

AIM Recommendations for the Green Paper on Healthy Ageing

AIM welcomes the European Commission's intention to publish a Green Paper on Healthy Ageing. AIM believes people's health and well-being should be at the centre of that paper, just as of any EU initiative. Europeans who gain in healthy life years can contribute to society for longer on the one hand and reduce the impact of ageing on healthcare systems on the other, two aspects which in turn will be beneficial to European economies. According to AIM, the main question the Green Paper should answer is the following:

“How can the EU contribute to healthier and happier older people?”

In order to answer it, AIM proposes to take the positive health model as a basis.

The Positive health model¹

AIM is convinced that the Green Paper should adopt a health in all policies approach, breaking silos and encouraging cross-sectorial collaboration. The approach is already reflected in the new functioning of the European Commission and the way President Von der Leyen has organised cooperation on portfolios between Commissioners. AIM wishes for the Green Paper to follow the same approach.

The positive health model² understands “(...) health as the ability to adapt and to self-manage, in the face of social, physical and emotional challenges”. The model allows for a broader and more in depth understanding of the concept of health and well-being according to six dimensions: bodily functions, mental functions and perception, spiritual-existential dimension, quality of life, social and societal participation and daily functioning. To apply it, individuals are invited to complete a questionnaire which will provide them with a score on each of the dimensions³. The idea is not to grasp how physically or mentally fit people are (e.g.) but rather to measure how well they cope with their limitations and empower them to make a change if they deem necessary. Beyond disease, the focus is rather on individuals, their resilience and what gives meaning to their lives.

The model allows to put the individual at the centre by empowering them to live healthier and happier lives. It allows to emphasise people's abilities above their limitations, an approach which would contribute to the proper integration of older people in our societies. It also paves the way towards the much-needed shift away from merely curative healthcare which is at the centre of debates in the field but does not seem to materialise.

For all the above-mentioned reasons, we have decided to structure our paper according to the positive health model, highlighting the role that the EU could play in contributing to older people's fulfilment

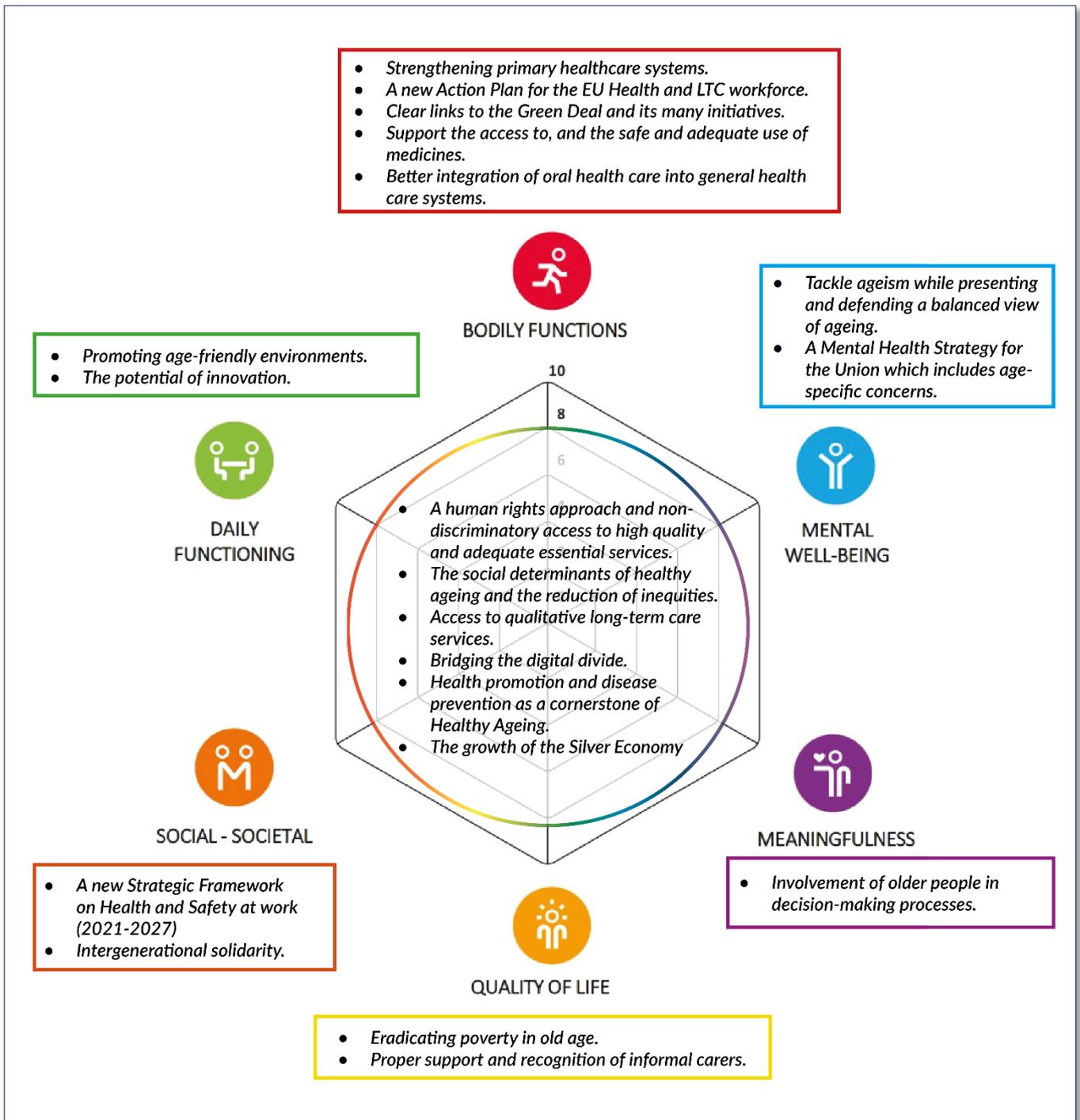
¹ By Machteld Huber. See : <https://iph.nl/positieve-gezondheid/wat-is-het/>

