

**“Do not only add years to life,
but also add life to years – as well as to
people with disabilities”**

Article of the European Senior Citizens' Union
about the general topic:

“Senior citizens in society”

and about the European Commission's campaign

“2003 – European Year of People with Disabilities”

“Do not only add years to life but also life to years”

Preamble

In all European countries an increasing longevity can be determined. Due to dramatically declining birth rates at the same time the percentage of elderly population increases more and more.

Life expectancy¹ in Europe in the 20th Century

Life expectancy in Europe ranks among the highest world-wide: In 2000 life expectancy in the EU-countries amounted to 81.2 years for newborn girls and 74.9 years for newborn boys. In Spain life expectancy is above-average (82.7 resp. 81.2 years), together with France even on top of all EU-countries. In Germany life expectancy of newborn is below EU-average – only 74.7 years for male and 80.7 for female newborn in 1999. In all EU-countries women’s life expectancy is higher than men’s: 7.5 years in France, 7.3 years in Spain; in Germany the difference amounts to 6 years and in Iceland women’s life expectancy is only 3.6 years higher than those of men.

In most European countries 65-year-old women can expect more than 20 additional years, men of the same age 16,1 years. 60-year-old people on average live to see another 20 - 23 years.

That is to say: After having retired from work people are still facing more than a quarter of their life! Many elderly people nowadays are not prepared for such a long period of post-professional life.

We have, however, an extension of the youth, too: We have a longer period of school education and vocational training, late entry into professional life, people get married at a later point in life – and political parties accept 35-year-old members in their youth organizations. So, you are considered a “young person“ until 35, being 45 you are already an

¹ The numbers quoted in this article are based on the statistical yearbook (EUROSTAT) 2002!

“elderly employee“, and when you are unemployed at the age of 50 you are “too old“ for getting a new job again. The actual active average adult age is being pressed from both sides to only 10 - 15 years. These days people are spending almost half their life as senior citizens!

A hundred years ago average life expectancy was 45 years and only 5 per cent of Germany's population had been 60 years or older; in 1950 it was already 14 per cent, in 2000 23.2 per cent and in 2025 more than 33 per cent will be 60 years or older, in 2050 even 38.1 per cent. In Spain this increase is even more obvious: In 1950 only 10.9 per cent of the population were senior citizens, in 1975 14 per cent have been 60 years or older, in 2000 it were 21.8 per cent and in 2050 it will be 44.1 per cent – far more than in all other European countries: Italy 42.3 per cent, Austria 41.0 per cent, Switzerland 38.9 per cent, France 32.7 per cent (UN 2002: World Population Aging 1950-2050).

In 2000 older than 65 years have been: in France 16 per cent, in Germany 16.4 per cent of the population, in Spain 17 per cent, in Italy 18.1 per cent. Countries with the least share of over-65-year-old people are Finland with only 10.3 per cent, Iceland with 11.3 per cent and Ireland with 11.5 per cent. These countries, however, have higher birth rates, too.

Conclusion: The general trend of the population structure in the individual countries is developing from a pyramid towards a mushroom.

“Young old“ people and “old young“ people

We have in Europe an **increasing share of the over 70-, 80-, 90 and 100-year-old**. 35 years ago in Germany lived 265 100-year-old citizens; in 1994 it had been 4602 (558 men and 4004 women), in 2000 it were 7,200 and in 2025 we expect 44,200 centenarians, in 2050 even 114,700 (at a total population of presently about 82 million and then only 70 million). In Spain with its about 40 million inhabitants live about 5,000 centenarians by now and it will be 8,800 in 2025, in 2050 even 33,700 – at a total population of 31 million at that point (UN: 2002: World Population Aging, p. 244 and 420). Analysing the results of many

centenarians-studies all over the world it can be determined: about a third of the centenarians is quite sprightly still and can manage everyday-life by themselves, a third needs some help with the household, can, however, still go out for a walk – and the last third is in need of care and virtually wishes for death.

The share of geriatric, of over-80-year-old people, will be the most growing part of population worldwide in the next years. The usual division, however, into so-called “young old” people and at the age of 80/85 “old old“ people is getting problematic. Some people may be “old old“ at the age of 55/60, others may still be “young old“ when they are 90. The “functional age“ is decisive – the efficiency of different physical and mental-intellectual abilities.

Conclusion: These efficiencies are definitely not bound to a chronological age, but are influenced by biological and social aspects, which have an effect during a life. School education, vocational training, life style and reaction to strain will be decisive at that point – but above all an active life style paying attention to physical training, versatile mental stimulation and contact to others.

