



Policy **brief**

Health Promotion and Disease Prevention

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Commitment 7: To strive to ensure quality of life at all ages and maintain independent living, including health and well-being.

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Challenging context

While people are living longer, it is important to improve the quality of every stage of life. Therefore, UNECE member States have committed to implement health policies ensuring that increased longevity is accompanied by the highest attainable standard of health¹. In the coming years and decades, the number of elderly people in the region of the United Nations Economic Commission for Europe (UNECE) will rise sharply, challenging societies' ability to care for those in need.

Suggested strategy

- Promoting health and preventing diseases and accidents are important at all stages of life.
- Prevention of disease among people of working age may focus on raising awareness about healthy diets, encouraging physical activity and promoting policies that discourage smoking and curb alcohol consumption.
- Protection laws, programmes to reduce stress and access to preventive health facilities are also key strategies.
- Prevention of disease and accidents among older persons should aim to promote active ageing through age-friendly housing, issue recommendations of how to reduce falls in an age-friendly environment, foster social integration, provide access to health care facilities and ensure measures to treat and prevent mental illness.

Expected results

Through various preventive measures targeting all stages of the life course, the health status of the population will improve, and in turn, the quality of life. By reducing the demand for health care, these measures help ageing societies meet the challenges of rising care costs and the growing need for care personnel.

¹ Regional implementation strategy for the Madrid International Plan of Action on Ageing 2002, para 55.

Prevention of disease throughout the life course

The life course approach to health promotion and disease prevention contributes to greater awareness and healthier lifestyles, and subsequently improves health and quality of life. A healthy diet, physical activity, the reduction of stress as well as access to preventive health care contribute to a healthier lifestyle. Preventive measures for all age groups reduce treatment and care costs throughout the life course, particularly in old age. One can distinguish between primary, secondary and tertiary preventive care:

- **Primary prevention** is the protection of health by implementing personal and community-wide actions, such as preserving good nutritional status, physical activity and emotional well-being, immunizing against infectious diseases and making the environment safe.
- **Secondary prevention** encompasses measures for early detection of departures from good health and for prompt and effective corrective actions.
- **Tertiary prevention** consists of measures to reduce or eliminate long-term impairments and disabilities, minimize suffering caused by existing departures from good health and promote the patient's adjustment to irremediable conditions. This extends the concept of prevention to the field of rehabilitation².

The World Health Organization (WHO) has identified seven major risk factors that contribute to disability in old age or reduce life expectancy. Dealing with these factors over the life course contributes to a healthy life, in old age in particular, because of the cumulative effect of the factors over the years³.

Burden of disease attributable to leading risk factors in developed countries

	DAILY ⁴ (per cent)
Tobacco	12.2
Blood pressure	10.9
Alcohol	9.2
Cholesterol	7.6
Overweight	7.4
Low fruit and vegetable intake	3.9
Physical inactivity	3.3

Sources: The World Health Report 2002– Reducing Risks, Promoting Healthy Life. Geneva, World Health Organization, 2002, p. 102 (<http://www.who.int/whr/2002/en/>, accessed 5 August 2009).

This policy brief outlines some preventive health care programmes that member States have already developed with a view to reducing these risk factors. In particular, it aims to show how a healthy diet, physical activity, the cessation of smoking, a decrease in alcohol consumption, a reduction in stress, and access to preventive health care contribute to healthier living over the life course and better health in old age.

Healthy diet

Programmes to raise awareness about healthy nutrition may contribute to a change in attitudes and in eating behaviour. In the long term, they help reduce chronic diseases and thus costs related to the treatment of these diseases. Eating more fruit and vegetables and other fresh food rather than ready-made meals and fast food is one way to cut the risk of developing chronic illnesses.

² World Health Organization (WHO), Global Surveillance, Prevention and Control of Chronic Respiratory Diseases.

³ WHO, The World Health Report 2002.

