Innovation for

Active and Healthy Ageing

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Building up EIP AHA scale and critical mass

1,000 regions & municipalities

> 500 commitments

1 billion euro mobilised

3,000 partners & 300 leading organisations

30 mio citizens, >2 mio patients

Marketplace
>72,500 visits >1,240 registered users

The EIP on Active and Healthy Ageing approach

+2 Healthy Life Years by 2020
Triple win for Europe

SIX AREAS OF INTERVENTION

- A1. Adherence to treatment
- A2. Preventing falls
- A3. Frailty & cognitive decline
- B3. Integrated care
- C2. Independent Living
- D4. Age-friendly environments

- A stakeholder-led, cross sectorial, collaboration initiative for research, innovation & intervention.
- Launched 2012 as part of Europe 2020 Strategy.
- Reach a critical mass for action by pooling EU resources/ expertise & recognising innovation/ excellence.

TWO STREAMS FOR ACTION

EIP on AHA – The road to deployment

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Action Group work

Action Plans with shared vision

6 Action Groups:

- Adherence
- Fall prevention
- Frailty
- Integrated care
- Independent living
- Age-friendly environments

Provide input and expertise through an open collaboration

Local implementation

Commitments of the partners

Deliverables

Mapping of innovative good practices

Better professional cooperation: procurement, standards, guidelines

Practical Toolkits for replication

Scaling-up Strategy

Large scale implementation

Implementation on large scale

Growth

Evidenced impact

More integrated, efficient services

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Action Group A1: Adherence to medical plans

WHY ARE WE WORKING ON ADHERENCE...

ONLY 50% of patients typically take their medications as prescribed

NEARLY 200,000 premature deaths per year among Europeans are related to non-adherence

"Increasing the effectiveness of adherence interventions may have a far greater impact on the health of the population than any improvement in specific medical treatments"

WHO report on adherence to long-term therapies
Costing statement: Medicines adherence, NICE

... IN AN AGEING POPULATION?

Share of population **over 65** is increasing in OECD countries:

Eurostat

- **Multimorbidity**, the co-occurrence of multiple diseases, affects **more than half of the elderly population**
- **Polypharmacy**, the simultaneous use of multiple medicines by a single patient, for one or more conditions, is common in older people: **40% of people aged 65** and over consume between five and nine medicines per week

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Action Group A2: Falls prevention

THE IMPORTANCE OF FALLS IN OLDER PEOPLE

Each year

28-35%

of **PEOPLE AGED 65+ FALL**, mostly in the home environment

→

Falls lead to

20-30%

of mild to **SEVERE INJURIES**

→

After a fall

20%

DIE WITHIN A YEAR due to complications of a hip fracture

WHAT ARE THE CONSEQUENCES OF FALLS?

FOR PATIENTS

- Lower quality of life
- Increased anxiety and depression
- Decreased activity and mobility
- Reduced social contact
- Higher medication use
- Increased dependence on medical and social services and informal carers
- Long-term physical disability, severe dependency or fatal injuries

FOR HEALTH SYSTEMS

- Substantial costs of treatment and rehabilitation
- High number of older people placed in a care home after a fall

FOR THE ECONOMY

- Loss of productivity (e.g. lost income) of individuals or family care givers taking care of fall-injured person

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Action Group A3: Frailty and functional decline prevention

WHAT IS FRAILTY?

- Frailty is a syndrome related to the ageing process that describes the state of "**limited functional reserve**" or "**failure to integrate responses in the face of stress**"
- Frailty is a **social care** and **healthcare challenge** across the EU
- Frailty is associated **with increased risk of**:

PHYSICAL DECLINE
Limitation of physical functions such as staying upright, maintaining balance and walking, leading to disability

FUNCTIONAL DECLINE
Inability to engage in activities necessary or desirable in daily life, leading to dependency

COGNITIVE DECLINE
Worsening of cerebral abilities, leading to delirium, loss of memory and problems with language thinking and judgment

The more vulnerable an individual is, the higher the risk of falls, immobility or disability, institutionalisation and death

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Action Group B3: Integrated care

WHY DO WE NEED INTEGRATED CARE?

