


Basic information	
2012/2129(INI) INI - Own-initiative procedure Prevention of age-related diseases of women Subject 4.10.07 The elderly 4.10.09 Women condition and rights 4.20.01 Medicine, diseases	Procedure completed

Key players			
European Parliament	Committee responsible	Rapporteur	Appointed
	FEMM Women's Rights and Gender Equality	ANGELILLI Roberta (PPE)	03/10/2011
		Shadow rapporteur PALIADELI Chrysoula (S&D) OVIIR Siiri (ALDE) YANNAKOUDAKIS Marina (ECR)	
	Committee for opinion	Rapporteur for opinion	Appointed
	ENVI Environment, Climate and Food Safety	The committee decided not to give an opinion.	
European Commission	Commission DG	Commissioner	
	Health and Food Safety	BORG Tonio	

Key events			
Date	Event	Reference	Summary
05/07/2012	Committee referral announced in Parliament		
10/10/2012	Vote in committee		
18/10/2012	Committee report tabled for plenary	A7-0340/2012	Summary
10/12/2012	Debate in Parliament	CRE link	
11/12/2012	Decision by Parliament	T7-0482/2012	Summary
11/12/2012	Results of vote in Parliament		
11/12/2012	End of procedure in Parliament		

Technical information	
Procedure reference	2012/2129(INI)
Procedure type	INI - Own-initiative procedure
Procedure subtype	Initiative
Legal basis	Rules of Procedure EP 55
Other legal basis	Rules of Procedure EP 165
Stage reached in procedure	Procedure completed
Committee dossier	FEMM/7/09674

Documentation gateway				
European Parliament				
Document type	Committee	Reference	Date	Summary
Committee draft report		PE491.089	03/07/2012	
Amendments tabled in committee		PE496.309	20/09/2012	
Committee report tabled for plenary, single reading		A7-0340/2012	18/10/2012	Summary
Text adopted by Parliament, single reading		T7-0482/2012	11/12/2012	Summary
European Commission				
Document type		Reference	Date	Summary
Commission response to text adopted in plenary		SP(2013)175	13/05/2013	

Prevention of age-related diseases of women

2012/2129(INI) - 18/10/2012 - Committee report tabled for plenary, single reading

The Committee on Women's Rights and Gender Equality adopted an own-initiative report by Roberta ANGELILLI (EPP, IT) on the prevention of age-related diseases of women.

Although women have a longer life expectancy at birth than men (82.4 years for women as opposed to 76.4 years for men), Members note that the gap in healthy life expectancy is more narrow being 61.7 years for men and 62.6 years for women. They have therefore need of **sufficient access to health care and home help** to enable them to enjoy equal rights and live independent lives.

Members note that women often choose flexible home-based, part-time, temporary or atypical employment, thereby compromising their career advancement, with major consequences in terms of their pension contributions, making them particularly vulnerable to situations of insecurity and poverty. Concrete and effective measures, such as the adoption of the Directive on equal treatment, are called for with a view to combating the multiple forms of discrimination faced by older women.

To favour active ageing in good health, Members recommend:

- initiatives to achieve more effective prevention of illnesses and improvement of women's health;
- raising EU citizens' awareness of ageing issues and its real effects, something which has been one of the main messages of the European Year of Active Ageing 2012;
- particular attention is paid to older women immigrants, who suffer from harsh economic and social conditions and often encounter difficulties in gaining access to social protection measures and health care services;
- the adoption of comprehensive and multidisciplinary strategies to enable people to age in good health.

Members call for the publication of an assessment of the **impact of the economic and financial crisis** on elderly women, focusing on access to preventive health care and treatment. They note that public spending on health accounts for 7.8 % of EU GDP and that, because of population ageing, expenditure on long- and short-term assistance is predicted to rise by 3 % by 2060. They call upon the Member States to strike a fine balance between implementing drastic measures to fight the financial and economic crisis and providing sufficient and adequate funding for health and social care. They also call on the Commission and the Member States to fully recognise the gender dimension in health as an essential part in EU health policies and national health policies.

