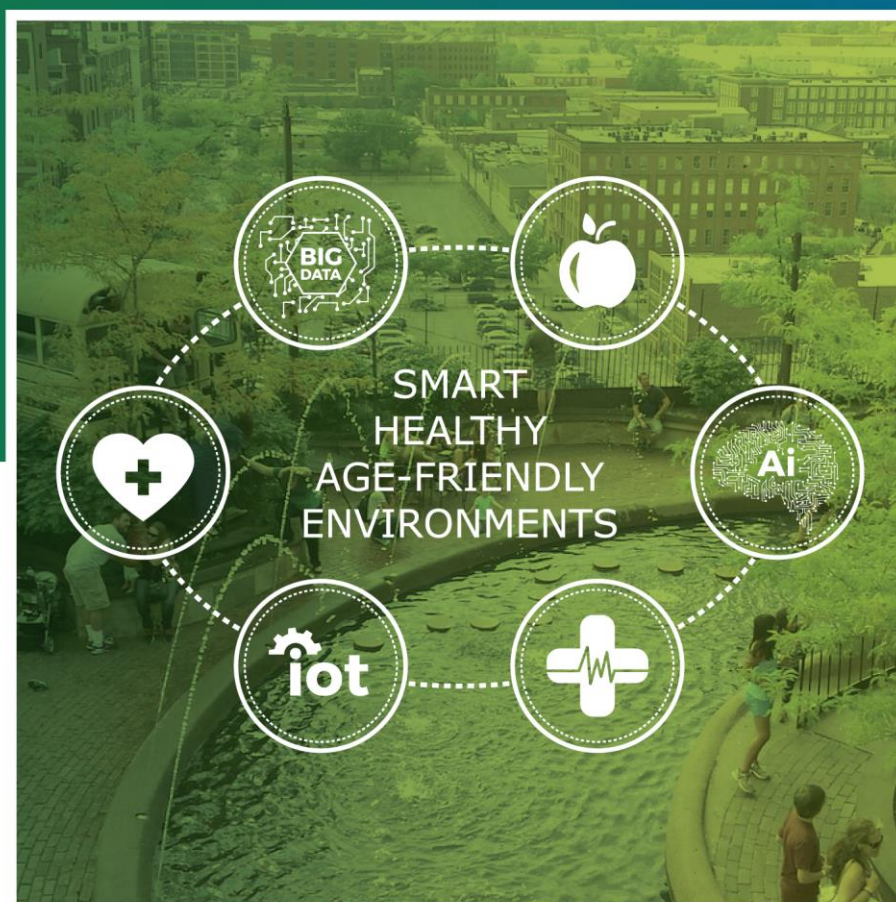


THEMATIC NETWORK 2018

SMART HEALTHY AGE-FRIENDLY ENVIRONMENTS



Caritas Diocesana
de **COIMBRA**

With the support of:



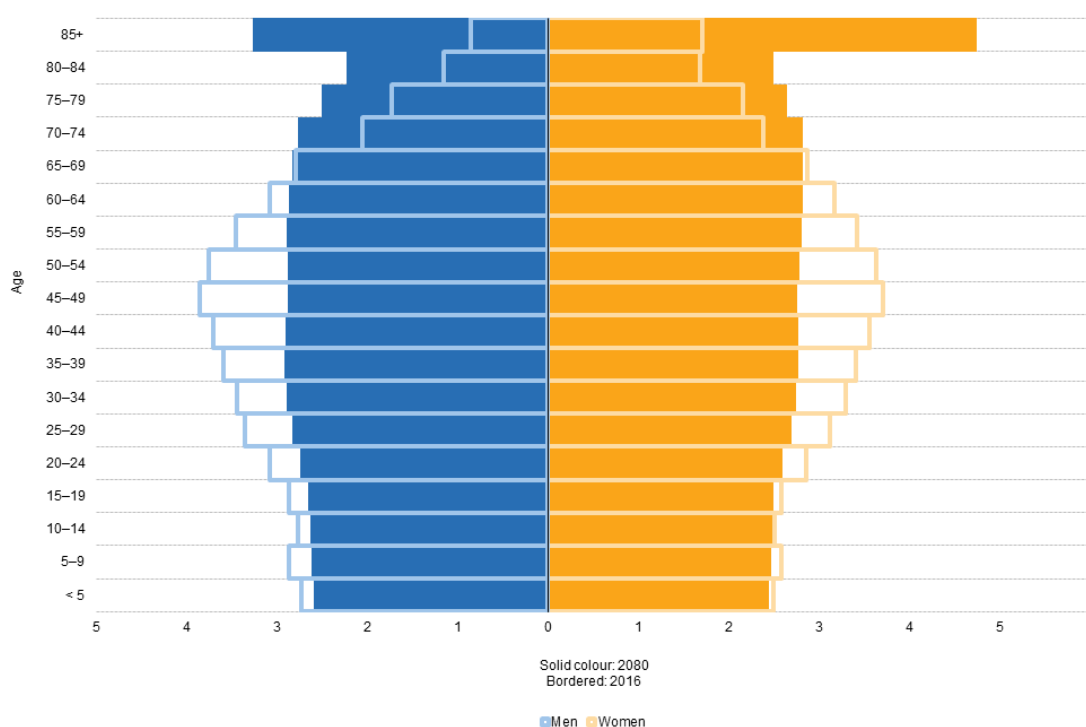
BACKGROUND

The impact of demographic ageing within the European Union (EU) is likely to be of major significance in the coming decades. Consistently low birth rates and higher life expectancy are transforming the shape of the EU-28's age pyramid; probably the most important change will be the marked transition towards a much older population structure, a development which is already apparent in several EU Member States.

The population of the EU-28 on 1 January 2016 was estimated at 510.3 million. Young people (0 to 14 years old) made up 15.6 % of the EU-28's population (see Table 1), while persons considered to be of working age (15 to 64 years old) accounted for 65.3 % of the population. Older persons (aged 65 or over) had a 19.2 % share (an increase of 0.3 % compared with the previous year and an increase of 2.4 % compared with 10 years earlier).

According to projections from Eurostat, the overall size of the population is projected to be slightly larger by 2070 than in 2016. The EU population is projected to increase by about 3.5% between 2016 (511 million) and 2040 (at 528 million) when it will peak, to then remain stable until 2050 and to thereafter decline to 520 million in 2070 (see Table 1). While the total EU population will increase by 1.8% over 2016-70, there are wide differences in population trends across Member States, with the population increasing in half of the EU countries and falling in the other half.

POPULATION PYRAMID EU-28, 2016 and 2080
(% of the total population)



Note: 2016: estimate, provisional. 2080: projections (EUROPOP2015).
Source: Eurostat (online data codes: demo_pjangroup and proj_15nperms)

1

¹ http://ec.europa.eu/eurostat/statistics-explained/images/f/f5/Population_pyramids%2C_EU-28%2C_2016_and_2080_%28%25_of_the_total_population%29.png

The demographic old-age dependency ratio (people aged 65 or above relative to those aged 15-64) is projected to increase significantly in the EU as a whole in the coming decades. Being about 25% in 2010, it has risen to 29.6% in 2016 and is projected to rise further, in particular up to 2050, and eventually reach 51.2% in 2070. This implies that the EU would move from four working-age people for every person aged over 65 years in 2010 to around two working-age persons over the projection horizon.

As a result, the proportion of people of working age in the EU-28 is shrinking while the relative number of those retired is expanding. The share of older persons in the total population will increase significantly in the coming decades, as a greater proportion of the post-war baby-boom generation reaches retirement. This will, in turn, lead to an increased burden on those of working age to provide for the health and social expenditure required by the ageing population for a range of related services.

Health care services represent a high and increasing share of government spending and of total age-related expenditure. Furthermore, the ageing of the EU population may entail additional government expenditure. This makes public spending on health care an integral part of the debates on long-term sustainability of public finances.

The projection for those aged 80 years is almost triple in 2060. This trend will cause an increase of social expenses in forms of pensions, healthcare and institutional or private care. Under this scenario public spending on the elderly will be a major problem in upcoming years.

This demographic change will have considerable consequences for the EU public finances. Based on current policies, it is estimated that **public expenditure 'exclusively' age-related (pensions, health and long term care) will increase by 4.1 percentage points of GDP between 2010 and 2060, from 25% to 29%**. Only expenditure on pensions are expected to increase from 11.3% to nearly 13% of GDP by 2060. However, there are large differences between countries, depending largely on the progress made by each country in the reform of the pension system, which confirms the need for a policy action to meet the challenges of aging population.