FOR PATIENTS

2 out of 3 people in retirement age have at least **two chronic conditions**

FOR HEALTH SYSTEMS

70% of **healthcare costs** are spent on chronic diseases

9% **of GDP**: Public spending on health

41% of healthcare costs are dedicated to **hospital care**

+1.5% **of GDP**: Projected increase by 2060

It is necessary to offer **alternative care models** to improve quality of life, health care and reduce avoidable hospitalisations / costs

Integrated care model

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Action Group C2: Interoperable living solutions

INFORMATION AND COMMUNICATIONS TECHNOLOGY (ICT) SOLUTIONS CAN HELP HEALTHY AGEING

ICT solutions can **prolong independent living of older people** and extend the time they remain active and safe in their preferred environment

with smart homes (lights, fall detection, safety, etc.)

they also have a huge potential to enhance **social inclusion** and **participation** of older people

through video conferencing and social media for contact with relatives

ICT solutions **enhance quality of work for carers** and make overall care provisions **economically sustainable**

by avoiding and reducing hospital stays through remote monitoring, safety monitoring

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Action Group D4: Age-friendly cities, buildings and environments

WHY WORK ON AGE-FRIENDLY BUILDINGS, CITIES, COMMUNITIES AND ENVIRONMENTS?

✔ **Physical and social environments highly impact older people's health status and independence:**

- The **personal physical environment** can prevent or ease autonomy (e.g. presence of elevator, appropriate lighting system)
- The **surrounding environment** can prevent or ease physical mobility (e.g. street lighting or adequate pavements) and social integration (e.g. access to shops, appropriate transport services)
- The **social environment** impacts on the feeling of being part of a community or to be lonely (e.g. voice of older people heard in the urban planning policies, leisure activities tailored to older people needs and interests)

✔ **Adequate public policies can remove barriers:**

- Enable older people to age in better physical and mental health
- Promote their social inclusion and active civic participation
- Help them maintain a good quality of life

Recognising Excellence: Reference Sites

32 RSs =>12 MSs
selected for self-assessment and peer-review
(innovation, scalability, outcomes)

71 good practices of innovation-based integrated care models with sound impact on the ground

1 July 2013 – Star Ceremony announcement of best RSs with stars, ready for replication and coaching

★★★ 13 Reference Sites

★★ 12 Reference Sites

★ 7 Reference Sites

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From curing diseases to improved functioning

Source: Kalache and Kickbusch, 1997

Health-Economy Links

- For every year of increase in a population's life expectancy, output (GDP) could go up as much as 4% *
- Poor health leads to:
  - absenteeism (cost is estimated to be 2.5% of GDP) **
  - job loss (10% for health reasons) ***

Sources:

* *Bloom, Canning, Sevilla, "The Effect of Health on Economic Growth: a production function approach", World Development Vol. 32, No. 1, pp. 1–13, 2004*

** *"Absence from work" report, EUROFOUND, 2010*

*** *"Investing in health", Social Investment Package, 2013*

Health-Economy Links

Silver Economy: Economic potential linked to ageing

- Opportunity to **reform health and care systems** to achieve more performing and less expensive services
  - e.g. use of ICT for telemonitoring, exchange of data between care professionals
- The ageing **"Babyboomers" consume goods and services** to maintain an active, autonomous and healthy lifestyle
  - e.g. tourism, entertainment, health & well-being, lifelong learning, smart age-friendly homes

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Em que estamos a trabalhar?

Scaling –up Good Practices

"Silver economy"

Desenvolvimento políticas na UE:

Fragilidade
Multimorbilidade

Financiamento:
H2020
PHP
KICs

EIP AHA - Funding opportunities

Take home messages

1. Ageing population: an opportunity for innovation
2. Silver Economy: an opportunity for growth
3. Action needed on both fronts: health & economic growth
4. EIP on AHA: a solid foundation for ensuring synergies, including across funding programmes

More information

EIP Marketplace:
https://webgate.ec.europa.eu/eipaha

Active and Healthy Ageing Partnership
http://ec.europa.eu/active-healthy-ageing

Disclaimer: The views expressed in this presentation are those of the author and do not represent the view of the European Commission on the subject matter