² [Idenm](#)

³ The model is also called spider web model, as the scores of the questionnaire then appear on a spider web map, in which each of the axes represents one dimension.

in each of the six dimensions which compose it. It is worth noting that those dimensions are closely linked to each other and some recommendations lay astride them.

OUR RECOMMENDATIONS



[Picture: AIM recommendations organised according to the positive health model by Machteld Huber⁴]

⁴ Picture of the « spider-web » from [Machteld Huber](#)

Overarching requests

A human rights approach and non-discriminatory access to high quality and adequate essential services.

The Green Paper should follow a human rights approach and aim at ensuring non-discriminatory access to high quality and adequate essential services.

According to WHO, ensuring older people's rights to enjoyment of the highest attainable standards of physical and mental health; an adequate standard of living; education; freedom from exploitation, violence and abuse; living in the community; and participation in public, political and cultural life⁵ are key in achieving healthy ageing. As such, those aspects should also be at the centre of the Green Paper.

Therefore, in AIM's view, the Green Paper should also promote equal access to quality and adequate essential services, amongst which healthcare and long-term care (LTC). AIM encourages the European Commission to establish a clear link between the Green Paper and the Strategy on the Implementation of the Charter of Fundamental Rights and the Implementation of the European Pillar of Social Rights. Prevention, health promotion, curative, rehabilitative, palliative and end-of life care should be available to older people without discrimination, regardless of individual financial means. This includes access to effective, good-quality essential medicines and vaccines; dental care, integrated and personalised qualitative care, and health and assistive technologies.

The question of access depends on many factors. First of all, it requires strong social protection systems based on solidarity to make sure services are affordable to all. The model of mutuals based on the principles of solidarity, democracy and not-for-profit, is an asset for social protection systems (health, long-term care, pensions, etc.). As such, they should be promoted and properly supported at EU level. Second, it requires high quality services to be developed, which, for healthcare and LTC includes aspects such as geographical availability, quality assurance or staff shortages concerns. Finally, for access to be ensured, people need to be empowered to properly use services.

The social determinants of healthy ageing and the reduction of inequities.

The Green Paper should take the social determinants of healthy ageing into account and aim to reduce inequities.

As WHO recognises, "(...) there is great inequity in longevity according to social and economic grouping".⁶ Social and economic resources influence people's behaviours and choices throughout their lives and therefore have an impact on the way they age. Healthy ageing is thus closely linked to social and economic inequity. Health inequities, education, employment and income are factors which influence each other and have a tremendous impact on an individual's health and well-being. Preventing older people from falling into poverty is critical (see below). It requires flexible retirement policies, tax-funded minimum pensions, social security and access to health and long-term care services. Tackling socio-economic aspects will indeed require a cross-sectorial approach, an approach which we also follow in this paper and which the European Commission calls for in its report on demographic change.⁷

⁵ [WHO Decade on Healthy Ageing](#)

⁶ *idem*

⁷ [European Commission, Report on the Impact of Demographic Change.](#)

Access to qualitative long-term care services.

The Green Paper should promote access to qualitative long-term care services.

As the OECD states⁸, demand for long-term care (LTC) is expected to rise, thanks in part to ageing populations and increasing prevalence of long-term conditions such as dementia. LTC should therefore be given the attention it deserves. More precisely, we invite the European Commission to⁹:

- *Ensure that data on LTC gathered across Member States is comparable:*

The first step in solving a problem is understanding its breadth. An initial measure in achieving comparable data is the establishment of EU indicators for LTC. AIM therefore welcomes the work of the European Commission in the field and encourages further efforts, on which AIM will be pleased to collaborate.