⁴ The impact of each risk factor is assessed in terms of disability-adjusted life year (DALY) where one DALY equals the loss of one healthy life year. The sum of these DALYs across the population, or the burden of disease, can be thought of as a measurement of the gap between current health status and an ideal health situation where the entire population lives to an advanced age, free of disease and disability. (See http://www.who.int/healthinfo/global_burden_disease/metrics_daly/en/.)

5 A DAY programme launched to increase healthy nutrition in the United Kingdom

“Cancer and coronary heart disease account for 60 per cent of all early deaths.”⁵ To curb these impacts, the Government of the United Kingdom of Great Britain and Northern Ireland has launched the 5 A DAY scheme that promotes a healthy diet consisting of at least five portions of fruit and vegetables per day. It has proven to be an effective and cost-efficient way to reduce early deaths from heart disease and strokes. The 5 A DAY campaign is funded by the government and includes advertisements, educational material on healthy nutrition and a website with practical hints about recipes, food storage and advantageous grocery shopping. Additionally, the School Fruit and Vegetable Scheme encourages children to reach the 5 A DAY target. Children often do not eat enough fruit and vegetables. At school, they usually get just one piece of fruit per day. The government is also concerned about the frequent substitution of fruit and vegetables for food supplements such as vitamin drinks. Because supplements have shown to be less effective, the 5 A DAY campaign puts much effort into facilitating healthy decisions in grocery shopping. A 5 A DAY logo can be found on most food packages. It provides important information about ingredients and food value under the 5 A DAY scheme, indicating how many of the five fruit portions are covered by the food.

A 5 A DAY community – a communication platform enabling people to exchange experiences and good practices about the programme – has been set up to get people to join. For example, people give each other tips and encourage each other to buy seasonal fruit or frozen vegetables to save money or to include chopped vegetables in meat sauces to make them more nutritious. Furthermore, the webpage of the United Kingdom Department of Health provides detailed information about the programme, its history, background and progress. It also discusses findings from research carried out on the programme.

Source: United Kingdom Department of Health, 5 A DAY General Information.

Physical activity

It is equally important that people remain fit over the life course. Lack of physical activity may lead to various chronic conditions such as cardiovascular disease and obesity. Regular exercise and sports are primary preventive measures that can reduce the occurrence of these conditions. Governments or communities can promote the physical activity of their citizens by offering safe recreational areas for walking, cycling and swimming, as well as introducing a series of measures for increasing the physical activity of children.

Non-smoking policies

The World Health Report 2008⁶ estimates that premature tobacco-attributable deaths from ischemic heart disease, stroke and other diseases will rise from 5.4 million in 2004 to 8.3 million in 2030. A few UNECE member States (Azerbaijan, Finland, Iceland, Norway, Sweden, United States of America) were able to decrease the prevalence of smoking whereas others (Belgium, Ireland, Ukraine) have witnessed a significant increase in smokers.⁷ In line with practice in many European States, it is strongly encouraged to promote smoking cessation programmes and smoking prevention measures, for example a smoking ban in public places and measures aiming to educate young people about the risks of smoking.

