The European Commission and AARP, a 37 million-member nongovernmental organization for persons 50+, will hold a joint conference to highlight common challenges and promote a cross-Atlantic exchange of ideas and experiences in long term care.

*The Cross Atlantic Exchange to Advance Long-Term Care* will convene a group of international opinion leaders from the United States (US) and the European Union (EU), including policymakers, senior officials, non-governmental organizations, and other leaders. This conference will discuss and highlight common challenges and opportunities with the aim of developing a platform for exchange and dialogue, policy analysis and the formulation of policy recommendations.

To advance the delivery of quality long-term care services and support to an increasing aging population, the conference themes will underscore the provision of high-quality, affordable long-term care for older people as a cross-cutting policy issue and challenge for many nations. Long-term care is a current priority issue deserving careful consideration by countries facing pressure due to strongly increasing older populations.
The DG Employment, Social Affairs and Equal Opportunities is co-organising this conference to further support mutual exchange and learning in this field as a part of the work with long-term care (LTC) within the Open Method of Coordination on Social Inclusion and Social Protection (OMC). It is organised together with the AARP in order to broaden horizons and promote exchange of ideas and experiences in LTC. The conference builds on earlier and ongoing work within the OMC, such as the conference on LTC in Luxemburg in May 2005, the preliminary national statements on healthcare and LTC in the spring of 2005 as well as other work in the EU related to the ageing populations and LTC.

The results from this conference should feed into the work this autumn by the Social Protection Committee and the Commission services to follow up on the forthcoming 2006 National Reports on Strategies for Social Protection and Social Inclusion.

In spring 2005 the EU Member States presented preliminary national statements regarding the challenges facing their healthcare and long-term care systems, current reforms and medium term policies. The Social Protection Committee (SPC) adopted a memorandum later in 2005, which highlights the main issues raised by the national statements and through discussions in the SPC and other bodies, in order to help prepare the basis for future work on health and LTC within the streamlined open method of coordination on social protection. The memorandum identifies some key issues on which further work could be most useful in the context of the OMC.

One of the identified key issues, concerns the development of the provision of LTC. The need for LTC is now widely accepted as a major social risk, which will require considerable efforts in many Member States to develop already existing services so as to ensure that all people in need can have access to it or to establish adequate social protection against this risk through insurance mechanisms. Member States have to review the role of public intervention in this area (including the protection of rights of care users), taking into account demographic changes, including a reduced ability of families to provide informal care. In this context, it could also be useful to examine via the OMC to what extent prevention and rehabilitation services, as well as a better coordination of various types of care for the elderly (medical, social, formal and informal), can contribute to a better quality of life and reduced costs of care.

The conclusions in the memorandum fed into the preparation of the new streamlined OMC and the new Common Objectives that was agreed in March 2006, including the three specific objectives that aim to support accessible, high-quality and sustainable healthcare and LTC by ensuring:

- Access for all to adequate health care and LTC and that the need for care does not lead to poverty and financial dependency; and that inequities in access to care and in health outcomes are addressed;
- Quality in health care and LTC and by adapting care, including developing preventive care, to the changing needs and preferences of society and individuals, notably by developing quality standards reflecting best international practice and by strengthening the responsibility of health professionals and of patients and care recipients;
- That adequate and high quality health care and LTC remains affordable and financially sustainable by promoting a rational use of resources, notably through appropriate incentives for users and providers, good governance and coordination between care systems and public and private institutions. Long-term sustainability and quality require the promotion of healthy and active life styles and good human resources for the care sector.
The policy work in the fields of health care and LTC should also contribute to the overarching objectives of the OMC for social protection and social inclusion, to promote: Social cohesion, equality and equal opportunities; Interaction with the Lisbon objectives for greater economic growth, more and better jobs; Good governance, transparency and involvement of stakeholders in the policy work.

