

Healthy Ageing

*A CHALLENGE FOR EUROPE
A SHORT VERSION*



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A SHORT VERSION*

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AGE, European Older People's Platform

EuroHealthNet

WHO, World Health Organization, Ageing and Life Course

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Preface

Healthy ageing is one of the major challenges for Europe. The consequences of the demographic transition to a continuously growing older population will have a tremendous impact on economy, care, social development, welfare and well-being in European societies. Consequently, there is a need to increase knowledge about how to promote good health among older people and quality of life in life's later stages, as well as to prevent costly impacts on the population as a whole.

When making decisions, policy-makers need solid guidelines based on evidence and good practice. This in turn requires the links between research, public policy and good practice to be gathered together in a constructive manner. This was why in 2003 the Swedish National Institute of Public Health, with the support of the European Commission and 12 partners including the World Health Organization, European Older People's Platform (AGE), EuroHealthNet and concerned stakeholders initiated the "Healthy Ageing" project under the European Union Public Health Programme.

This report is a short version of the full project report and has been written by Marianne Enge Swartz based on the original texts in the main report and revised by Alex Mathieson. We wish to thank all members of the Project Group and the Steering Group, all of whom are listed on the last page, for their hard work and valuable contributions. We would also like to extend our thanks to the authors of the main report as well as to all those interviewed in this book who have so willingly shared their experiences with us.

Finally we wish to thank the European Commission, DG Health and Consumer Protection, for co-funding the project within the EU Public Health Programme for 2003–2008.

We would like to underline that this report is based upon facts on a European level and to a great extent on systematic reviews. This implies that there might be research, reports or policies that are highly relevant in your specific country that have not been taken into account here. Culture and procedures for implementing new research also vary among the countries in Europe.

We hope that the two Healthy Ageing reports will contribute to, and inspire to future development of health promotion for and among older people.

You are also more than welcome to visit the project's website at www.healthyageing.nu, where the main report, this short version and additional project material can be downloaded. The short version will be available in different European languages.

Stockholm, April 2007

*Gunnar Ågren
Director General*

*Karin Berensson
Project Manager*

The challenge of healthy ageing

The increasing proportion of older people in the population is a challenge to all European countries and creates a need for an improved and broader exchange of knowledge on healthy ageing.

Approximately one third of Europe's population will be aged 60 and over by 2025, with a particularly significant increase in the number of people aged 80 and over. This will have an enormous impact on European societies.

Health is an important determinant of economic growth and competitiveness. Investing in healthy ageing contributes to labour supply, decreasing the likelihood of early retirement. There are also powerful arguments for investing in health as an objective in its own right.

The Healthy Ageing project

Co-funded by the European Commission, the Healthy Ageing project aims to promote healthy ageing among people aged 50 and older.

The Healthy Ageing project (2004–2007) involves ten European countries, the World Health Organization (WHO), the European Older People's Platform (AGE) and EuroHealthNet, which aim to exchange knowledge and experience among policy-makers, practitioners and non-governmental organisations

(NGOs) working with older people in European Union (EU) Member states and EFTA-EEA countries. The Healthy Ageing project defines the age group considered for the project as people aged 50 years and older.

The main aims are basically to:

- review and analyse existing data on health and ageing;
- make recommendations for policy at EU and member state levels;
- disseminate the findings and facilitate implementation.

Recommendations from the project will be implemented on different levels in Europe.

This is a short version based on the main report of the Healthy Ageing project, "Healthy Ageing – A challenge to Europe", which can be ordered or downloaded from the Healthy Ageing website at: www.healthyageing.nu. Readers should refer to the main report for more detailed information and full reference citations.

What is healthy ageing?

The starting point for healthy ageing is to ensure a balance between the individual's capacity and his or her goals.

THE PROJECT DEFINES HEALTHY AGEING as "the process of optimising opportunities for physical, social and mental health to enable older people to take an active part in society without discrimination and to enjoy an independent and good quality of life".

Healthy ageing fostered by systematically planned health promotion efforts was mentioned as early as 1998 as Target 5 in the WHO policy "Health for All in the 21st Century". *Active ageing* (according to the European Commission) includes life-long learning, working longer, retiring later and more gradually, being active after retirement and engaging in capacity-enhancing and health-sustaining activities. The older person's capacity, his or her goals and the environment are three interrelated factors that need to be considered simultaneously in the promotion of healthy ageing. The WHO Healthy Cities definition of *healthy ageing* recognises the rights of people to equality of opportunity and treatment in all aspects, particularly as they age.

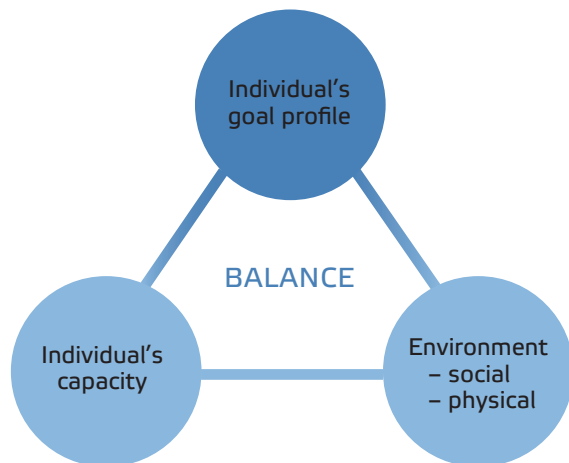


Figure 1. The balance between capacity, goals and environment.

SOURCE: EINO HEIKKINEN, 2006.

Balance between capacity and goals

For most people, ageing is associated with a diminution in physical, cognitive and social resources and capacity. This can affect the ability to take action, to acquire and process information and to define and realize goals. The crucial factor is to achieve a balance between the individual's capacity and his or her goals; this provides a starting point for further development of the concept of health in ageing.

Why Healthy Ageing?

In 2050 there will be two persons aged 15–64 years for each person aged 65 and older, compared to four at present.

More than a third of the European population today consists of people 25–49 years old.

By 2025, 44 per cent of the population will be over 50 and either be retired or preparing for retirement. The forecast for 2050 is that half of the population will be 50 or older.

All this means that a decreasing proportion of working age people will have to support those in retirement. More workers will be leaving working life than entering it and countries will experience problems in recruiting qualified workers. The situation is worsened by the declining birth rates.