- *Establish common needs assessment and eligibility criteria:*

AIM would welcome EU guidelines on needs assessment and eligibility criteria for LTC. They could support Member States in the establishment of national standards. Such an initiative is key, in our view, to fight inequities between and within Member States.

- *Set minimum quality requirements for providers and develop European outcome indicators for the assessment of LTC:*

Minimum quality requirements for providers (carers, nursing homes, etc.) should be set at European level to contribute to guarantee high quality levels of care. Developing outcome indicators at European level could encourage objective and standardised assessment of LTC, which in turn would allow the collection of comparable data across MS. Those indicators would also allow to better integrate the monitoring of LTC systems within the European Semester process.

- *Establish a Steering Group on LTC:*

There is no one-size-fits-all solution when it comes to the organisation and financing of LTC systems. However, Member States are often facing similar challenges. There is a clear added value in discussing possible solutions at European level. The European Commission could establish a Steering Group on LTC, similar to the existing one on health promotion and disease prevention. It would facilitate the exchange and the implementation of best practices.

- *Ensure better integrated care and look into new care roles:*

AIM calls on the European Commission to encourage the exchange of best practices between Member States regarding innovative care roles or LTC governance systems. Such an exchange could take place in the above-mentioned Steering Group. The needs of LTC beneficiaries often go far beyond care need and include topics such as housing and income needs. A proper integration of health and social care delivery around patients would benefit not only individuals but also welfare systems, as it would help control costs and improve care quality.

Bridging the digital divide.

The Green Paper should establish clear links with the announced Skills Agenda for Europe and Digital Education Action Plan with the aim to achieve high levels of digital and health literacy and foster inclusion.

High levels of health literacy strengthen the impact of health promotion and disease prevention actions on elderly. It empowers people to make the right choices for their health and well-being, to use healthcare services adequately while adopting healthier behaviours. In a world where many

⁸ <https://www.oecd.org/health/long-term-care.htm>

⁹ See our position paper: https://www.aim-mutual.org/wp-content/uploads/2020/03/AIMLTCpaper_FINAL.pdf

services turn digital (eGovernment and agencies, counters of many essential service providers like electricity or water, eBanking, etc), high levels of digital literacy are necessary to enable societal barrier-free participation and inclusion of older generations. No matter the services which are made available, people do need the necessary skills to use them adequately and in a timely manner. Technology should also be designed so as to into account the needs and skills of older people. “Healthy ageing requires life-long learning, enabling older people to do what they value, retain the ability to make decisions and preserve their purpose, identity and independence.”¹⁰ Bridging the digital divide is a sine-qua-non condition in the achievement of those goals. It is also a key challenge raised by the European Commission in its Report on the Impact of Demographic Change.

Health promotion and disease prevention as a cornerstone of Healthy Ageing.

European citizens are living longer but not necessarily in better health. Older people who experience healthier lives are able to continue to participate and be an integral part of families and communities hence strengthening societies; however, if the added years are dominated by poor health, social isolation or dependency on care, the implications for older people and for society are much more negative.¹¹ Adding life to years is therefore the overarching priority of the WHO decade on healthy ageing and should be the overarching goal of the Green Paper on Healthy Ageing. A first step in achieving it, is preventing or slowing down physical decline, which is only possible with a proper emphasis on health promotion and disease prevention throughout the life course.

As mentioned before, healthy ageing requires a health in all policies approach, involving a wide variety of actors – like national, regional and local governments, service providers, civil society, the private sector, organizations for older people, academia and older people, their families and friends – from a wide range of sectors - including health, finance, long-term care, social protection, education, labour, housing, transport, information and communication. Actions to improve healthy ageing are necessary at multiple levels and in multiple sectors to prevent disease, promote health, maintain intrinsic capacity and enable functional ability. Those actions should take place throughout the life cycle of a person and start from a very early stage, especially when it comes to primary prevention. Secondary and tertiary prevention strategies should be properly targeted and are very much dependent on primary care. The Farm to Fork Strategy and the EU’s Beating Cancer Plan are key instruments in this regard.

The growth of the Silver Economy

The European Commission should bet for an active inclusion of older people in the Silver Economy, rather than considering them as mere consumers.

The Silver Economy encompasses a wide range of sectors. According to a report commissioned by the European Commission¹², housing, utilities and health accounted for a bit more than a quarter of the private consumption expenditure in the European Silver economy in 2015. Though these figures might change with the rapid development of connected health, robotics or assistive technologies, AIM is convinced that the Silver Economy can only flourish through healthy ageing. Older people should be

¹⁰ WHO Decade on Healthy Ageing, p.7.

¹¹ WHO Decade on Healthy Ageing, p. 2.