Furthermore, close connections between the quality of life being elderly and “the feeling of being important and needed” have been found. People – especially when they are getting older – need a challenge which should be neither overstraining nor unchallenging.

Adding years to life

A correction of the negative image of the age in our society is necessary.

Even 60-year-old pensioners are not asked anymore, are not heard anymore, are pushed away.

That is a waste of human resources.

People are not taken serious any more, at the most they are referred to senior citizens offices. That should not mean that these institutions are not useful, but politics on each level – as well as economics and science – need the advise, experience and special knowledge of elderly people **for decisions in all fields of politics, from foreign policy to economic and social policy, law and finance policy, cultural and educational policy, domestic and family policy.** It is a complete misinterpretation that senior citizens pursue a policy only for senior citizens. **Only a cooperation of all generations can contribute to “adding years to life”!**

Growing old is a lifelong process.

Our experiences as a child (school, nutrition, state of health, education, familial security), as a teenager and as a young adult (vocational training, social relationships, leisure activities, religious background, woman’s role in society, health care, family relationships) and – what is even more – during the midlife adulthood (type and heaviness of work etc) seriously influence the way we experience our life at the age of 60, 70 years and more. Other cultural roots, languages, customs and traditions of their native country are for many immigrants to Europe an extra barricade for getting in contact with their social environment and without doubt have an influence on how they grow old and how old they become.

At that point the indigenous population is facing additional challenges waiting for a smooth solution.

State of age and ageing processes can be understood only on the basis of our own biography. There are **considerable regional differences** in ageing processes. **This is a challenge for the ESU!**

Do we – as senior citizens – tell the young people of our countries and those of other countries about how it was then and how it is now?

Only if we do so we can understand each other.

Nothing about us without us

We should especially **in this year of people with disabilities think about those people who are disabled for life or since their early youth.** For them, who have been through a difficult (personal) development and very often even don't know the bright side of life it is a special challenge to add life to their years. Many disabled could never go to a regular school, worked in sheltered workshops or lost their social environment after having given up their job. They extremely suffer from being excluded from other social networks (clubs etc.) all their life. In case their parents died or if they lived in a flat share and suddenly the daily routine is being seriously disturbed because of not going to work anymore, re-orientation in this post-professional time is extremely difficult for them. In that matter the ESU is especially asked to take care of those who are getting older and to establish appropriate offers.

We also think about those people who are confronted with major handicaps when getting older (visual impairment, hearing damages, immobility, mental illness). How can we help those people to make their life worth living even at old age and to integrate them? Transportation and visiting services, help with integration.

Conclusion: A) European Senior Citizens Union is therefore asking all citizens of EU-countries to take care via their political representation, that in all EU-countries prevention in the field of health care will start and development and expansion of rehabilitation will be established.

The charges involved should be paid by the rules of solidarity and organised by the necessary personal responsibility.

Trainings using geriatric tools are to be organised in networks and facilities for the handicapped are to be defined as a duty.

Science and technology should effectively intent to grant people with disabilities the "state of the art".

B) Due to its technical diversity the media is notably responsible for building bridges to people with disabilities.

It is an essential ethic duty for all of us to do our best to integrate those who live in the shady side into the biocoenosis of those who are healthy and to present all possibilities to do that.

Adding life to years

An age-based environment

Our environment is not arranged for an age-based and handicapped accessible society in which very soon a 75-year-old person faces only six persons younger than 65.

This is a challenge for urban management and transport planning, which can contribute a lot to the aim of “adding life to years“, namely for competent old people as well as for disabled people:

The future city must be an “age-based” city; it should consider, however, as well increasing leisure time of its citizens of any age, families with children and the increasing number of single households.

An “**age-based city**” should keep in mind its elderly people, so-called “**young old**” which are to be motivated to live an active life and “**inspiring (which means healthy) ageing**”, but also the so-called “**old old**“ which are restricted in terms of their mobility and a multitude of different barriers (regarding urban or transport policy or even administrative imprudence) and thus are disabled from **being mobile in the best possible way.**

For example:

- underground parking without lifts
- missing benches
- missing traffic light controlled pedestrian crossing
- too short green phases at traffic lights
- parking on pedestrian walks
- tram and busses with way to high steps
- missing appropriate handholds
- very few, easy accessible and often badly signposted toilets
- steps – even if there are only 2 or 3 – without banisters
- badly marked steps

Further, we need:

- expansion of transportation services for old and disabled people
- petrol stations with service
- help at check-outs in supermarkets!