Healthy ageing – an investment

A potential way of overcoming this problem is to offer older people opportunities to extend their working life beyond present ages for retire-

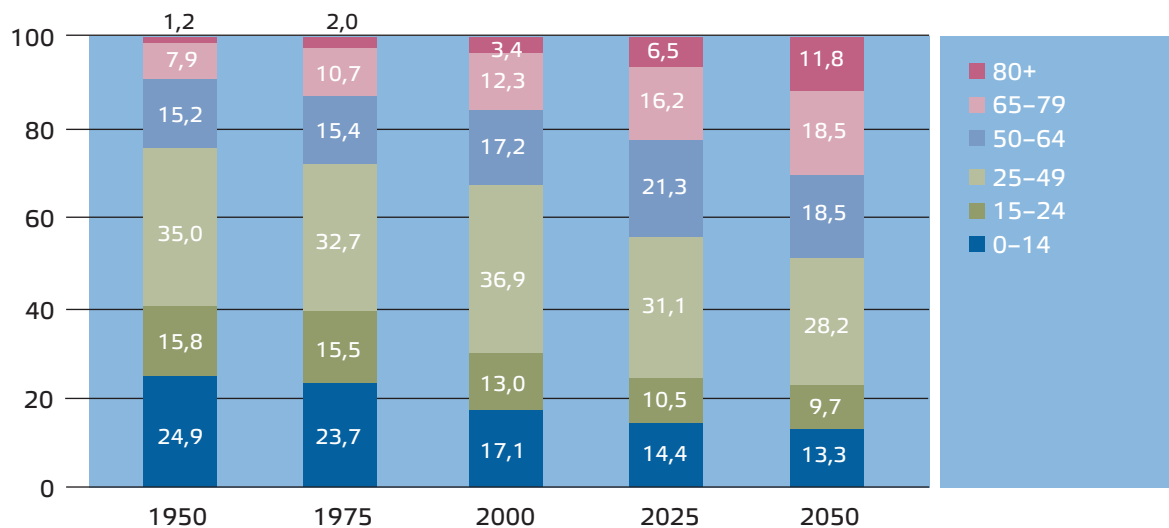


Figure 2. Population distribution in EU25 by age group (1950–2050).

SOURCE: GREEN PAPER, CONFRONTING DEMOGRAPHIC CHANGE: A NEW SOLIDARITY BETWEEN THE GENERATIONS. COM(2005) 94. BRUSSELS: EUROPEAN COMMISSION; 2005.

ment. As the most important reason for early retirement is ill-health, health promotion interventions that support healthy ageing and value older people’s contributions should be considered not only as an asset for promoting individual well-being, but also as investments for countries facing workforce supply problems.

Older women need special consideration

Europe has the highest proportion of older women in the world, with three women for every two men at ages 65–79 years and twice as many women as men aged 80 and over. The proportion of older women living alone is therefore likely to increase, as women live longer than

men and tend to marry or cohabit with men older than themselves. Older women living alone constitute a significant poverty risk because of their lower life earnings and lower pensions, further jeopardizing their health status.

Prevention of disability

Ageing populations will lead to greater numbers of older people living with disabilities. Disability decreases quality of life, increases the risk of hospitalisation or nursing home admission and premature death. Prevention of disability in later life is therefore a major public health concern with concerted research and political activity.

INTERVIEW

*MÄRTA FROM FINLAND
– STAYS ACTIVE WITH ACADEMIC
STUDIES AND NEW FRIENDS*

Older age gives many people a second chance to do things they missed earlier in life. At the age of 85 Märta Lagus-Waller has recently finished her studies at the University of Helsinki with a thesis on an early Finnish woman architect. She is now editing the material for a book.

Märta is smartly dressed and has rosy cheeks, light red hair and mother-of-pearl nail varnish.

"It is strange", Märta says, "but I really do not feel old. Maybe I should. Many people of my age stagnate, they do not accept all the new things like computers and the internet. But I had to learn when I took up my studies."

Märta studied a year at the university when she was young but the wars, marriage and the birth of three children took her focus elsewhere. She divorced her first husband after 30 years of marriage and married a widower ten years her senior at the age of 55.

"We had a nice time together, travelled a lot and went skiing in the Alps", she says. "Skiing has been my passion all my life. I even competed when I was young. But my knees have suffered." She was 75 when she stopped downhill skiing.

After a couple of years as a happy senior, Märta longed to do something else and enrolled at the university to take up her studies again, which were interrupted in her twenties.



Märta Lagus-Waller

PHOTO: MARIANNE ENGE SWARTZ

"I was 69 then. At first people maybe thought I was a professor emerita, but they got used to me and I was never discriminated against because of my age."

Märta's prescription for healthy ageing is to stay physically active. "I had the skiing, I jogged and danced jazz-ballet", she recounts. "Maybe it also helps that I have a good mind for studying and an excellent memory. I enjoy life and have no tendency towards depression. Of course, I have had problems in life and hard times, but I have been able to look at the bright side of things and plan for the future.

I live alone now but I do not suffer from loneliness. Many of my old friends have died, but I have been lucky to find younger friends through my studies."

How to promote healthy ageing?

Adaptation, acceptance and autonomy are important concepts to consider in health promotion for healthy ageing.

A healthy balance between an individual's capacity and his or her goals embraces the process of *adaptation to* and *acceptance of* changes in the life situation. Healthy ageing is also dependent to a large degree on *autonomy*, which essentially reflects the fact that older people have the right to self-determination.

Older adults' autonomy can be promoted by challenging restrictions and limits imposed by the community, family and older people themselves, such as constraining freedom of choice by withholding information older people require to make their own choices. Autonomy allows individuals the opportunity for self-realisation and development.

Involving older people in health promotion

Health promotion programmes should involve the target group. Interventions should not be planned and implemented "top-down" by experts and authorities, an approach that often imposes limits and restrictions upon older people's right to self-determination. Working *with* the target group and encouraging older people to have their say about values, objectives and

methods of health promotion can be achieved through working as partners with NGOs active in the field of ageing and with senior citizens' organisations. Health promotion will be strengthened through this kind of *active participation* of older individuals, which represents health promotion *by* the people.

The most effective health promotion programmes for healthy ageing are based on scientific evidence and are promoted to the general public in an easily understood way. Programmes should aim to motivate people, provide opportunities for change, support improvements in lifestyle and encourage older people to remain in charge of their lives by making their own decisions. They need to reflect the particular characteristics of ethnic and cultural minorities, people from different social classes and those living in metropolitan, urban and rural areas.

Older people as a group are heterogeneous and differences among older people in education background, socioeconomic conditions and attitudes towards ageing must be acknowledged in the outline of projects and planning of activities. There may also be significant differences in mental and physical health between "younger" older people (50+) and "older" older people (80+).

The Healthy Ageing framework

The Healthy Ageing project adopts a holistic approach and prioritises health determinants affected by societies and by individuals.

CROSS-CUTTING THEMES

Inequality in health is best illustrated by the gap in life expectancy between people from low socioeconomic groups and those from high. Health inequality starts early in life and persists in later life.

Socioeconomic determinants. Poverty is a very significant socioeconomic health determinant, with negative effects on health, life expectancy and disability. Healthy ageing strategies should address the health needs of more disadvantaged older people rather than those of the better-off. Disadvantaged people, however, tend to be more difficult to reach and need special health-promotion measures.

Gender has to be taken into account when planning and implementing health promotion initiatives. Women live longer, report more psychological symptoms and request more medical consultations and treatment than do men. Motivations to become involved in health promotion activities are different for men and women.

Minorities. The relationship between belonging to a minority group and healthy ageing needs more exploration.

GOOD PRACTICE

THE BOZORGAN DAY CENTRE (Sweden) successfully promoted health, well-being and integration into Swedish society of older Iranian women. The participants experienced feelings of security, control and psychological well-being.

PRIORITY TOPICS FOR ACTION

The project agreed upon the following ten topics as the most important ones for promoting healthy ageing (see Figure 3). Most of them are broad and interact with each other and with the defined cross-cutting themes. For instance, considerable decreases in mortality and improvements in functioning could be achieved if older people adopted a healthier lifestyle in relation to eating habits, physical activity and the use of tobacco and alcohol. The HALE project (Healthy Ageing: a Longitudinal study in Europe) found relationships between lifestyle factors and physical, psychological, cognitive and self-perceived health and social functioning, with the adoption of a combination of healthy lifestyle factors decreasing mortality risk.