¹² [European Commission, The Silver Economy, 2018, p.15.](#)

considered as the main contributors and as active participants to that economy and not only as consumers. It is vital to ensure that the development of the Silver Economy happens in line with the other objectives cited in our paper. Healthy ageing is a sine-qua-non condition to that growth.

It is important to identify and take into account the health-related specifics for all economic sectors and groups. For self-employed people, such as agricultural entrepreneurs, this means that the health relevance of business transfers should be recognised and taken advantage of. In general, there is a hardly perceived need for action in the transitions from active working life to so-called retirement. Here, multiple potentials arise both for the maintenance of health (giving meaning to future activities) and for a sustainable silver economy.

Dimension 1: Bodily Functions¹³

Strengthening primary healthcare systems.

The Green paper should seek to support Member States to strengthen their primary health care systems by improving their assessment through the European Semester process and fostering the exchange of best practices while focussing on the social dimension of health care rather than a pure economic approach. Primary health care is the main entry point for (older) people into healthcare systems. The efficiency of health promotion and disease prevention strategies will very much depend on its strength. It has the potential of enhancing physical and mental capacity and well-being. For care to be efficient, it must be accessible, affordable, equitable, safe and community-based. Most healthcare systems are used to address acute health conditions. As the OECD underlines, healthcare spending is still focussed on curative care, with only an average 3% of the health budget spent on prevention.¹⁴ According to us there is room for improvement when it comes to preventive care or the management of old age conditions. Those systems need to adapt in order to deliver person-centred care integrated among providers and settings. They should be linked to the sustainable provision of integrated long-term care and primary health services responsive to older people. Across the EU, examples of best practices on a better integration of care around individuals exists, the EU should allow Member States to exchange on those best practices and reshape their systems in that direction.¹⁵ The European Semester health indicators should also be reviewed in order to include the above-mentioned concerns in the measurement of process and outcome indicators.¹⁶

A new Action Plan for the EU Health and LTC workforce.

A strong primary healthcare also depends on a competent and sufficient health care workers.

The development of integrated health workforce planning and forecasting as well as the adaptation of health and long-term care workforce skills is in our view key in improving both the access and quality of those services. The European Commission published in 2012 an Action Plan for the EU Health Workforce. AIM calls for a proposal of new action plan, which would cover both health and long-term

¹³ This dimension covers medical facts and observations, complaints and pain, physical functioning, and energy.

¹⁴ OECD, [How much do OECD countries spend on Prevention?](#), p.7.

¹⁵ One key aspect of strengthening primary care is the design of motivating financing models and avoiding reverse incentives.

¹⁶ More about our recommendations on indicators for LTC: https://www.aim-mutual.org/wp-content/uploads/2020/03/LTC_qualitycomparison_outcomemeasurement_AIMreflexionpaper.pdf

care workforce and would adapt the ambitions of the previous plans to the updated European Commission programme and to the new realities which sustain it. The Action Plan should:

- *Ensure a proper integration and funding of workforce-related issues in the new EU4Health Programme and in other funding instruments (e.g. Horizon Europe)*

The EU4Health Programme announces as main objectives to improve the EU's preparedness for future healthcare crisis and to strengthen healthcare systems and their health workforce. The COVID-19 pandemic has highlighted the importance of workforce planning also in times of crisis and has stressed the lack of human resources not only in healthcare settings but also in LTC facilities. AIM wishes to see both healthcare and LTC workforce challenges taken on board in the new programme.

- *Call for the establishment of an EU Joint Action (JA) on forecasting health and LTC workforce needs for effective planning.¹⁷*

The Joint Action could ensure better data collection across the EU and develop methodologies for better forecasting of workforce and skills needs. It could also allow the exchange of best practices on recruitment and retention measures.

Aligning the healthcare workforce with health system goals is fundamental; just as sustaining the changes that are needed for improving the organization and the delivery of healthcare. Demographic changes increase the demand for health services. At the same time, they reduce the pool of workers available to provide those services. Strong patterns of professional migration (with increasing movement from the countries of central and Eastern Europe) pose a direct challenge to the maintenance of an equitable workforce across the EU. Proper resource planning is vital for a proper distribution of the workforce across Europe. Proper also means "up-to-date". Today's demands require more sophisticated and integrated models of planning which could in turn call for jobs redesign, and for the skills and roles of some professional groups to be transformed. Analysing the labour market and conducting needs-based planning to optimize current and future workforces to meet the needs of ageing populations seems key in the development of a sustainable, appropriately trained, deployed and managed health workforce with competence in ageing, including for comprehensive person-centred assessments and the integrated management of chronic or complex health conditions. Such an analysis should be coordinated at European Level and could take place within the JA.