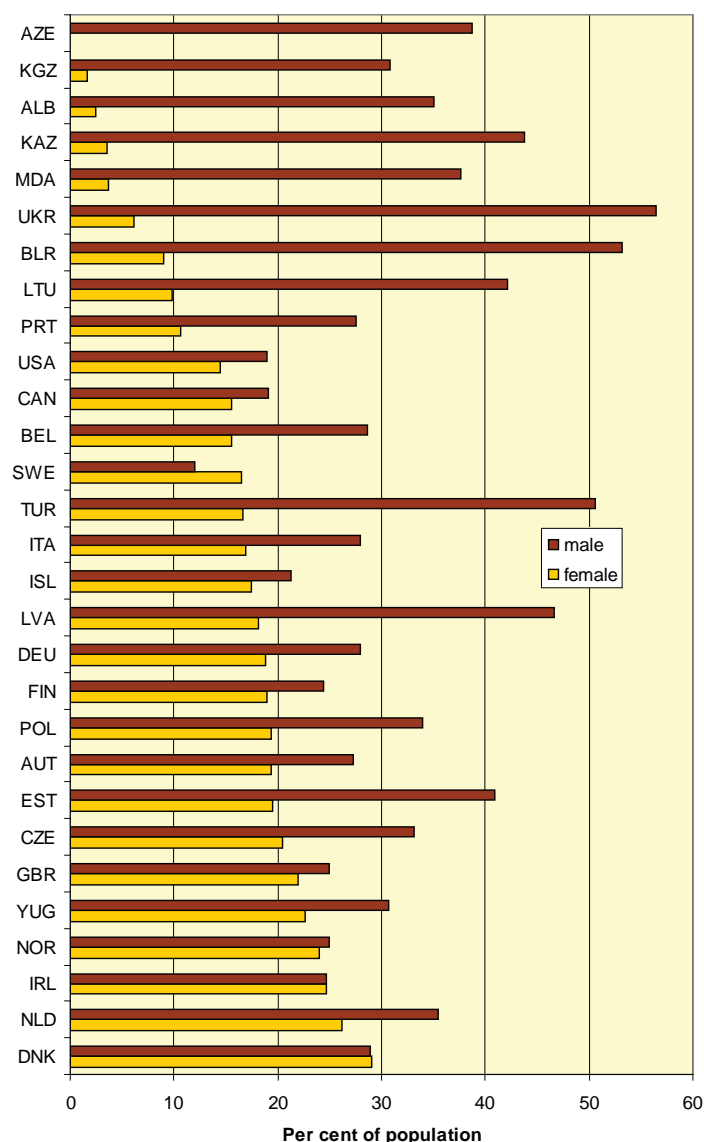
According to the UNECE Gender Database (see figure below), in most countries smoking is more prevalent among men than women. In some countries, the gender differential is very large, suggesting that public awareness and anti-addiction programmes could be more effective there if developed in a gender-specific manner. In countries with a high prevalence of smoking among women, such programmes would need to draw attention to the adverse effects of smoking on reproductive health.

⁵ United Kingdom Department of Health, 5 A DAY General Information.

⁶ WHO, The World Health Report 2008.

⁷ UNECE, Statistical Database. Gender Statistics. Health and Mortality.

Percentage of smokers in total population



Source: UNECE, Statistical Database. Gender Statistics. Health and Mortality. Smoking is defined as the daily smoking of at least one cigarette. Refers to latest available year from 2004 to 2006.

Controlling alcohol consumption

Excessive alcohol consumption may lead to liver damage, mental health problems, foetal alcohol syndrome, cancer or cardiovascular disease. WHO has developed an international guide for the control of alcohol consumption, which may help member States to monitor consumption within their national borders⁸. In addition, it may be important to develop programmes that treat and prevent addiction.

Stress management

While many European societies still consider that overwork and work-related stress is a virtue, it has been scientifically proven⁹ that stress is a major cause of many physical and mental illnesses, including burnout, depression or anxiety. It is in the best economic and social interest to contribute to a change in public opinion as well as to provide a sound framework in labour law to guarantee a sustainable work–life balance for all citizens. This may also lead to a reduction in health care costs and a decline in early pension claimers.

⁸ WHO, International Guide for Monitoring Alcohol Consumption and Related Harm.

⁹ WHO, Work Organisation & Stress.

Addiction and gender – promoting a gender approach to alcohol therapy in Switzerland

Switzerland uses a holistic approach to prevent substance abuse and help users quit consumption. In particular, it has developed a special gender-specific approach to alcohol abuse, prevention and rehabilitation. Since women and men have different reasons for and ways into addiction, these differences should be taken into account. Therapies that adapt to a patient's specific experiences and needs may be effective. Women tend to consume alcohol because of increasing stress caused by multiple responsibilities such as the coordination of work and family, whereas the reasons men tend to abuse alcohol stem from personal challenges mainly related to work and the pressure to be successful. Switzerland aims to build a network of specialists who are particularly qualified to understand the reason for their patients' behaviour and can create an environment of trust.