EVIDENCE

THE PARAGRAPHS HEADED "THERE IS EVIDENCE TO SUGGEST THAT" summarise evidence for the effectiveness of interventions for later life. This evidence is based on findings from the Healthy Ageing project literature searches of systematic reviews and meta-analyses. References and information about methods and inconclusive evidence for effectiveness can be found in the main report and on the web site at: www.healthyageing.nu.



Figure 3. Selected health determinants for healthy ageing.
ILLUSTRATION: NINNI OLJEMARK.

▶ Retirement and pre-retirement

Priority topics for action:

- Increase the participation of older workers and the quality of their working lives using new management concepts.
- Keep a balance between personal resources and work demands and do not tolerate age discrimination.
- Prevent illness in the workplace, promote healthy lifestyles and a supportive and stress-free transition from work to retirement.

Many European countries are facing the problem of how to finance pension systems when the proportion of older people in their population is increasing while the workforce decreases. Generally, policy responses focus on the need to increase older workers' employment rates. Unemployment is a recognized risk factor for ill-health and adversely affects future pension income.

Work ability and age management

Good health is the most important precondition to help older employees to work longer. Employers and employees consequently need to take responsibility for maintaining the health of an ageing workforce.

Work ability is based on a person's health and his or her ability, education, competence, values and attitudes, measured against the demands of the job. Work-related and career development measures such as task adjustment, change of tasks, job rotation and adjustment of working hours may be necessary to facilitate older people to stay in the workforce. It is also important to counteract all forms of age discrimination.

Age management – managing the work ability of personnel and the success of the organisation or enterprise – is an important element of practice in this area. It involves the everyday management and organisation of work from the viewpoint of life course and resources of the employees.

Very little research has focused on preparing for retirement, the phase of transition from work to “leisure”, and the adaptation process. Good practice examples of pre-retirement interventions indicate that anticipatory socialisation interventions have positive effects and contribute to a sense of empowerment.

GOOD PRACTICE

IN ANTICIPATION OF THE GOLDEN YEARS (Netherlands) The programme focuses on mental health and social capital in the retirement phase and is offered to persons aged 50–75 years old. Participants' pro-active coping competence and approach to preparing for ageing improved during the programme. No side-effects in terms of worrying or negative mood, nor generalised effects on self-efficacy were noted.

► Social capital

Priority topics for action:

- Encourage the participation of older people in the community.
- Increase educational and social activity group interventions targeting older people, to prevent loneliness and isolation.
- Provide opportunities for voluntary work by older volunteers.

Social capital is enhanced when citizens are active in political parties or charitable organisations, have trust in others and vote in elections. Social capital strengthens people’s sense of belonging and well-being at an individual level, which promotes health.

People in the more affluent EU countries tend to have more social trust than do people in the accession countries. Recent research emphasizes the importance of living conditions,

individual success and the strength of society in generating social trust. With few exceptions, people with low incomes, especially those who are unemployed, report lower levels of trust in other people.

Income inequality is considered damaging to social cohesion and integration and leads to a lack of social support and isolation within the community. This, in turn, contributes to premature mortality; for instance, lack of social support increases coronary heart disease mortality by up to four times.

There is evidence to suggest that:

- voluntary work increases older people’s mental well-being among those who volunteer and improves the mental health of older people who receive the services;
- educational and social-activity group interventions targeting specific groups can prevent social isolation and loneliness among older people.

SOCIAL CAPITAL AND WELL-BEING

THERE ARE STRONG INDICATIONS of the correlation between low levels of social capital and well-being. For instance:

- higher socioeconomic status, better social integration and higher competence are associated with higher subjective well-being;
- income is more strongly correlated with subjective well-being than education;
- the quality of social contacts is more strongly associated with subjective well-being than the quantity of contacts;
- having contact with friends is more strongly associated with subjective well-being than having contact with adult children;
- associations between life satisfaction and quality of contact are stronger for contact with adult children than with quality of friendship;
- the relationship between socioeconomic status and subjective well-being is stronger for older men than for older women;
- social network has a higher influence on subjective well-being of women;
- the association between social network and subjective well-being is greater for older people than for younger people;
- socioeconomic status is more important for the subjective well-being of “younger” older people than for “older” older people.

From the article “How effective are psychotherapeutic and other psychosocial interventions with older adults?” by Pinquart M & Sörensen S in *The Journal of Mental Health and Aging* 2001;7(2):207-43.

► Mental health

Priority topics for action:

- Address the wider determinants – such as social relationships, poverty, discrimination – that have an impact on mental health and well-being in later life.
- Raise awareness of mental issues relevant to older people, such as depression and dementia.
- Increase the provision of psychotherapeutic and psychosocial interventions for older people.

Good mental health is a resource that enables us to grow and learn as individuals and to perceive life as enjoyable and fulfilling. Much can be done to promote mental health and well-being in later life. Interviews with older people show that most had positive images of ageing but held negative views on ageing-related changes such as declining health, death of loved ones, depression and forgetfulness. Interviewees used a range of coping strategies to stay active and engaged to maintain high levels of functioning.

Studies of older people's views and experience point to the importance of action on the following themes in order to promote mental health.

- **Discrimination.** Age discrimination is the most common type of prejudice experienced by people over 55 years and has a negative impact on mental health.
- **Participation in meaningful activity.** Older people say they want to make contributions to society, but often face barriers to participation in public and private life.
- **Strong personal relationships.** Social isolation is a major risk factor for poor mental health.

- **Physical health.** Older people emphasize the importance of physical activity and a good diet and find it is closely linked to mood and mental well-being.
- **Poverty.** Many older people have inadequate incomes, live in poor housing and are generally excluded from society.

DEFINITION

WHO defines mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community”.

GOOD PRACTICE

ELDER DISTRICT PROTAGONIST (Italy) This initiative aims to move the focus from older people as recipients of services and interventions to older people as experienced members of society with important skills, competencies and practical and theoretical abilities. It values their historical perspective and the wisdom they have gained, portraying older people as a vital resource for the community.

Mental health problems are not an inevitable part of the ageing process, yet they are often treated that way by professionals and by older people themselves. Depression seems to be the most common mental health problem, affecting up to one in seven aged 65 and over. Dementia is perhaps the most feared and researched mental health problem in later life.

There is evidence to suggest that:

- psychotherapeutic and psychosocial interventions targeting older people significantly improve measures of self-reported psychological well-being, especially when delivered to nursing home residents;
- interventions including individual and family counselling, support groups, education and skills training can be effective in reducing psychological distress and improving caregivers' coping skills and relationship with the individual;
- case management for caregivers increases the likelihood of using formal services such as computer networking.

► **Environment**

Priority topics for action:

- Improve access to safe and stimulating indoor and outdoor environments for older people.
- Access to technology should be considered as well as the impact of climate change, excessive heat/cold and storms.

Indoor and outdoor environments affect the ability of older people to stay active and to participate in and contribute to society. Environmental improvements have a direct impact on the quality of life of older people and their caregivers.