In order to motivate health workers and managing a more effective workforce, working conditions are an unneglectable aspect. Supportive working environments and a proper work-life balance are only some of the prerequisites which will allow to retain healthcare workers. Incentive systems might also be an option, which will at the same time enable to influence performance and contribute to reach health goals such as, for example, a greater focus on prevention and primary care above curative care. Sharing good practices in the frame of the JA could support Member States in implementing successful strategies.

- *The Action Plan should have a clear link to the Updated Skills Agenda and establish an EU-wide collaboration on updating skills of both the health and LTC workforce.*

Human resource management must be adapted in view of ageing populations and the specific needs that such a development entails. The healthcare workforce must be properly trained in order to acquire skills which might not be traditionally offered in their current curriculum (e.g. geriatric, ICT,

¹⁷ The [previous JA](#) covered only health workforce and ended in 2015.

etc.). Interdisciplinary education, which puts different specialisations into contact from the very beginning, as well as innovative curriculum design offer a golden opportunity. It will become vital for future professionals to be able to work in interdisciplinary teams, to master technological advances and to endorse new emerging roles like for instance, “promoters” of healthy lifestyles.

Clear links to the Green Deal and its many initiatives.

Older people’s health is deeply impacted by exposure to indoor and outdoor air pollution, noise, hazardous chemicals and climate change. The Lancet Countdown underlines the particular “(...) vulnerable situation of Europe to heat exposure due to its ageing population, high rates of urbanisation, and high prevalence of cardiovascular and respiratory diseases, and diabetes”.¹⁸ There are therefore clear links to be established between the Green Deal and the Green Paper on Ageing as many of its initiatives (e.g. Climate Law, EU Strategy on Adaptation to Climate Change, etc.) will have an impact on the way European populations will age. Older age concerns should therefore be taken into account when implementing the many actions listed in the Deal.

Support the access to, and the safe and adequate use of medicines.

Medicines is a common good and their access should therefore be ensured for all those who need them. Our model for fair pricing is a proposal on how affordability could be better guaranteed.¹⁹

Medications often help maintain health and wellbeing and yet many older adults end up suffering from problems related to medication. WHO recognises that due to the traditional focus of both medical research and health care delivery models on single-disease interventions, there has been a notable lack of evidence-based solutions. Polypharmacy does not necessarily imply an overuse of medicines. Actually, the concurrent use of several medicines is sometimes necessary and beneficial. Therefore, it is vital to ensure the appropriateness of polypharmacy while limiting the use of unnecessary or inappropriate medication. The implementation of interventions such as medication reviews, in collaboration with all actors in the care path (physicians, nurses, pharmacists, patients and families) are key, just as good communication and the sharing of comprehensive and comprehensible information with patients.²⁰ These aspects are of course linked to previous highlighted challenges such as health literacy or the strengthening of primary care. Technologies can also play a vital role in ensuring proper use of medication and evaluating drug interaction. Patient-held medication records but also more practical innovations such as the connected pill dispenser have a big potential.

Better integration of oral health care into general health care systems.

Oral health is a key indicator of overall health in older age. And yet, literature review shows that the oral health status of the geriatric population is generally deficient.²¹ The negative impact of poor oral conditions on the quality of life of older adults is thus an important public health issue.

¹⁸ [AGE Europe, Environment matters to everyone, including older persons](#) (web)

¹⁹ [AIM Fair Pricing Proposal](#)

²⁰ WHO, [Medication Safety in Polypharmacy](#)

²¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4334280/>

Oral health programmes should therefore be strengthened. The World Health Organization recommends that countries adopt certain strategies for improving the oral health of the elderly. National health authorities should develop policies and measurable goals and targets for oral health. National public health programmes should incorporate oral health promotion and disease prevention based on the common risk factors approach. Control of oral disease and illness in older adults should be strengthened through organization of affordable oral health services, which meet their needs.²² While those aspects are mostly national competences, the European Commission Green Paper has a role to play in raising awareness on the importance of oral health in old age and on its relevance to healthy ageing and encouraging Member States to take action. Moreover, specific attention should be paid to digitisation so as to ensure that its development does not have a negative impact on oral health care.

Dimension 2: Mental Well-Being²³

The recommendations mentioned above will also have an impact on the mental health dimension. On top of those, we underline the following aspects.

Tackle ageism while presenting and defending a balanced view of ageing.

The Green Paper should contribute to fighting stigma and negative attitudes related to ageing. Such an aim can be achieved through some of the proposals made above (e.g. health literacy amongst others) and others made below (e.g. health and safety at work framework). It should also ensure that all Union policies adopt a positive attitude and wording towards older people. Combatting ageism should also be a priority of the Mental Health Strategy for the Union described in the next paragraph.