To push forward this gender approach, the drugs and gender platform coordinates rehabilitation and information service facilities. People can choose institutions that are the most suited to their personal situation. Facilities are labelled as being specialized for men or women, or gender neutral and thus adapted to the concerns of women and men as well as the interaction between them. Examples of institutions for women include mobile service institutions where women can obtain information on drug consumption; these facilities provide a place where they can sleep and rest in a protected environment, away from men. Intercultural care centres, for example, help teenage boys to stay in school and follow a regular lifestyle that should help prevent abusive alcohol consumption.

Sources: Swiss Confederation Federal Office of Public Health, Gendergerechte Präventions und Suchtarbeit; Drugs and Gender, Intervention en matière de drogue en fonctions du genre.

Access to preventive health facilities

Member States should integrate preventive health care into their health care systems. According to WHO¹⁰, this can be accomplished by:

- Supporting a paradigm shift towards integrated, preventive health care;
- Promoting financing systems and policies that support prevention in health care;
- Providing patients with necessary information, motivation and skills in prevention and self-management;
- Making prevention an element of every health care interaction.

The interplay of these preventive health measures, applied over the life course, can be very effective.

Evidence-based Disease and Disability Prevention Program (EBDDP), United States

The Programme aims to prevent illness, disability and death associated with chronic disease. The Administration on Aging, which runs the Programme, works closely with public- and private-sector bodies. These include the Atlantic Philanthropies, Centers for Disease Control and Prevention, Agency for Healthcare Research and Quality, Health Resources and Services Administration, Substance Abuse and Mental Health Services Administration and others. The Administration on Aging requires each state to implement the Stanford University Chronic Disease Self-management Program. In addition, each participating state is required to select and implement one or more evidence-based disease and disability prevention programmes in the following areas:

- Physical activity – programmes such as Enhance Wellness, Tai Chi or Healthy Moves, which emphasize low-impact aerobic activity, minimal strength training and stretching;
- Fall prevention – programmes such as Matter of Balance and Stepping On, which focus on strength training and behavioural modification to help prevent falls and the fear of falling;
- Nutrition and diet – programmes such as Healthy Eating, which teach older adults the value of eating healthy foods, as well as maintaining an active lifestyle;
- Depression and/or substance abuse – PEARLS or Healthy IDEAS, which involve the screening and referral of older adults who are currently experiencing or are at risk of depression.

Prior to implementation, the programmes in the areas described above should be previewed by a random sample group, proven effective and discussed in peer-viewed programmes. These evidence-based programmes have been shown to increase self-efficacy, decrease health service utilization and enable participants to adopt healthy self-management behaviours.

Sources: Merck Institute of Aging & Health and Centers for Disease Control and Prevention, The State of Health and Aging in America 2004; US Department of Health and Human Services, Administration on Ageing, Evidence-based Disease and Disability Prevention Program.

¹⁰ WHO, Integrating prevention into health care. Fact sheet No. 172.

Active ageing

WHO defines active ageing as “the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age”¹¹. The Organization argues that countries can afford to age if governments, international organizations and civil society foster active ageing policies and programmes that enhance the health, participation and security of older citizens¹². Promotion of the strategy of active ageing implies consequences to policies in the areas of housing, environment, fall prevention, social integration as well as mental and physical health, which may have significant implications for the overall health status of the elderly.

WHO: Age-friendly cities

The Age-Friendly Cities Project takes an intersectoral approach to ageing. It covers various aspects of the lives of older people in cities: outdoor spaces and buildings; transportation; housing; social participation, respect and social inclusion; civic participation and employment, communication and information, community support and health services. As a first step, WHO published a global guide containing a checklist of essential characteristics of an age-friendly city.