A significant number of older people would like to be more mobile and more active. Older people with poor mobility and people with disabilities need recreation and recuperation facilities close to where they live; accessible green areas and being outside have been highlighted as important determinants of good health.

Air pollution is responsible for one of the largest burdens of environment-related diseases affecting older people. Twenty million Europeans suffer from respiratory problems, many of whom are older and/or socioeconomically deprived.

Global climate change may have a widespread impact on the health of the older population in the future due to increased incidence of episodes of extreme weather.

► Nutrition

Priority topic for action:

- Promote healthy food and eating habits among older people, with an emphasis on low intake of saturated fats and high consumption of fibre-rich foods, green vegetables and fruits.

Obesity and excess weight are associated with high levels of free sugars and saturated fats in the diet combined with reduced physical activity. BMI (Body Mass Index) generally increases with age, peaking among the middle-aged. Older people are at great risk of developing complications of obesity, which include coronary heart disease, diabetes and cancer.

Older people's energy requirements are lower than those of younger people, but their needs for essential nutrients are just as high. Special attention needs to be paid to the balance between energy and nutrients. Retained body weight in older people can be seen as an indicator of sound health.

Depression and the loss of a spouse or friends can lead to a feeling of loneliness, which may lead to poorer eating habits. Eating may also be adversely affected by:

- **physiological changes**, such as a decrease in a person's appetite due to lack of physical activity;
- **medicines** that can cause side-effects such as dryness of the mouth and constipation;
- **disabilities** that can reduce a person's ability to eat unaided and his or her sense of taste and smell;

- **a diminishing sense of taste and smell** with age;
- **poor teeth** having a negative effect on the ability to chew;
- **fungal infections** in the mouth leading to pain while eating;
- deteriorating **throat muscle coordination**;
- **dementia and depression**, which are often associated with poor intake of energy and nutrients.

There is evidence to suggest that:

- vitamin D3 and calcium co-supplementation is effective in the prevention of fractures from falls in frail older people;
- intake of vegetables is effective in significantly reducing the risk of cancer among 40–80 year-olds;
- older people with an average age of 50–59 can maintain a weight loss of more than 3 kg and a reduced weight of more than 3 per cent of initial body weight five years after completion of structured weight-loss programmes.

► Physical activity

Priority topic for action:

- Increase the level of physical activity among older people in order to reach the international recommendations of 30 minutes or more of, at least, moderate-intensity physical activity on most, preferably all, days of the week.

The broad benefits of physical activity for older people and its association with improved length and quality of life are well documented. People tend to become progressively less active as they get older, with differences in activity loss between genders being small; the level of vigorous activity decreases with age, although the level of moderate activity and walking increases. Older people (80+), people who are ill and using medication and people with lower levels of education and income are the least active.

Physical activity improves endurance, strength, balance and mobility to promote independent living. Weight-bearing physical activity increases bone density and can counteract osteoporosis. Physically active people report higher levels of well-being and physical functioning. Physical activity reduces blood pressure, and people who are physically active are at lower risk of developing cardiovascular disease, stroke and depression.

There is evidence to suggest that:

- interventions which include referral to a physical activity specialist and targeting individuals are effective in increasing the level of physical activity among older people;

- interventions consisting of a single factor (for example, those focusing on physical activity only) compared to multiple-risk-factor interventions, are effective in increasing the level of physical activity in older people including behaviour regarding smoking, diet and alcohol use;
- physical activity is effective in increasing strength, aerobic capacity, flexibility, walking and standing balance among older people;
- progressive-resistance training is effective in increasing strength in older people and in producing a positive effect on functional limitations such as gait speed;
- primary care-based interventions consisting of brief advice offered by a health professional supported by written materials are effective in increasing levels of physical activity among older people; interventions consisting of brief counselling (3–10 minutes) may be as effective as more lengthy counselling in this regard;
- theory-based physical activity interventions are not more effective than interventions not based on explicit theories of behaviour change in older people.

GOOD PRACTICE

HAMBLETON STROLLERS WALKING FOR HEALTH (England) This initiative invited people of 50+, sedentary and disadvantaged individuals and those of all ages who were at risk of heart disease to take up walking. According to the Health Walk Questionnaire, two-thirds of the participants reported improved health after taking part in the initiative, with 50 per cent increasing their frequency of walking. "Socialising" was cited as one of the main reasons for joining the walks.

INTERVIEW

*ANDREW AND JOHN FROM SCOTLAND
– TWO MEN WITH DIFFERENT LIVES
BUT THEY SHARE THE WISH TO
SOCIALISE WITH OTHER PEOPLE*

Andrew McKendrick, 66 years old, is single and has no children. He retired early from his work as Kitchen Domestic Assistant with Lothian Regional Council Social Work Department due to ill-health.

“Some days I feel better than others”, he says, “but I have to be careful not to overdo things.”

Andrew is active in groups for walking and exercise. “It helps to ease my back pain and I like to meet people and share health problems openly”, he explains. “I think it is very important when you get older to get together in a group, meet new people and socialise.”

Andrew has the following advice for older people to promote healthy ageing:

- go out for walks;
- keep an interest in what’s going on in the community;
- keep active;
- complete jigsaw puzzles and take on hobbies;
- take part in home baking;
- do what you feel up to doing and do it day by day.

John Langton is 70 years old and has three children and four grandchildren. He retired when he was 60 (from his work as Lecturer in motor engineering at Stevenson College of Further Education, Edinburgh) and has had some health problems (hip replacement, skin problem, eye problem), but at the moment feels well and is active.



Andrew McKendrick John Langton

PHOTO: WATTIE CHEUNG

“I played football when I was younger – always keeping active”, he says. “You have to have your own fitness regime. Now I swim twice a week.”

This is some advice from John on how to grow older in a healthy way:

- cut down on meat and eat lots of vegetables;
- no salt;
- keep an interest on what is going on.

John believes society can contribute to healthy ageing by providing amenities such as older men’s groups. His own health consciousness takes into account body and soul:

- keep active;
- keep involved in people around you;
- listen to others;
- walk a lot, but remember the freedom and convenience a bus pass offers;
- swim, and take up a new interest if you can!

► Injury prevention

Priority topics for action:

- Initiate safety promotion and injury prevention, including programmes against violence and suicide, at all relevant policy levels.
- The individual approach should include physical and nutritional aspects, careful prescription of psychotropic drugs, and safe housing.

Injuries are the second most-significant cause of loss of years of potential life in European countries. People over 65 years are more likely to be injured than younger people due to medical problems and impairments of vision, gait and balance. Their injuries are also more likely to be severe because of osteoporosis and frailty. Once injured, they are more susceptible to fatal complications and longer periods of ill-health.

Although people over 60 years make up less than 20 per cent of the population, they account for almost 30 per cent of injury deaths. An increase in injury deaths is therefore expected with the increase in the number and proportion of older people in the population.

The three leading causes of injury death in older people in Europe are self-inflicted injuries, falls and road traffic injuries. Suicide mortality is usually higher for people aged 65 years and older. Suicide may be a consequence of severe and painful illness, especially when disabling. One in four of those attempting suicide have such an illness, particularly older people.