Attitudes to age start to form in early childhood. With time they can become internalised and have a negative impact on individuals' health behaviour, physical and cognitive performance and lifespan. It can cause isolation, inappropriate care and medication or abuse. Ageism also imposes barriers in policies and programmes in sectors such as education, labour, health and social care and pensions, as it influences the way problems are framed, the questions asked and the solutions offered. Ageism therefore marginalizes older people within their communities, reducing their access to services. To put it short, ageism has harmful effects on both the physical and mental health and well-being of older people. Changing the view of population on ageing is therefore a societal challenge but also an opportunity.²⁴

A Mental Health Strategy for the Union which includes age-specific concerns.

As put forward by the Council Conclusions on the Economy of Well-being²⁵, the European Commission should “propose a Mental Health Strategy for the Union, taking into account the cross-sectoral impacts of different policies on mental health”. This strategy should follow a life-cycle approach, and include older age needs and concerns.

²² https://www.who.int/oral_health/publications/orh_cdoe05_vol33.pdf

²³ The dimension covers cognitive functioning, emotional state, esteem/self-respect, experiencing to be in charge, manageability, self-management, resilience and sense of coherence.

²⁴ [WHO Decade of Healthy Ageing](#), p. 6.

²⁵ [Council Conclusions on the Economy of Well-being, 2019.](#)

It should also aim at improving mental health surveillance and data collection. The current lack of availability of pertinent data makes both the understanding of the European mental health landscape and its improvement difficult. Comparable information on outcomes and evidence-based knowledge on risk and protective factors to mental health is essential to make real progress, and assess strategies and treatment.²⁶

The EU Strategy should also provide guidance and recommendations for the promotion of good mental health, the improvement of early diagnosis and treatment, the strengthening of primary care, the focus on rehabilitation strategies, and the de-stigmatisation of mental health disorders at national and local level. It should contribute to “(...) non-discriminatory working environments, better working conditions, and thus to a stronger economy”.²⁷

Dimension 3: Social/Societal Participation²⁸

A new Strategic Framework on Health and Safety at work (2021-2027)

A New Strategic Framework on Health and Safety at work, like the one put forward by the Council in its Conclusions²⁹, and which puts the challenges of an ageing workforce at the centre of its concerns should be part of the Ageing Paper.

The working age population will include an increased number of older people. Many people are fit and willing to work longer. However, an important precondition is the setting of sound occupational health and safety rules throughout the career and the adaptation of workplaces. Moreover, stereotypical views of older people foster a climate of ageism in workplaces. Employers should value older people’s experience and contribution to productivity.

In order to make the most of older people’s participation to the labour market, the EU should propose a New Strategic Framework on Health and Safety at work, which puts old age-related concerns at its core. As put forward by the Council Conclusions on a New Strategic Framework on Health and Safety at work, the new framework should seek to maintain and enhance work ability through national occupational safety and health (OSH) strategies and measures in order to achieve a working life that is inclusive for workers of all ages. It should support measures enabling those with failing health or disabilities to participate and contribute, encourage employers to offer flexible working practices in order to help workers to remain in employment for longer and strengthen the knowledge of employers in supporting work ability and return to work after sick leave.³⁰

Intergenerational solidarity.

Intergenerational solidarity and a discussion on the development of a fair and sustainable social model based on the concept should be the basis for the Green Paper.

The decline of traditional family models was an unavoidable outcome of the modern economy. Small nuclear families were better suited than large intergenerational ones in a 20th century focussed on

²⁶ https://www.aim-mutual.org/wp-content/uploads/2017/04/Mental-Health-Joint-Position-paper-AIM_AEIP.pdf

²⁷ [Council Conclusions on the Economy of Well-Being, p.8.](#)

²⁸ The dimension covers social contacts, experiencing to be accepted, meaningful relationships, community involvement, meaningful work, social and communicative skills, interest in society and making fun together.

²⁹ [Council Conclusions on a New Strategic Framework on Health and Safety at Work.](#)

³⁰ [Idem.](#)

opportunity and achievement.³¹ The COVID-19 pandemic has put intergenerational solidarity in the spotlight and underlined its value. It also revealed the deep societal impact that the lack of it can cause. Beyond the family sphere, it is at the level of society that intergenerational solidarity should be mainstreamed. A new approach to solidarity between generations is needed in order to avoid a 'generational split', prevent further causes of inequality and fight loneliness in old age. At the same time, role models in which care for the elderly is seen as women's responsibility should be avoided. From an economic point of view, it will be key to ensure that a smaller workforce does not have a lasting effect on the European economy and that the cost of caring for the elderly does not destabilise it.³²

We often think of intergenerational solidarity as the youth having to economically contribute in order to support the old. However, older people can also bring valuable contributions to societies through volunteer work, part-time coaching and mentoring of companies or entrepreneurs, caring for their grandchildren or family members in need of long-term care and many other community initiatives. Those contributions are as valuable as any traditional "jobs".