Age-related illnesses: Members point out that many disorders are often underestimated where women are concerned, for example, **heart diseases** which are considered to be a male problem (whereas cardiovascular diseases kill more than two million people a year in the Member States, accounting for 42 % of all deaths in the EU and are the cause of 45 % of deaths among women compared with 38 % among men). Measures aimed at **raising awareness among women** of the risk factors involved in cardiovascular diseases are required.

Members also mention the problem of increased **alcohol consumption** among older women in Europe, and the rising number of female smokers. They call on the Member States and the Commission to adopt programmes to **discourage smoking**, aimed especially at young women (the WHO estimates that the percentage of female smokers in Europe will increase from the present 12 % to roughly 20 % by 2025). The Commission should also encourage initiatives to improve information on the risks associated with smoking and drinking and on the benefits of a proper diet and sufficient exercise, these being ways to prevent obesity, high blood pressure, and the related complications.

Other awareness programmes should be initiated in order to better inform the public about diseases of the bones and joints and **Alzheimer's disease** which affects about 1 person in 20 over 65, 1 in 5 over 80 and 1 in 3 over 90. A holistic and gender-sensitive approach to Alzheimer's disease and other dementias is called for.

Members also call on the Commission to prepare:

- a specific EU strategy on the prevention, diagnosis and management of **diabetes**;
- a study on the link between the economic downturn on elderly women, given the suicide rate is highest among the over-65s and the numbers of **suicide** attempts are higher for women than for men;
- more accurate information about mental health and the relationship between mental health and a healthy lifetime;
- specific training courses for general practitioners and mental health professionals, including doctors, psychologists, and nurses, on the prevention and treatment of **neurodegenerative diseases and depressive disorders**, paying specific attention to the additional challenges faced by older women;
- actions in the field of memory disabling diseases, such as **dementia**, and increase their efforts in medical and social research in order to increase the quality of life of people with the disease and that of their carers.

Access to health services: Members call on the Member States to support the initiatives needed to help older women access medical and health services, including women living far from larger centres and in areas difficult to access. They call on the Member States to further develop **eHealth services** and gender-sensitive ambient-assisted living solutions in order to **promote independent living at home, and to make health services more efficient and accessible for older women who are isolated**.

In particular, Members call for:

- a rights-based approach to be taken in order to enable older people to play an active role when decisions are made on the choice and the design of the care and social services provided for them;
- welfare protection schemes, including health insurance, takes account of unemployment and social difficulties affecting women;
- better access to medical, healthcare and other forms of assistance for women who, notwithstanding their own health problems, are required to care for dependants;
- an increasing amount of medical and paramedical personnel prepared to adopt an approach which, given the gender- and age-specific factors involved, should allow for the special psychological, interpersonal, and information needs of older women;
- telephone help-lines providing care, protection and psychological support for the elderly;
- the collection of data and the exchange of good practices regarding access to health services;
- the **strengthening of preventive healthcare for older women** by providing, for example, accessible and regular mammograms and cervical smear tests and the removal of age limits in access to health prevention.

Research and prevention: Members note with concern EU research results published in April 2011 showing that some 28% of women aged 60 years or older have been mistreated in the last 12 months. They take the view that **priority** must be given to the protection of the elderly from **abuse**, mistreatment, neglect and exploitation, whether intentional and deliberate or resulting from carelessness. They call on the Member States to strengthen their actions to prevent elder abuse at home and in institutions.

In regard to research, they call for the development, in the context of Horizon 2020, of a strategic plan of research into health care for women over the next decade and the creation of a women's health research institute to ensure implementation thereof.

In respect of prevention, Members call on the Council, the Commission and the Member States, each at their own level, to:

- support the European innovation partnership on active and healthy ageing as a pilot initiative seeking to achieve a two-year increase in expectancy of life in good health for EU citizens by 2020 ;
- promote dietary habits and lifestyles favourable to better health (e.g. (EATWELL project, EU Platform on Diet, Physical Activity and Health Salt Reduction Framework), and
- implement efficiently the European partnership for action against cancer.