Those who have in mind “barrier-free“ entries to offices only, forget a lot more! – e.g. in picture galleries or museums information about the paintings is presented on mini-signs of about 10 x 10 cm that are almost impossible to read. That also applies to seat reservations in long-distance and suburban trains. Especially people with disabilities need signs at eye level – if not they are worth nothing for them.

The “active old“ people need offers on the spot (that applies to the sponsors of institutions of the elderly) stimulating the “grey cells“:

- for mental stimulation
- for freedom of mind
- offers for further education and training

Special challenges of the media:

Conclusion: The modern technology and its usage makes participation in a life in society for disabled people a lot easier.

Each member of the EU is therefore responsible that the technical possibilities are applied on the spot. If necessary, this is to be passed as a law.

We know, that several EU-countries achieved a lot of successful and impressive results in this field.

Longevity obliges – especially in an ageing society!

The art of medicine, the advancements in medical technology, the social wealth – and first of all an increased health-conscious lifestyle – offer us a longer life. Those years are to be enrichment, not to prolong the time of ailment. Of course, disease and lingering illness are partly destiny or God's will, and they may affect anybody; but often prevention, health care, and early diagnostics, as well as wholesome food, physical, mental, and social activities, human relations and the courage to face life can help to prevent diseases.

Longevity obliges each of us, as well as society and politics organising the health sector, to contribute to an ageing process as healthy as possible.

Conclusion: An early starting prevention (in young years!!) is an essential requirement for adding life to years.

Challenges of a society getting older and changing dramatically

Nowadays politics for senior citizens should be more than just pure pension and health care politics – even though these aspects are very important!

Politics for senior citizens – and therefore for all generations – has to be built upon at least 3 pillars:

Pillar 1

It is necessary to **preserve and strengthen the skills of elderly people, to do everything possible for the preservation and enhancement of their competences, as well as for prevention. Prevention has to be considered much more important than done so far. This requires bearing in mind that ageing is a lifelong process.** Already during

childhood and youth, but particularly at the stages of early and middle adulthood, **precaution, prophylaxis and prevention need to get more attention.**

Here each of us is asked to act her/himself – in terms of the preservation and enhancement of physical, mental and social activities, – but also the society, the communes, and the states are asked to provide possibilities (from sports centres to suitable offers at adult education centres) for such activities. Further on it is necessary to motivate for activities and to detect and abolish possible barriers confronting those activities.

Pillar 2

It is necessary to address more attention to the encouragement of rehabilitation possibilities in the broadest sense. Rehabilitation in the sense of leading an independent life is also possible for people with disabilities who suffer from them their whole life (and in sub-areas even for elderly people with Down Syndrome).

Conclusion: Geriatric rehabilitation after illness at older age must be facilitated and extended. A good geriatric rehabilitation is able to reduce the number of people in need of care – helping not only the affected individual, but also its family, the commune, and the society.

Pillar 3

The third pillar of the politics for senior citizens concerns the coverage of health care, the provision of **health care quality assurance, and in particular facilities for confused people (dementia).**

In many cases it is necessary to **correct the picture of an “old person”**. Elderly people do not, per se, constitute a problem group; but often they are made one. It is important to give elderly people a task in our society, in order not to segregate them. What can be done to make life liveable for elderly people, disadvantaged seniors and seniors living in institutions?

What can be done to ensure quality of life for seniors growing old away from home? Here it is important to bear in mind that “quality of life” and “subjective well-being” are influenced by objective factors in a minimum way only. Our regions and countries may have very different understandings of the term “quality of life” – even within one and the same country the differences are significant.

There are basic needs for which we fight (see World Congress about Questions on Ageing, held in Madrid, 2002), but each country in the EU needs to solve its own problems.

The EU’s new politics for senior citizens

During the 60s politics for senior citizens only based on the question: **“What can the society do for senior citizens?”** Today we also need to ask: **“What can senior citizens do for the society?”**

Within the scope of civil commitment and altruism we can already find many examples of an admirable dedication of senior citizens.

Unfortunately there are many examples showing that our society does not use this operational readiness – in most cases due to a negative picture of ageing.

Conclusion: Supported by the media, the European Senior Citizens' Union therefore asks the European Parliament and the European Commission, to show, in the civil society forming in Europe, commitment to ageing and fulfil a demand already stated by Romano Prodi in the year 2000:

“Civil values are essential – Europe needs a soul!”