Fostering intergenerational solidarity requires a new approach to labour law and reform of social protection systems which look at the impact of such reforms on all generations. Those are changes which would deeply affect Member States' social security systems. And yet, they are necessary given the changing demographic and labour realities which the EU is undergoing.³³

Dimension 4: Daily Functioning

Promoting age-friendly environments.

The Green Paper should promote the concept of age-friendly environments. It should become a priority of EU funding programmes.

Age-friendly environments are places in which older people, regardless of their potential limitations, can age safely according to their choices. Environments where they are protected and can continue to develop professionally if they wish to do so. They allow also for personal development enabling people to participate and contribute to their communities. Urban planning, the creation of collective spaces to encourage meetings and forge social relationships, encouraging healthy mobility... Those actions contribute to break solitude, boost intergenerational solidarity (see below) and "demedicalise" social problems by focussing on the key role environments play. Health, well-being, autonomy, and dignity should be cornerstones of such environments. Age-friendly cities and communities empower all people to make the most of their abilities across the life-course. Their creation requires the involvement of multiple sectors (health, social protection, transport, housing, labour) and stakeholders (civil society, both young and older people and their organizations).³⁴ It requires "(...) understanding older people's needs, setting priorities accordingly, planning strategies and implementing them with the available human, financial and material resources and by leveraging technology".³⁵

³¹ http://www.reassess.no/asset/4372/1/4372_1.pdf

³² [Think Tank européen Pour la Solidarité, Active Ageing and Intergenerational Solidarity: findings, issues and perspectives, p. 101.](#)

³³ https://www.age-platform.eu/sites/default/files/IntergenerationalSolidarity_TheWayForward_2010-EN.pdf

³⁴ See also: WHO, [Global Age-Friendly Cities: A Guide](#), 2007

³⁵ [WHO Decade on Healthy Ageing, p. 10.](#)

The potential of innovation.

The European Commission needs to explore the potential of innovations while fostering healthy ageing through research and to establish effective safeguards against their harmful use.

Technology and innovations, if put at the service of people, have a clear potential in supporting healthy ageing by improving prevention, supporting rehabilitation, allowing individuals to live better longer lives at home should they wish and supporting both formal and informal carers in their tasks. Access to safe, effective, affordable essential medicines, vaccines, diagnostics and assistive technologies can optimize older people's intrinsic capacity and functional ability.

The Green Paper on Healthy Ageing should recognise that potential while underlining the key challenges and the threats that such developments could entail. Patient safety, non-discrimination, patient-centeredness, data protection, privacy and dignity are some of the key aspects which should remain at the centre of discussions in this field. The main objective of technologies should be to increase access to good-quality health and social services and to improve individuals' health and quality of life.

Dimension 5: Quality of Life

As already mentioned, all dimensions of the positive health model are interconnected. It is evident that the above-mentioned recommendations would also have a profound impact on individuals' quality of life. On top of those, another key aspect in ensuring older people's quality of life is the fight against poverty in old age.

Eradicating poverty in old age.

The Green Paper should aim at eradicating poverty in old age, notably by promoting the adequacy of pensions and of minimum income schemes.

Poverty does not solely depend on financial resources and income. It is a multidimensional phenomenon which includes the notion of precariousness, lack of opportunities, denial of rights, vulnerability. It is dependent on many factors such as culture, heating, housing, employment, social participation but also access to education, to healthcare, long-term care or medicines, etc. Many of the recommendations listed above will undoubtedly have an impact on poverty, if effectively implemented.

Principle 15 of the European Pillar of Social rights states: "everyone in old age has the right to resources that ensure living in dignity."³⁶ While the financial aspect is not the only aspect to take into account, the adequacy of pensions plays a key role in alleviating poverty among the elderly, just as adequate minimum income schemes for those unable to work, temporarily or permanently - often because of care responsibilities towards children or elderly family members (mostly women).³⁷

When it comes to pensions, their adequacy could be assessed more systematically in the European Semester. As AGE-Platform Europe underlines, inequalities in pension systems as well as the effects

³⁶ [European Commission, European Pillar of Social Rights, p. 20.](#)

³⁷ https://www.age-platform.eu/sites/default/files/IntergenerationalSolidarity_TheWayForward_2010-EN.pdf

of pension erosion over time should be evaluated as well, which requires to analyse the situation of the oldest pensioners as well as on a gender basis.³⁸

Minimum income schemes are strong potential social protection instruments to reduce poverty and social exclusion, decrease inequalities and increase labour market participation. They can constitute social protection safety nets of the last resort, particularly relevant in the period of economic crisis expected post COVID-19. Those schemes are social investments that produce more advantages than disadvantages, both for Europe and for its nations, even at the economic level. The introduction of a minimum income would also entail a proposal of minimum wage in order to tackle the growing number of “working poor” and make work a viable prospect for those distant from the labour market.