Members also call on the Commission to:

- promote prevention across sectors and at all levels of society and to promote health through the timely diagnosis of illnesses and screening,
- encourage within the framework of Horizon 2020 closer scientific collaboration and comparative research on **multiple sclerosis** within the European Union;
- consult with the Council with a view to reactivating, and giving proper effect to, the recommendation on **cancer screening**, focussing in particular on sections of the population who are disadvantaged in social and economic terms;
- promote women's rights with a view to combating all forms of age- and gender-based violence and discrimination.

Regretting the fact that 97 % of health budgets is earmarked for the treatment of non-communicable diseases and only 3 % for investment in prevention, **Member States are called on to increase their health budget to include prevention activities**. They are also invited to:

- develop innovative solutions directly through cooperation with patients in order to meet the needs of older people more effectively;
- put more focus on osteoporosis awareness campaigns and to provide clearer information about osteoporosis screening to prevent fractures;
- support awareness campaigns promoting healthy diets and physical activity and improve information and education at school and through health messages, regarding the importance of ensuring correct nutrition and the health risks of the failure to do so.

Prevention of age-related diseases of women

2012/2129(INI) - 11/12/2012 - Text adopted by Parliament, single reading

The European Parliament adopted a resolution on the prevention of age-related diseases of women.

Although women have a longer life expectancy at birth than men (82.4 years for women as opposed to 76.4 years for men), Parliament notes that the gap in healthy life expectancy is narrower being 61.7 years for men and 62.6 years for women. They have therefore need of **sufficient access to health care and home help** to enable them to enjoy equal rights and live independent lives.

Parliament notes that women often choose flexible home-based, part-time, temporary or atypical employment, thereby compromising their career advancement, with major consequences in terms of their pension contributions, making them particularly vulnerable to situations of insecurity and poverty. Concrete and effective measures, such as the adoption of the Directive on equal treatment, are called for with a view to combating the multiple forms of discrimination faced by older women.

To favour active ageing in good health, Parliament recommends:

- initiatives to achieve more effective prevention of illnesses and improvement of women's health;
- raising EU citizens' awareness of ageing issues and its real effects, something which has been one of the main messages of the European Year of Active Ageing 2012;
- particular attention is paid to older women immigrants, who suffer from harsh economic and social conditions and often encounter difficulties in gaining access to social protection measures and health care services;
- the adoption of comprehensive and multidisciplinary strategies to enable people to age in good health;
- a more positive attitude towards ageing.

Members call for the publication of an assessment of the **impact of the economic and financial crisis** on elderly women, focusing on access to preventive health care and treatment. They note that public spending on health accounts for 7.8 % of EU GDP and that, because of population ageing, expenditure on long- and short-term assistance is predicted to rise by 3 % by 2060. They call upon the Member States to strike a **fine balance** between implementing drastic measures to fight the financial and economic crisis and providing sufficient and adequate funding for health and social care. They also call on the Commission and the Member States to fully recognise the gender dimension in health as an essential part in EU health policies and national health policies.

Age-related illnesses: Parliament points out that many disorders are often underestimated where women are concerned, for example, **heart diseases** which are considered to be a male problem (whereas cardiovascular diseases kill more than two million people a year in the Member States, accounting for 42 % of all deaths in the EU and are the cause of 45 % of deaths among women compared with 38 % among men). Measures aimed at **raising awareness among women of the risk factors** involved in cardiovascular diseases are required.

Parliament also mentions the problem of increased **alcohol consumption** among older women in Europe, and the rising number of female smokers. It calls on the Member States and the Commission to adopt **programmes to discourage smoking**, aimed especially at young women (the WHO estimates that the percentage of female smokers in Europe will increase from the present 12 % to roughly 20 % by 2025). The Commission should also encourage initiatives to improve information on the risks associated with smoking and drinking and on the benefits of a proper diet and sufficient exercise, these being ways to prevent obesity, high blood pressure, and the related complications.

Other awareness programmes should be initiated in order to better inform the public about diseases of the bones and joints and **Alzheimer's disease** which affects about 1 person in 20 over 65, 1 in 5 over 80 and 1 in 3 over 90. A holistic and gender-sensitive approach to Alzheimer's disease and other dementias is called for.