Older people living either in their own homes or in institutions are the key target groups for falls prevention. Thirty-to-sixty per cent of community-dwelling adults fall each year, with approximately half experiencing multiple falls. Women are more vulnerable than men as they have less muscle strength and are more likely to have osteoporosis.

Population-based fall-prevention programmes tend to focus on introducing several fall prevention measures as part of a package aimed at an entire community or a significant sub-group. The WHO “Safe Community” model for the prevention of injury has been accepted as a standard for coordinating efforts to enhance safety and reduce injury.

Older people are also subjected to violence in families and care facilities. Risk factors for abuse of older people are strained family relations as a result of stress and frustration as the older person becomes more dependent and/or experiences social isolation because of physical or mental disabilities. Older men are generally as much at risk of abuse as women, but older women are at higher risk of abuse or neglect in communities in which women are considered to have inferior status. However, on a national level other results have also been reported, for example in Sweden older women are at high risk of domestic violence.

There is evidence to suggest that:

- home-hazard assessment and modification by a health professional may reduce the frequency of falls, especially for those with a history of falling;
- a multi-factorial fall-risk assessment and management intervention is effective in reducing falls among people aged 60 and over;
- a higher level of leisure-time physical activity prevents hip fracture;
- certain physical activity programmes may reduce the risk of falls;
- Tai Chi courses and other activities that promote balance and strengthen muscles, individually prescribed at home by trained health professionals, are effective in reducing falls in older people;
- community fall-prevention interventions are effective in reducing falls and fall-related injuries in older people;

- careful prescription or withdrawal of psychotropic drugs decreases the risk of falling among older people;
- hip protectors help prevent hip fracture in older people living in institutional care who are at very high risk of fracture.

▶ Substance use/misuse

Priority topic for action:

- Promote smoking cessation and the
- reduction of harmful alcohol consumption among older people.

Tobacco

Cigarette smoking starts in adolescence but causes death and disability predominantly at older ages. A majority of the half a million deaths from the effects of smoking each year occurs in older people. Deaths from smoking will rise substantially over the coming decades when the delayed impact of smoking on health come fully into effect. Lung cancer is the disease most strongly linked to tobacco consumption and death rates resulting from it are the best indicator of long-term exposure.

About a third of European men and a quarter of women in the “old” EU countries smoke. The proportion of smokers in the populations decreases with age. Epidemiological studies have shown that smokers who stop when they are 65–70 years old reduce their excess risk of premature death by half.

There is evidence to suggest that:

- smoking cessation remains the most effective method of altering smoking-induced disease risk at all ages, including for people over the age of 60 years;

- non-smoking is associated with healthy ageing, while ex-smokers and never-smokers with a high level of physical activity are two-and-a-half times more likely to age successfully compared with their sedentary ex- and never-smoking counterparts.

Alcohol

Alcohol-use disorders are common among older people and are associated with significant health problems. These are often under-detected or misdiagnosed as screening instruments and diagnostic criteria are geared towards younger people. The 1994 General Household Survey in the UK found that 17 per cent of men and 7 per cent of women over the age of 65 exceeded the “sensible limits” for drinking alcohol.

Alcohol problems among older people can be divided into three categories:

1. Older people who have used alcohol excessively throughout most of their lives.
2. Older people who drink at low levels but are inadvertently mixing alcohol with other drugs in ways that are harmful.
3. People who begin to use alcohol excessively for the first time when they get older.

Alcohol misuse among older people can cause serious illness, worsen medical conditions, interfere with prescribed medications and greatly decrease quality of life. Some research indicates that a light-to-moderate alcohol consumption can have health benefits among healthy older people, especially with regard to heart health and longevity. While the conclusions from this research are still questioned, alcohol consumption can not be recommended for health reasons. From a global perspective, there is no country where the positive health effects of alcohol outweigh the negative effects.

INTERVIEW

LUDEK FROM THE CZECH REPUBLIC HAS PHOTOGRAPHY AS A HOBBY

75 year-old Ludek Drmola lives in a small town not far from his three daughters, six grandchildren and one great-grandchild. They visit each other now and then, and Ludek has bought a mobile phone and knows he will get help if needed.

He married quite young but got divorced after two years. Seven years later, he met a widow with two young children and they lived together until she was hospitalised. "I see myself as a widower because our relationship was better than any marriage", he says.

His life changed dramatically in 1968 with the Soviet occupation, when he lost his position as a designer in the glass industry and was employed instead as an unskilled worker. "I lost not only money but also my creative job and prestige", he explains.

He retired from his work when his partner fell ill and cared for her for three years until her death in 1992.

"I live alone now, cook and clean my flat. I do all activities alone because it is normal for me and I like it. I have plenty of time for my hobby – photography. I have bought a new digital camera and a printer. It took some time to learn how to use them, but I enjoy the work very much now."

Ludek has been a smoker all his life. "I don't smoke more than 10 cigarettes now, but it used to be more. I had three heart attacks when I was quite young, in my early 50's. I survived. Now I take some pills and my doctor wants me to have a pacemaker. I think I have a healthy lifestyle – I cook



Ludek Drmola.

PHOTO: HANA JANATOVA

simple meals, not too much meat. I don't eat fruit at all but I like vegetables. I do not like to become fat so I do some exercise every day."

His pension is below average, but he manages to keep a car and is able to save some money. He is not interested in group activities for older people but is interested in maintaining his health.

"I try to keep myself active, both physically and mentally", he says. "I don't like to be lazy and I don't pity myself. I am not afraid to learn new things and I have the time to do it. I have a lot to look forward to."

Smoking cessation remains the most effective method of altering smoking-induced disease risk at all ages, including for people over the age of 60. Epidemiological studies have shown that smokers who stop when they are 65–70 years old reduce their excess risk of premature death by half.

► Use of medication and associated problems

Priority topics for action:

- Problems associated with the use of medication can be avoided by the systematic use of quality indicators for drug use and better co-ordination among care providers.
- Surveys of therapies and the inclusion of older people in clinical trials will also help.

Older people are the largest per-capita users of the more-than-100,000 medicinal products that are currently licensed and marketed in the EU countries. Pharmaceutical expenditure accounts for a large proportion of health care spending and is rising faster than any other area of the health care budget.

Inappropriate medication use among older people is a common problem, with insufficient review and overview of therapy regimens a significant complicating factor.

Medication-related problems can be due to:

- medication error/non-compliance;
- inappropriate prescription;
- interactions;
- adverse reactions;
- use of drugs carrying risks;
- under-use due to the lack of accessibility to doctors, pharmacies or difficulties in opening packages;
- interactions with other treatments – herbal medicines.

In addition to these problems comes the fact that a number of medicines used today by older people have not been tested in this age group.

The inclusion of older people in clinical trials may provide important information about dosage, efficacy, long-term effects, dosage regimes and safety of drugs. The rational use of drugs and patient safety should be a high-priority issue in the promotion of good health and high quality of life among older people.

There is evidence to suggest that drug-related problems are:

- the consequence of medication error or non-compliance, inappropriate prescribing and interactions, and
- can be avoided by the use of quality indicators for drug use, survey of therapies and the inclusion of older people in clinical trials.

GOOD PRACTICE

BRAVEHEART (Scotland) This initiative accomplished changes in behaviour among participants in terms of increasing their physical activity and improving their dietary habits. The project also noted an increased understanding of diagnoses and medication among participants in addition to perceived benefits from meeting others facing similar health issues.