The Metropolitan Municipality of Istanbul was among the first to implement the recommendations of WHO. It developed an action plan together with WHO and government and non-governmental organizations, and then coordinated its implementation in close cooperation with civil society. One improvement concerns the public transport system, as older people can now use it at reduced prices, and benefit from free rides on national holidays. Special transportation is offered to disabled people. Additional developments include the establishment of a commission dealing with services for the elderly, construction of housing according to WHO recommendations and planning outdoor areas according to the needs of older people. Reports underline these findings: older persons increasingly enjoy opportunities for social interaction and stay more active. In 2008, Istanbul hosted a meeting to exchange these and other good practices with other cities all over the world.

Sources: WHO, WHO Age-Friendly Environments Programme.

Housing

The subjective well-being and the quality of life of older persons depend, among other factors, on living conditions in their households. Housing problems such as dampness and leaks or poor sanitation have a direct effect on health conditions and greatly decrease the quality of life. In contrast, feeling secure in a well-maintained, clean and affordable house contributes significantly to the well-being of the individual. Age-friendly houses allow freedom of movement in all rooms and passageways. While home modifications are necessary to adapt the living space to meet the needs of old people, they need to be affordable and undertaken by knowledgeable providers of those services. Home care services may include health and personal care, as well as housekeeping¹³. In cases where elderly people live in care homes or where they are beneficiaries of professional long-term care, it is important to ensure that they are safe from abuse and other forms of violence and that their human dignity is respected.

Lifetime homes in the United Kingdom

In the Housing Green Paper *Homes for the Future: More Affordable, More Sustainable* (2007), the British Government sets standards requiring that new housing should be accessible, adaptable and otherwise suitable to people of all ages. It is recommended that neighbourhoods should be planned to meet the needs of all generations, for example by providing parks, shops and health centres. With respect to already existing housing, the government invests money in adapting homes to make them suitable for people with impaired mobility, with 30 per cent more funding for Disabled Facilities Grants. Furthermore, it is planned to offer older people new handyperson services for quick repairs and adaptations, giving many more of them the extra help they need. Finally, a new national information service is provided to make sure that all older people have access to good housing advice.

Sources: United Kingdom Department for Communities and Local Government, Department of Health; Department of Work and Pensions, *Lifetime Homes, Lifetime Neighbourhoods*.

¹¹ WHO, What is “active ageing”?

¹² WHO, Active ageing: a policy framework.

¹³ WHO, Checklist of essential features of Age-friendly Cities.

Age-friendly environment and fall prevention

The creation of an age-friendly environment largely contributes to the prevention of accidents and falls of older persons. According to WHO, falls account for 40 per cent of all injury-related deaths, and fatal fall rates increase exponentially with age for both sexes¹⁴. To create an age-friendly environment, WHO¹⁵ recommends that pavements need to be well maintained, free of obstructions and reserved for pedestrians. To prevent falls, they need to be non-slip, wide enough for wheelchairs and have dropped curbs to road level. Ideally, pedestrian crossings are sufficient in number and safe for people with different levels and types of disability, with non-slip markings, visual and audio cues and adequate crossing times. Good street lighting, police patrols and community education promote outdoor safety. Older persons would benefit if services were accessible and under one roof. Buildings should be adapted to their needs, with clear signposting inside and out, sufficient seating and toilets, non-slip floors and accessible elevators, ramps, railings and stairs.

Village caregiver service in Hungary

In Hungary, a unique programme supports older persons living in rural and remote areas. Mostly on a voluntary basis, the programme includes home care for the sick, as well as many other services such as running errands, cleaning or cooking. Especially in remote areas, older persons very often face difficulties in receiving services and care. The village caregiver service aims therefore to provide improved accessibility to health care and other community services to prevent the exclusion of elderly people and the need to move to urban areas. It allows isolated elderly to rely on trusted fellow villagers to bring them a hot meal and provide them with support as long as they remain at home, which has a major impact on their quality of living.