Parliament also calls on the Commission to prepare:

- a specific EU strategy on the prevention, diagnosis and management of **diabetes**;
- a study on the link between the economic downturn on elderly women, given the **suicide rate** is highest among the over-65s and the numbers of suicide attempts are higher for women than for men;
- more accurate information about mental health and the relationship between mental health and a healthy lifetime;
- specific training courses for general practitioners and mental health professionals, including doctors, psychologists, and nurses, on the prevention and treatment of **neurodegenerative diseases and depressive disorders**, paying specific attention to the additional challenges faced by older women;
- actions in the field of memory disabling diseases, such as **dementia**, and increase their efforts in medical and social research in order to increase the quality of life of people with the disease and that of their carers.

Access to health services: Parliament calls on the Member States to support the initiatives needed to help older women access medical and health services, including women living far from larger centres and in areas difficult to access. It calls on the Member States to further develop **eHealth services** and gender-sensitive ambient-assisted living solutions in order to **promote independent living at home, to make health services more efficient and accessible for older women who are isolated and to establish a 24-hour telephone advice network**.

In particular, Parliament calls for:

- a rights-based approach to be taken in order to enable older people to play an active role when decisions are made on the choice and the design of the care and social services provided for them;
- welfare protection schemes, including health insurance, takes account of unemployment and social difficulties affecting women;
- better access to medical, healthcare and other forms of assistance for women who, notwithstanding their own health problems, are required to care for dependants;
- an increasing amount of medical and paramedical personnel prepared to adopt an approach which, given the gender- and age-specific factors involved, should allow for the special psychological, interpersonal, and information needs of older women;
- telephone help-lines providing care, protection and psychological support for the elderly;
- the collection of data and the exchange of good practices regarding access to health services;
- the **strengthening of preventive healthcare for older women** by providing, for example, accessible and regular mammograms and cervical smear tests and the removal of age limits in access to health prevention;
- the reorganisation of public and private institutions providing healthcare for the elderly and run along hospital lines in a manner that is more congenial to residents.

Research and prevention: Parliament notes with concern EU research results published in April 2011 showing that some 28% of women aged 60 years or older have been **mistreated** in the last 12 months. It takes the view that **priority** must be given to the protection of the elderly from abuse, mistreatment, neglect and exploitation, whether intentional and deliberate or resulting from carelessness. It calls on the Member States to strengthen their actions to prevent elder abuse at home and in institutions.

In regard to **research**, they call for the development, in the context of Horizon 2020, of a strategic plan of research into health care for women over the next decade and the creation of a women's health research institute to ensure implementation thereof.

In respect of prevention, Members call on the Council, the Commission and the Member States, each at their own level, to:

- promote dietary habits and lifestyles favourable to better health (e.g. (EATWELL project, EU Platform on Diet, Physical Activity and Health Salt Reduction Framework), and
- implement efficiently the European partnership for action against cancer.

Members also call on the Commission to:

- promote prevention across sectors and at all levels of society and to promote health through the timely diagnosis of illnesses and screening,
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- consult with the Council with a view to reactivating, and giving proper effect to, the recommendation on **cancer screening**, focussing in particular on sections of the population who are disadvantaged in social and economic terms;
- promote women's rights with a view to combating all forms of age- and gender-based violence and discrimination.

Parliament supports the European innovation partnership on active and healthy ageing as a pilot initiative seeking to achieve a two-year increase in expectancy of life in good health for EU citizens by 2020 and resolves to achieve three objectives for Europe in terms of improving standards of health and quality of life for the elderly and the sustainability and effectiveness of care arrangements.

Regretting the fact that 97 % of health budgets is earmarked for the treatment of non-communicable diseases and only 3 % for investment in prevention, Member States are called on **to increase their health budget to include prevention activities**. They are also invited to:

- develop innovative solutions directly through cooperation with patients in order to meet the needs of older people more effectively;
- put more focus on osteoporosis awareness campaigns and to provide clearer information about osteoporosis screening to prevent fractures;
- adapt the **age limit for screening programmes**, at least in countries with a higher incidence of disease and in cases where patients' family history puts them particularly at risk;
- support awareness campaigns promoting healthy diets and physical activity and improve information and education at school and through health messages, regarding the importance of ensuring correct nutrition and the health risks of the failure to do so.