▶ Preventive health services

Priority topics for action:

- Make preventive health services, such as vaccinations accessible to older people, paying special attention to frail older people.
- Consider preventive home visits under certain conditions.
- Take health literacy into account when working with older people.

Health promotion and preventive measures such as regular home visits from health and social care professionals are valuable to delay the onset of illness and dependency that eventually lead to older people requiring long-term care. Older people would benefit from receiving appropriate support and should be encouraged to make adequate use of preventive health services.

Some people experience barriers – financial, administrative, physical, cultural, psychological and social – to health services.

HEALTH LITERACY

can be defined as “the capacity to obtain, interpret and understand basic health information and services and the competence to use such information and services to enhance health”.

Health literacy and empowerment

Health literacy has become an issue in the field of health promotion and is closely related to the concept of empowerment. Health literacy is

lower among older people than younger, which has an impact on older people’s high prevalence of chronic disease. Older people with inadequate health literacy know significantly less about their chronic disease than those with adequate literacy.

Health promotion and patient education initiatives need to consider health literacy skills. Older people with inadequate health literacy are less likely to be present for vaccinations and cancer screening. Health literacy, rather than level of education, is a meaningful predictive factor for older people in their use of preventive services. This has important implications for the design of interventions, which need to consider reminder systems and low-literacy educational tools to increase the use of preventive health care.

There is evidence to suggest that:

- vaccination against influenza is effective in reducing hospitalisation for heart disease, cerebrovascular disease, pneumonia and influenza, and reduces the risk of death;
- home-care interventions for older people, extending beyond home visits, are effective in reducing the number of days spent in hospital re-admissions;
- home visits can have modest effects in reducing mortality; the evidence is stronger for younger populations (73–78 years) than for people aged 80 and over;
- home visits are effective in reducing admission to long-term institutional care/nursing homes for older people; the evidence is stronger when older people are followed up with more than nine visits.

INTERVIEW

*ROSA FROM PORTUGAL
THINKS THAT SOCIETY CAN
BE BETTER PLANNED TO
PROMOTE HEALTHY AGEING*

Rosa da Glória Ribeiro started to work when she was 20 years old, and at her present age of 62 she still works for the same employer. Her work is to type letters and to answer telephone calls; a routine desk job which hasn't really been much to her liking. "It's repetitive and a bit boring, I would have loved instead to work in the open air in a rural setting", she says.

Rosa is divorced and has a 23-year-old daughter. She describes herself as healthy without any diseases or other health problems. "I think the most important factor behind my good health lies in my genes. My mother is 87 years old and still in good health." Other factors Rosa believes have contributed to her good health are that she grew up in the countryside, that she has never smoked and that she doesn't drink alcohol. In addition, she takes long walks and goes to bed early at night, her diet contains fruits and vegetables and she drinks a lot of water.

"But in order to stay healthy, it is also important to live an interesting life with social contacts", says Rosa da Glória Ribeiro. "Taking part in cultural events like going to the theatre and art exhibitions, or reading books can also be a way of taking care of your health, just as physical exercise is. It is important to socialise with others and to have fun.



Rosa da Glória Ribeiro (to the right) with her daughter Raquel Machado (who is also the photographer).

There are also plenty of things that the society can do to increase the wellbeing and improve the health of its ageing citizens. Most of them have to do with reducing stress", says Rosa da Glória Ribeiro.

She would like the society to provide:

- good public transport;
- green, easily accessible outdoor areas;
- meeting-places for socialising, where it isn't necessary to consume anything;
- architecture that facilitates human interaction;
- less rigid work rules, such as flexible working hours;
- better paid jobs and better financial support to pensioners;
- opportunities for life-long education.

Good practice

The examples of good practice projects for healthy ageing demonstrate knowledge and new ideas on how to cope with the ageing process in an active and positive way.

The sixteen projects presented in the main project report demonstrate the importance of sustainability (transforming projects into programmes) and collaboration with people throughout the community. Most of the projects are considered suitable for implementation in other countries.

The most common topics featured in the good practice projects are *social capital* and *physical activity*, often in combination. They may lead to improvement in physical health and alleviation of loneliness. Seven projects focus on *injury prevention* in connection with physical activity, demonstrating how injuries and falls are usually connected to individuals' characteristics and not the environment. One project examines the technical department of the city as a collaborator.

Nine projects target all older people in the community, with six of them being scientifically designed with an intervention group and a control group.

Staff working with older people are mostly volunteers and public health professionals, health visitors and caregivers, but other professional groups may also be involved. Projects are funded mainly at local, regional and national levels with budgets set for 2–3 years.

The key issue is how to persuade people to change lifestyle habits, especially those who are least inclined to do so for cultural, social and/or economic reasons. Older people may be sensitive about suggestions for lifestyle changes coming from younger people, and men are more difficult to motivate than women. The projects suggest that involving people from the target group in the planning and implementation phases may stimulate the less motivated and encourage their participation.

Health promotion for older people is cost-effective

Healthy and active societies will be key factors for economic growth and sustainable productivity in an ageing Europe.

The issue of healthy ageing has not yet achieved sufficient and comprehensive attention in European politics. Both “health” and “older people” tend to be seen as *costs* instead of being recognized as *investment* in human capital, which may contribute to societal wealth and individual well-being.

The principle of cost-effectiveness analysis relates to the typical life-time pattern of consumption and production, meaning that the

cost of treatment/health promotion is counter-balanced by increased production capacity (see Figure 4). This model will discriminate against people with low incomes, such as women, pensioners and immigrants. If the model was to include the notion of “senior production”, however, such as taking care of grandchildren or volunteer work, it would be fairer to women as they often have responsibility for caring for older spouses and children.

Most diseases are correlated to age, with the risk and consequences of disease increasing with age. Also, biological resistance decreases with age, rendering older people more liable to suffer more severe effects from diseases and injuries. The potential health gains of a prevention programme are therefore greater for the older population.

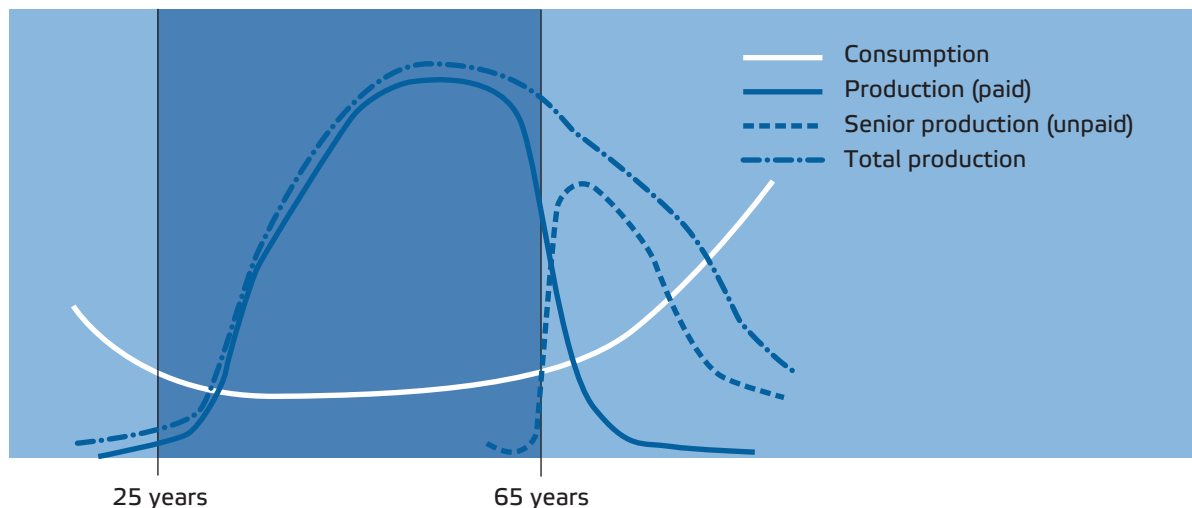


Figure 4. Total production and its components.