Sources: Halloran and Calderón Vega, Basic Social Services in Rural Settlements; Hungarian Ministry of Health, National public health programme summary; Republic of Hungary, National follow-up report of the Madrid International Plan of Action on Ageing (MIPAA) and the United Nations Economic Commission for Europe (UNECE) Regional Implementation Strategy (RIS).

Social integration

Opportunities for social integration¹⁶ play a very important role in the well-being of older persons. Families and close of kin are a crucial resource, providing help and psychological support. However, to remain an active member of society, it is not enough to sustain contacts in the closest community only. Opportunities for contact with persons outside of the immediate family have a positive effect on people's social integration and well-being. The strengthening of intergenerational (family and non-family) relationships is thus an important strategy that can ensure the integration of older persons in society and allow them to make a contribution in a rewarding way. Such integration prevents conditions ranging from impaired mobility to mental health conditions such as depression.

Providing care and support in a familiar environment can help prevent unnecessary institutionalization and help older people remain integrated into their communities and families. Among the measures taken to achieve this goal are the extension of home care and mobile services, such as home visits from social workers or medical professionals. New communication technologies can also help older persons remain in touch with their family and friends, or to communicate with service providers.

¹⁴ WHO, WHO Global Report on Falls Prevention in Older Age.

¹⁵ WHO, Checklist of Essential Features of Age-friendly Cities.

¹⁶ For further information, see UNECE Policy Brief on Ageing No. 4, Integration and participation of older persons in society.

Germany: study on crime and violence in the lives of older persons

Up to now, little was known of violence and crime experienced by older persons. The German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth has explored these issues and published a study on crime and violence in the life of the elderly. This study confirmed that people aged 60 and over have a lower probability of becoming crime victims than younger people. Women who live alone have a particularly low probability. Nevertheless, a key finding of the study is that competent authorities—police, state institutions, NGOs and other social organizations—must strengthen their efforts to protect these vulnerable members of society.

The study examined home care settings, the daily environment of older persons and the way this contributed to their exposure to crime. This led to a joint action programme called Live Safely in Old Age funded by the German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth.

The Programme focuses on four key areas: protecting the elderly from larceny and fraud; preventing neglect, mistreatment and abuse and intervening in case of occurrence; preventing violence among couples and preventing homicides of older persons and persons with special needs.

Sources: German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, Kriminalitäts- und Gewalterfahrungen im Leben älterer Menschen.

Access to health care facilities

Based on the Madrid International Plan of Action on Ageing, WHO developed the Perth framework for age-friendly community-based primary health care. “As an overarching principle, health care services must aim to provide the highest attainable standards of health, conducive to promoting active ageing and health over the life course and to maintaining life in dignity.”¹⁷ Mainstreaming ageing into health policies also means that health care facilities should be easily accessible to older persons and that market strategies for medical equipment and medication should be developed to meet their needs¹⁸. Health measures may include prevention of disease and treatment, as well as long-term care at home and in institutions. In addition, the local environment should contribute to the prevention of falls – which account for 40 per cent of all injury deaths¹⁹. Furthermore, dementia is a widespread disease among older persons, which requires specific actions.

Mental health

The prevention and treatment of age-related mental disorders, such as dementia and delirium, is an important part of health promotion in old age. Although dementia is not curable, adequate care can enhance the quality of life of patients. As informal caregivers provide most of the care, support to dependents to master informal care tasks is essential in order to guarantee the well-being of patients and their families. Outpatient health or care services can provide support in the form of advice or information about the disease. In cases where dependents cannot care for relatives suffering from dementia, specialized institutional care should be available. Such care can include the services of trained personnel who know about the duration of the illness, and the availability of dementia-specific therapy such as drug therapy, herbal medicine, aromatherapy and massage, music therapy, acupuncture, dietary supplements and melatonin as well as bright-light therapy²⁰. Furthermore, depression in old age is a phenomenon that requires consideration. As it is often triggered by social isolation or the loss of a close relative, social and psychological support may help patients overcome their illness.