Proper support and recognition of informal carers.

The Green Paper should call for the inclusion of carers as central partners in the EU JA mentioned above, so as to pave the way towards their recognition and the improvement of their working conditions. It should promote the use of European funds to improve the quality of life of informal carers. Innovative tools can also play a key role in alleviating the burden on informal carers (online training, counselling and guidance for relatives acting as carers, telehealth, etc.). Research in the area should therefore also be fostered at EU level.

80 percent of long-term care (LTC) is estimated to be provided by families and other “informal” carers.³⁹ Informal care provides the backbone of LTC in many countries. Yet, in most cases, informal carers often do not receive proper training. On the one hand, it is important to offer training to those needing it in order to guarantee qualitative care and ease the psychological and physical burden care responsibilities can represent. Indeed, while caring for a beloved person can bring personal fulfilment, carers often lack preparation and take over the task on top of other family or employment obligations. Such a situation can generate stress but also personal costs. As Eurocarers underlines, “being a carer is often associated with poverty, physical and mental health problems, isolation, employment-related issues and financial worries”.⁴⁰ On the other hand, it is key to guarantee that workers enjoy proper working conditions and a better work-life balance. This would benefit both carers’ and LTC beneficiaries’ health, which will in turn be beneficial to healthcare systems as a whole. The work life balance directive is a first initiative in the right direction.

Dimension 6: Meaningfulness⁴¹

The effective inclusion of older people in the labour market, the promotion of health-friendly environments and of intergenerational solidarity, and many of the other recommendations we have described previously will of course have a positive effect on older people’s feeling of meaningfulness. In all actions and policies, it is also vital to ensure that their voice is heard by actively involving them.

³⁸ [AGE Europe, Poverty Watch 2018, p.10.](#)

³⁹ [European Commission, Adequate social protection for long-term care needs in an ageing society, p.146](#)

⁴⁰ [Eurocarers, What do informal carers need?, p. 2.](#)

⁴¹ The dimension is the spiritual one. It covers joy of life, striving for aims/ideals, trust, acceptance, gratitude and keep learning.

Involvement of older people in decision-making processes.

AIM believes that older people should be involved in any decision-making processes which direct- or indirectly have an impact on their lives.

The personal development of individuals should remain an important goal of the Green Paper, just as the establishment of perspectives for the future. People's feeling of attachment, of joy of life and of control over their lives are to be encouraged. Older people should have opportunities to contribute to society and the labour market if they wish to. They should also be empowered to continue old hobbies and to participate in new ones including social, cultural, civic or religious activities if she/he wants to, outside or inside his/her home. They should remain in control of their own life and care as long as possible. Once properly informed, they should be respected in their choices, even when those potentially put them at risk. Health and social care services should be person-centred and timely address the changing needs of individuals. Their main objective should be to improve users' quality of life while respecting their wishes and putting them at the centre of service planning and care management. Services should take into account physical, intellectual, cultural and social perspectives of older people, but also of their families or other relatives. They should be driven by the needs of both patients and carers. To achieve proper integration and involvement, there is a clear need for a change of mind-set from all sectors in society, which should consider the many strengths of older generations rather than their weaknesses and limitations.

Conclusions

Ageing populations call for profound changes. From a societal point of view, mostly individualistic societies will have to reinforce intergenerational relationships and fight stigma against older people. Solidarity-based social protection systems will have to be further strengthened too in order to ensure their sustainability while guaranteeing that no one is left behind. Social and healthcare models will also have to be redesigned in order to allow a greater focus on prevention, to address staff shortages and improve access to qualitative person-centred care. Preserving older people's dignity and considering them as an equal interlocutor will be key in that process. The Green Paper can make a considerable contribution to the achievement of the Sustainable Development Goals. Healthy ageing should be an overarching aim of all EU initiatives and be at the centre of a sustainable recovery plan. It should also be an integral part of the European growth strategy. AIM looks forward to the Paper and to collaborating with EU Institutions to make Healthy Ageing a reality.



AIM Healthcare and social benefits for all

The International Association of Mutual Benefit Societies (AIM) is an international umbrella organisation of federations of health mutuals and other not-for-profit healthcare payers. It has 57 members from 30 countries in Europe, Latin America and Africa and the Middle East. 33 of its members, from 20 countries, are based in the

European Union. AIM members provide compulsory and/or supplementary health coverage to around 240 million people around the world, including close to 200 million people in Europe, on a not-for-profit basis. Some AIM members also manage health and social services. Collectively, they have a turnover of almost €300 billion. AIM members are either mutual or health insurance fund.

They are: private or public legal entities; solidarity based; not-for-profit oriented organisations: surpluses are used to benefit the members; democratically-elected members play a role in the governance of the organisation.

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