SOURCE: LARS LINDHOLM & KLAS-GÖRAN SAHLÉN, 2006.

In addition, older people are more likely to comply with health promotion advice or other measures, perhaps because they see the effects of ill-health on their peers. Older people have power over their own time, which means they can prioritise according to their own set of values. Retired people have a lower “opportunity cost” for time devoted to physical activity or other health-creating activities.

- No consensus exists about the cost-effectiveness models. Some variants of cost-effective analysis are unfair towards older people, for instance if production gains are counted for people of working ages. A model which accords with widespread societal views on fairness in health care can result in different cost-effectiveness models in different countries.

GOOD PRACTICE

THE NORDMALING STUDY (Sweden) This is a randomised controlled trial with 200 healthy pensioners who were compared with 350 pensioners in the control group after two years and four preventive home visits. Mortality and utilisation of health care decreased in the intervention group. Cost-analysis from a societal and life-time perspective showed savings in home care, in-patient care and emergency visits to general practitioners.

Conclusions from the main report

- There are very few cost-effectiveness studies of public health interventions with older people as the main target group.
- Some examples prove that programmes directed at older people can be very cost effective.
- There are some basic biological (risk of illness), psychological (risk awareness) and social (lower opportunity cost of time) conditions that distinguish older people (65 and older) from middle-aged people. These conditions point towards lower costs and better effects in the older group when public health interventions are undertaken.

International policies

International ageing policy frameworks are founded on the basic and enduring principles of health promotion.

Strategies articulated by the WHO EURO Health 21 Framework focus on a life-course approach to promoting health for older people, as does the WHO “Active Ageing” policy framework. WHO proposed three goals for active ageing:

1. Maintaining independence and preventing disability.
2. Reversing loss of functional capacity through rehabilitation.
3. Ensuring quality of life when functional loss is irreversible.

The United Nations Madrid International Plan of Action on Ageing adopted in 2002 and under mid-term review in 2007 also recommends that UN member states give priority to “advancing health and well-being into old age”.

While maintaining a healthy lifestyle is the responsibility of individuals, governments are responsible for creating supportive environments that enable the advancement of health and well-being into old age. A more concrete and setting-specific approach is emerging in the WHO EURO Healthy Cities movement, where a sub-network of cities is developing setting-based strategies to promote healthy ageing.

AGEISM

At the heart of all international policy models for healthy ageing is the fundamental human right to age with security and dignity and the entitlement of older people to participate in their societies as citizens with full rights. Access and inclusion with-

out arbitrary age barriers is the operative principle. Healthy ageing policies have “age-blind” strategies that respond in a flexible way to the gradual and individual process of ageing. They foster understanding of the strengths and needs of people of all ages and encourage positive attitudes towards growing older.

EU POLICIES

The issue of healthy ageing has not yet achieved sufficient and comprehensive attention in European policies.

Healthy ageing policies and practices are being encouraged across EU policy domains, such as in life-long learning, working longer, retiring more gradually, living actively after retirement and acting to sustain and improve health. Awareness that a healthy and active society in an ageing Europe will be a key determinant of economic growth and sustainable productivity is increasing, but healthy ageing has not yet achieved sufficient and comprehensive attention in European policies.

Instead of being considered as long-term investment in human capital, both “health” and “older people” are still being viewed as a “cost”. Concrete recommendations are needed to highlight the issue of healthy ageing in policies relating to growth and prosperity in the European Union. The fact that the “Healthy Life Years” indicator (life expectancy without ill-health) was included in 2005 to monitor progress on EU economic and social goals can be seen as a major step forward.

National policies

Most European countries have policies for healthy ageing but few include special allocation of funds for health promotion.

A good policy for health promotion in later life needs to be comprehensive and has to include health in other policy strands, such as transport and housing. There is a need for a coherent policy framework in which partners and sectors work together in an integrated approach. Policies must set out a plan of action with clear, realistic objectives, define specific actions to reach the objectives, provide sustained resources to support implementation and describe an evaluation process on outcome measures.

Most European countries have policies for healthy ageing either within general health policy embracing the whole population or as a separate public-health policy strand. The focus of most policies is health promotion and illness and accident prevention. Few policies refer to health data and commonly there is no special allocation of funds to support health promotion, which may obstruct its realisation at the local level.

Respondents to the Healthy Ageing project questionnaire emphasized the importance of older people's involvement in policy planning and the need to promote positive images of ageing.

Policies are valuable only when they are used – for lobbying, motivation, encouragement and action. A policy should be a working tool for ministries, organisations and institutions that have older people as a target group for their activities. They need to be applied locally, so they should be published in a form that can be read and understood by older people, who may take it upon themselves to become a pressure group pushing for implementation.

POLICY

ACTION PLAN FOR OLDER PERSONS 2003–2007 (Spain) The Ministry of Work and Social Affairs has created the action plan by taking demographic data, the economy, housing, ways of co-existence, level of education, main activities of older people and social services for older people as indicators. They have worked in collaboration with other ministries, organisations and NGOs.

The aim is to improve the life conditions of older people by providing them with a wide range of resources. The plan has four action areas:

- equality of opportunity;
- cooperation;
- training;
- information and investigation.

Each area has its own objectives with appropriate strategies, measures, collaborating organisations and timetable.

Recommendations

The increasing ageing-population trends projected up to 2050 pose a great challenge to and opportunity for Europe's economic and social development. Health promotion for the ageing population is an urgent and essential task for tackling this, and many countries have already started work in this field.

Responsibility for legislation and governance on health and ageing in the European Union belongs mainly to the Member States. In health promotion/public health, an extended mandate of the European Union based on the Amsterdam Treaty supports the policies by stimulating innovative action and the exchange of experience and good practice.

The Healthy Ageing project makes its recommendations to the EU institutions and Member States in the context of EU, UN and WHO policies related to healthy ageing, including:

- The EU "Lisbon process" of strategic priorities to 2010
- EU Treaty Article 152 on health protection for all citizens
- EU policies, inter alia on age discrimination and demographic change
- Health 21 – health for all in the 21st century and the Strategy to prevent and control non-communicable diseases in the WHO European region
- The WHO Active Ageing Policy Framework
- The United Nations Madrid International Plan of Action on Ageing

The Healthy Ageing project, co-funded by the European Commission, aims to promote healthy ageing in later life stages (50 years and older). The project has reviewed the literature, statistics, good practice and policies extending throughout Europe. The focus has been on cross-cutting themes:

- socioeconomic determinants,
- inequalities in health,
- gender,
- minorities.

and ten major topics:

- retirement and pre-retirement,
- social capital,
- mental health,
- environment,
- nutrition,
- physical activity,
- injury prevention,
- substance use/misuse,
- use of medication and associated problems,
- preventive health services.