¹⁷ WHO, Perth framework for age-friendly community-based primary health care.

¹⁸ For further information, see UNECE Policy Brief on Ageing No. 3, Older persons as consumers.

¹⁹ WHO, WHO Global Report on Falls Prevention in Older Age.

²⁰ Alzheimer’s Society (website).

Support programme for dementia patients living alone in Germany

The number of older dementia patients living alone is rising. Despite their illness, their life expectancy is increasing and many patients wish to continue living at home in their usual environment as long as possible. However, as the disease evolves, many everyday tasks become challenging and even dangerous.

The first phase of the German Government's programme to support persons with dementia in their communities was to conduct surveys among Alzheimer patients. The surveys have shown that many patients wish for more understanding in their environment. Many people do not know how to deal with dementia patients in their everyday lives. At the same time, patients may not feel supported, which makes it difficult for them to continue living alone.

The second phase of the programme, which aims to take the survey results into account and improve the situation of single Alzheimer patients, will focus on advancing prevention and education measures to better inform people about the disease. The target audience includes police officers, fire fighters, bank, post and public transportation employees, as they often have contact, sometimes unbeknownst to them, with dementia patients. They can benefit from educational programmes, and best practice manuals are distributed in various institutions to inform the community about dementia.

Sources: Deutsche Alzheimer Gesellschaft e.V. (German Alzheimer Association) Projekt "Allein lebende Demenzkranke - Schulung in der Kommune"; German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth.

Conclusions and recommendations

Good health and the prevention of disease throughout the life course is an important precondition to good health in old age, which in turn contributes to the well-being of the individual, while having major economic and societal implications. In addition to achieving concrete improvements in the quality of life, active ageing decreases the need for care and assistance and associated public expenditure.

Enhancing the health and well-being of older persons calls for age-friendly housing and an age-friendly environment that prevents falls, fosters social integration and provides access to health care facilities, as well as measures to treat and prevent mental illness. Long-term care, where necessary, must be adaptable to individual needs.

To enjoy good health, increase the participation of older persons in society and guarantee their social security, it is important to apply a preventive approach while people are still young and follow it throughout the life course. To be effective, a government health policy should focus on heightening awareness about healthy diets and promoting physical activity, non-smoking and policies to control alcohol consumption. Protection laws, programmes to reduce stress and access to preventive health facilities are also important features of a sound health policy.

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Checklist : Health Promotion and Disease Prevention

Main areas	Areas of implementation	Key elements
Prevention of disease over the life course	Healthy diet	Raising awareness about nutrition
		Promoting a healthy diet that includes fruit and vegetables
	Physical activity	Heightening awareness about the effects of a sedentary lifestyle
		Creating safe recreational areas for walking cycling, or swimming
		Promoting physical activity for children and older persons
	Non-smoking policies	Raising awareness about the risks of smoking
		Enforcing smoking bans in public areas
	Low alcohol consumption	Treating addiction through rehabilitation programmes
		Controlling alcohol consumption
	Stress management	Developing legal frameworks for a better work–life balance
		Providing counselling
	Access to preventive health facilities	Building awareness about chronic disease prevention
Getting early treatment of diseases that may become chronic		
Prevention of disease in old age	Active ageing	Mainstreaming into health policies
		Creating opportunities for participation
		Promoting social inclusion
	Housing	Ensuring provision of safe care at home and in care homes
		Ensuring provision of affordable lifetime housing
		Setting up services to adapt houses to the needs of all age groups
	Age-friendly environment	Engaging in age-friendly urban planning
		Providing programmes to prevent and treat accidents and falls
	Social integration	Providing support for family relationships
		Providing opportunities to strengthen intergenerational, non-family relationships
		Promoting community activities for senior citizens
		Preventing elderly abuse, violence and crime
	Access to health care facilities	Providing access to health prevention measures
		Treating chronic diseases
	Mental illness	Managing dementia patients
Providing care for patients suffering from delirium		
Treating depression		