References:

The 2018 Ageing Report: Underlying Assumptions and Projection Methodologies
https://ec.europa.eu/info/publications/economy-finance/2018-ageing-report-underlying-assumptions-and-projection-methodologies_en

Eurostat - Population structure and ageing
http://ec.europa.eu/eurostat/statistics-explained/index.php/Population_structure_and_ageing

SCOPE

Moving age-related topics to the big umbrella themes of Health and Digital Single Market is a vital process to pursue the societal scope of a Europe prepared to provide quality of life and well-being through the whole life cycle. The revitalization of Active and Healthy Ageing initiatives (preparing post2020) will imply high-level crossover discussion between different groups, networks, DGs, EIPs and even international organisations, understanding the symbiotic interdependence of these subjects towards a Healthy and Competitive Europe. This TN intends to create a high-level policy alignment of all these networks and initiatives towards Health in Ageing subjects.

The specific aim of SHAFE will be to enhance the 2 main aspects of Age-Friendly Environments - Places and People - in the creation of eHealth and mHealth solutions - especially focused on quality and costs.

On eHealth a special emphasis will be given to its current state of the art in Europe e-support of smart homes to patients who suffer from chronic diseases and impairments - e-support like robotics, smart living environments and smart communication with formal and informal care. These smart environments need to align technological development with the building industry in terms of policy and funding, in order to make smart homes available, affordable and large-scaled in Europe. This broad adoption may be the keystone to a more efficient health care system that adds better quality for less investment.

With mHealth the focus will be on understanding and bridging the main gaps between technological development and user real needs and expectations, proposing policy measures that favour and enhance a real market entrance of new products, hoping to decrease inequalities in the access to Health services.

ALIGNMENT WITH EUROPEAN HEALTH PRIORITIES

It aligns with EU Health priorities in creating synergies that will increase quality, innovation and sustainability towards the implementation of better health and care, economic growth and sustainable health systems.

It is also proposed inline with the *Blueprint on Digital Transformation of Health and Care* - more specifically, with the following objectives:

1. Deployment of Innovation
2. Investment in digital innovation for health and care
3. Reach people in Europe benefitting from digital innovation on active and healthy ageing

In terms of the Digital Single Market, this proposal crosses with the following objectives:

1. Cybersecurity (especially privacy issues)
2. Boosting e-commerce
3. European data economy
4. Adapting ePrivacy rules to the new digital environment
5. Helping to develop the necessary digital skills for every one

OBJECTIVES

- Produce a Joint Statement 2018 that summarizes a common position on Smart Healthy Age-friendly Environments, priorities for policy making and recommendations beyond 2020, aiming at a White Paper in 2019.
- Provide a forum to exchange policy priorities and technical expertise on AFE and eHealth/mHealth;
- Inform the Commission and Member States on knowledge/expertise available in stakeholder community about challenges, solutions and best practices;
- Bring better local practices already implemented by Local and Regional Authorities that have been identified in the EIP-AHA for twinning or scaling-up and collect lessons learned towards policy drawing;
- Promote common principles as person-centred interventions, protection of personal data, standardisation, interoperability, data-enabled research, personalised medicine, quadruple helix.

STAKEHOLDERS

Partners: representatives from groups D4 and C2 of the European Innovation Partnership on Active and Healthy Ageing (EIP-AHA), European Innovation Partnership on Smart Cities and Communities (EIP-SCC), Reference Sites Collaborative Network, European Covenant on Demographic Change, Eurocities, European Framework for Age-Friendly Housing, European Centre Social Welfare Policy, European Health Telematics Association (EHTEL) and ECHalliance.

Besides this more restricted group of partners, the coordinating organisations intend to start the development of the joint statement with extra literature study on current proven outcomes of eHealth and mHealth for patients with chronic diseases and impairments, perform personal interviews with leading smart health opinion leaders and a survey on eHealth and mHealth practices that will circulate in several European networks.

The first draft of the Joint Statement will be send for comments to the members of all the networks described above for broader inputs and then revised towards the final version by the TN representatives' team.

Innovation criteria: a Thematic netwrk led by an NGO and an SME is centred in end-users and market, which intends to pull the discussion to clear and realistic outcomes. The NGOs express the demand side of health and technology; SMEs are the suppliers of health and technology - in close cooperation with the Covenant and Local and Regional Authorities, this will allow to identify the needed expertise and perspectives to deliver on behalf of the Joint Statement the policy recommendations drawn out of lessons learned and successes of 6 years of EIP-AHA and its research.

Leading organisation: Cáritas Coimbra - with close support from AFEdeMy,Ltd.

Contact persons: Carina Dantas - carinadantas@caritascoimbra.pt

Willeke van Staalduinen - willeke@afedemy.eu