice for Europe. The EU could play a role in supporting networks of reference centres on healthy ageing in Europe.

2. PREPARING SOCIETY FOR HEALTHY AGEING

Education – There was a general sense that society needs to reflect the new demographic and appreciate the richness that older people bring. This needs to start in the schools and one way would be to have more mixing of the generations in formal settings, as well as in family life. For example, retired people working as tutors/mentors in schools and universities by using skype or similar ICT. This is also a way of strengthening the life long learning approach and creating a workplace which is more flexible and adapted to the needs of its employees. The European Year of Volunteering 2011 intends to launch a seniors' initiative.

Identifying transitions points – During one's life, there are certain times when one is more interested, concerned and open to ideas about health, finances and the future. More effort should be spent on identifying these change points and developing appropriate information and services.

"There isn't simply a consumerist deficit. There's a democratic deficit. Older people want to shape their own future."



"Design for the young and you exclude the old; design for the old and you include the young." (Bernard Isaacs)



"I learnt about complexity, interdisciplinary and diversity"



"The aged and ageing are not outside of European society; they are a part of it and are among the decision-makers."



Creating a positive image of ageing was a dominant theme in many discussions. Our society is youth focused and based on being forever young. Youth is celebrated. Wisdom and experience needs to be given the same recognition. Older people need to be included in the cultural fabric of society. Some interesting ideas on how to shift society's view about ageing were: to create and tell more stories by older people, make more films (e.g Up, About Schmidt, Cocoon), TV programs, promote the demographic dividend through role models or ambassadors. For example, Matisse painted well into his 80s. The European Year of Active Ageing 2012 can provide a good platform to further develop some of these ideas.

There is a strong need to **increase the attractiveness of professions working on healthy ageing** (doctors, nurses, physiotherapists, nutritionists etc.) through incentives, better remuneration, continued educational possibilities and higher recognition on the value of caring and treating older people. This is the only way to address the looming future health workforce shortage in Europe.

3. INCREASING PARTICIPATION AND REDUCING ISOLATION

There was consensus that keeping people engaged and feeling connected to friends, family and society was very important but very difficult to ensure. The built environment and the digital era can both help and hinder. Open spaces and meeting places need to be safe. We need to continue promoting physical activities such as dancing clubs. The internet can help to establish social contacts but should not substitute them.

How to continue mental stimulation well into old age is a question which requires more attention, research and planning. As eye sight, hearing and physical functions reduce, creative solutions using new and existing products are needed. The whole field of mental health in older people also needs more research. Loneliness, bereavement and loss of independence can lead to depression. In the UK, suicide is highest in men over 75 years. Finally, dementia and other neurodegenerative conditions requires new thinking on how to prevent, manage and adapt to the needs of patients.

The importance of acting at **local level** was stressed in terms of providing social contacts, peer education and community based activities. The role of the family as informal carers and decision makers needs more attention. The national and EU level had a role to play in connecting these local actions through linking local networks, show casing good practices and by funding micro level projects.

Many participants spoke about the need to counteract the ageism in our culture by involving older people at every stage of development in innovations, new treatments and in policymaking. One suggestion at EU level was to propose the creation of an **EU reference group of older people**. The lessons learned from experiences in UK via the Joseph Rowntree Foundation could assist in developing this concept further.

"Today we discovered what Europe added value is."



"This is the Europe I want – us being together and co-creating the future – our future!"



"We are focusing on a new interdisciplinary approach."



"There was an old man that I knew, who said it is perfectly true.

I have lived a long life, and so has my wife;

And now we're both experts for EU."



WHAT NEXT?

What will we do with what was discussed? Where does this workshop fit in the overall process of Commission initiatives?

- The Innovation Union, one of the Europe2020 Flagship initiatives, adopted on 6 October has a specific pilot partnership on Healthy & Active Ageing. This European Innovation Partnership will build on actions and initiatives in a collaborative nature, aiming to enable older people to live healthier, independent lives and for longer. The results of the 3 workshops' discussions will be a springboard for identifying some possible headline initiatives that could be taken up by this Partnership.
- The European Commission has recently proposed to designate 2012 as European Year for Active Ageing. Many of the ideas and outcomes of the workshops could be further developed and realised as part of actions linked to this initiative.
- EU Health Strategy and EU Consumer Policy Strategy – the results from the 3 workshops will further inform the implementation and development of these two strategies.

WORKSHOP PROCESS

The approach to these workshops was highly participative and led by professional facilitators from inside and outside the Commission. The workshops did not involve presentations but rather focused on strategic questions and conversations involving all participants. This allowed us to engage together in creative dialogue and invited us to 'think outside the box' to develop new ideas that would help to inform the formulation of future policy. A range of participatory methodologies were used offering just enough structure without prescribing the outcome. These methodologies inspired people to share what has been successful, identify new potential actions and explore how one could move these actions forward. This encouraged the development of individual responses into collective ideas.

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