THE HEALTHY AGEING PROJECT DEFINITION OF HEALTHY AGEING

Healthy ageing is the process of optimising opportunities for physical, social and mental health to enable older people to take an active part in society without discrimination and to enjoy an independent and good quality of life.

To achieve the aims of this project and to take the work on healthy ageing forward, recommendations have been developed, for proposal to the Commission and to Member States. The process has culminated in consensus. Significant in the process was the discussion, at a European Seminar in Helsinki in 2006, with high-level officials from ministries throughout Europe.

The core principles developed in this project are essential to healthy ageing and influence all the recommendations.

CORE PRINCIPLES OF HEALTHY AGEING

- *Older people are of intrinsic value to society*
Many older people live a most meaningful life and are a resource for society. They contribute to society, work in a paid or unpaid capacity as volunteers, care for family members and friends, and carry out informal work in organisations and associations. Age discrimination is prohibited in certain EU legislation, but implementation and education are needed.
- *It is never too late to promote health*
Evidence indicates that health promotion interventions can extend longevity and improve quality of life. Health promotion and prevention are possible even in groups of those of very advanced age. Many preventive programmes and health promotion interventions exclude older people.
- *Equity in health*
Tackling health inequalities in later life and improving the underlying socioeconomic

determinants for older people should be at the core of any healthy-ageing strategy and health-promotion activity. Equity in health for older people explicitly includes non-discrimination of older people.

- *Autonomy and personal control*
Autonomy and personal control are essential for human dignity and integrity throughout life. All individuals must have the opportunity for self-development and should take part in making decisions that concern them.
- *Heterogeneity*
Heterogeneity among older people must be taken into account. It includes differences in gender, culture and ethnicity, sexual orientation, and variations in health, disability and socioeconomic status. The generation gaps among older people must also be taken into account. There are several generations between people aged 50 and those aged 100+.

Recommendations for policy, research and practice are presented on the following pages.

POLICY

The Healthy Ageing project proposes that the European Commission and the Member States:

- develop sustainable policies, health programmes and financial frameworks, separately and/or integrated in other policies, programmes and frameworks, for health promotion and prevention of ill-health for older people at European, national, regional and local levels.
- integrate the significance of health and health promotion for older people in all policy areas such as economy, housing, transport and the environment.
- develop indicators for healthy ageing, and incorporate these in relevant statistical systems at European and national levels.

The Healthy Ageing project proposes that the Member States:

- develop action plans for implementing health-promotion and disease-prevention programmes, with the participation of older people, at all levels and specifically at local levels.
- strengthen health promotion in basic and continuing education in gerontology and geriatrics for all relevant professional groups.

RESEARCH

The Healthy Ageing project proposes that the European Commission and the Member States:

- develop research to assess the effectiveness and the cost-effectiveness of health-promoting interventions and interventions for the prevention of disease or ill-health throughout the life course and especially in later life.
- strengthen research to find ways of motivating and changing the lifestyles of older people, especially the “hard-to-reach” groups, paying special attention to environmental and cultural aspects.
- strengthen research to develop indicators of healthy ageing, and to include data on the very old in health-monitoring statistics and research.
- disseminate research findings and promote their practical applications among all stakeholders.

PRACTICE

The Healthy Ageing project proposes that the European Commission and the Member States:

- stimulate exchange of knowledge and experience of healthy-ageing interventions.

The Healthy Ageing project proposes that local authorities, practitioners, officials and NGOs:

- design, implement and review projects and programmes involving older people, paying special attention to “hard-to-reach” groups.
- encourage a partnership approach in health promotion strategies by involving older people, policy-makers, academics and practitioners.

- rely on scientific data and evidence-based health promotion when designing and implementing projects and programmes.
- inform a wide range of audiences about health promotion and effective health interventions targeting older people, using a variety of information and dissemination methods and channels.
- create the conditions and opportunities for older people to have regular physical activity, healthy eating habits, social relations and meaningful occupations.

PRIORITY TOPICS FOR ACTION

Policymakers, NGOs and practitioners should consider the following priorities for action when working with older people:

Retirement and pre-retirement

Increase the participation of older workers and the quality of their working lives using new management concepts. Keep a balance between personal resources and work demands and do not tolerate age discrimination. Prevent illness in the workplace, promote healthy lifestyles and a supportive and stress-free transition from work to retirement.

Social capital

Encourage the participation of older people in the community. Increase educational and social activity group interventions targeting older people to prevent loneliness and isolation. Provide opportunities for voluntary work by older volunteers.

Mental health

Address the wider determinants, such as social relationships, poverty and discrimination, that have an impact on mental health and well-being in later life. Raise awareness of mental issues relevant to older people, such as depression and dementia. Increase the supply of psychotherapeutic and psychosocial interventions for older people.

Environment

Improve access to safe and stimulating indoor and outdoor environments for older people. Access to technology should be considered as well as the impact of climate change, excessive heat/cold and storms.

Nutrition

Promote healthy food and eating habits among older people, with an emphasis on low intake of saturated fats and high consumption of fibre-rich foods, green vegetables and fruits.

Physical activity

Increase the level of physical activity among older people in order to reach the international recommendations of 30 minutes or more of, at least, moderate-intensity physical activity on most, preferably all, days of the week.

Injury prevention

Initiate safety promotion and injury prevention, including programmes against violence and suicide, at all relevant policy levels. The individual approach should include physical and nutritional aspects, careful prescription of psychotropic drugs, and safe housing.

Substance use/misuse

Promote smoking cessation and the reduction of harmful alcohol consumption among older people.

Medication and associated problems

Problems associated with the use of medications can be avoided by the systematic use of quality indicators for drug use and better co-ordination among care providers. Surveys of therapies and the inclusion of older people in clinical trials will also help.

Preventive health services

Make preventive health services such as vaccinations accessible to older people, paying special attention to frail older people. Consider preventive home visits under certain conditions. Take health literacy into account when working with older people.

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BY 2025 ABOUT one-third of Europe's population will be aged 60 years and over and there will be a particularly rapid increase in the number of people aged 80 years and older. Strategies to meet this challenge must be developed. Promoting good health and active societal participation among the older citizens will be crucial in these strategies.

This is a short version based on the main report of the Healthy Ageing project, "Healthy Ageing – A challenge to Europe". For references and more detailed information see the main report. It can be ordered or downloaded from the web site www.healthyageing.nu. This report includes suggested recommendations to decision makers, NGOs and practitioners on how to get into action to promote healthy ageing among the growing number of older people. It also summarizes facts from the main report.

Co-funded by the European Commission, the three-year (2004–2007) Healthy Ageing project aims to promote healthy ageing among people aged 50 years and over.

The project involves ten countries, the World Health Organisation (WHO), the European Older People's Platform (AGE) and EuroHealthNet. The goal is exchange of knowledge and experience among the European Union Member States and EFTA-EEA countries.

The main aims have been to review and analyse existing data on health and ageing, to produce a report with recommendations and to develop a comprehensive strategy for implementation of the report findings and the recommendations.



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