The EU Member States have agreed to provide new National Reports on Strategies for Social Protection and Social Inclusion in September 2006 in relation to the streamlined OMC and the new common objectives, including the health care and LTC areas. The national reports should preferably have a specific part about LTC, with a brief description of relevant LTC systems on national, regional and/or local level and their interaction, and with comments on how national priority policies relate to the common objectives.

The results from this conference will feed into the work this autumn by the Social Protection Committee and the Commission services to follow up the 2006 National Reports on Strategies for Social Protection and Social Inclusion. The results will also be relevant to the continued activities in 2007, and to the work related to the renewed Lisbon Strategy and the National Reform Programmes.

Other important research and policy work related to LTC is conducted by the Economic Policy Committee and its secretariat in the European Commission, the Public Health area and the EU Research programmes. Some of this is described in the separate, more detailed Conference Background Paper.

**LUXEMBOURG PRESIDENCY CONFERENCE 2005**

The Luxembourg Presidency Conference on “Long-term Care for Older Persons”, in May 2005, was organised in the context of work carried out at the European level in recent years to modernise the European Social Model and to develop European social policies based on the principles of social justice, cohesion and equity. The conference aimed to offer a comprehensive assessment of LTC for older persons within the EU. The central topic of the conference was analysed from four different points of view: the need of LTC for older people, responsibility for LTC, social protection with respect to LTC and social justice and LTC. Within the different national contexts, common lines of reflection leading to a common social policy in this field were identified.

The growing number of older persons and the resulting needs of support and care services in order to ensure decent living conditions was a key conclusion of the Luxembourg conference. The conclusions also stressed the importance of prevention and an active life to reduce the risk of dependency later in life. The common importance in all countries of informal support and care provision, mainly by family members, and a smooth coordination with formal support and care services was highlighted. Informal carers, mostly women, need also to be supported in various ways, to allow them to care for a dependent person without having to give up their own life goals. A concluding presentation pointed out that public financing of LTC, through either a social insurance or tax based system, seems to be more efficient than private financing solutions, whereas both private and/or public providers can provide the support and care services. The conference also showed how important it is for national, regional and local authorities to learn from each others solutions and experiences.

Since its inception in 1958, AARP, a 37 million member non-governmental association, has served as a respected source of information and advocacy on issues affecting aging populations worldwide. AARP identifies aging as a positive achievement and an opportunity to change for the better the way we work, contribute socially, and enjoy life. AARP also recognizes the 50+ population as a productive and intellectual resource that is making major contributions to economies and societies around the world.

AARP created the ‘Global Aging Program’, which has already developed relationships with a number of international governing bodies such as the European Commission, to help bring the dialogue on global aging a cohesive voice among nations. The Global Aging Program fosters this global collaboration, acting as a partner and catalyst to governments and decision-makers in all sectors to help address and favorably shape the social and economic implications of aging worldwide.

The whole world is facing the similar challenge of a rapidly ageing population therefore coordinated actions are needed not only at local, but national and international level too. There is a need to create a global collaboration to ensure ‘people around the world can age with independence, dignity and quality of life’. This is AARP’s Global Aging Program objective and the reason to partner with European Commission to organize the Cross Atlantic Exchange.

AARP is working to ensuring choice, dignity, affordability and access to quality LTC services. AARP looks abroad to learn from countries with model LTC systems to find answers and has sponsored conferences and research on recruiting and retaining a quality LTC workforce.

In October 2005 AARP Global Aging Program sponsored an international conference to address workforce shortages in LTC systems and to explore the potential causes and existing patterns of international migration of workers to work in developed countries. Additionally in October 2003 a forum sponsored by AARP’s Global Aging Program, focused on how developed nations are addressing access, cost, and quality issues of LTC through growth in community-based services, consumer-directed care, universal public programs, and other approaches and best practices.

Our goals and work in LTC are furthered by fact-finding missions taken by AARP Chief Executive Officer, Bill Novelli, to Sweden, the Netherlands, Italy, Germany, the UK and Belgium where he has met with high-level opinion leaders to discuss issues relating to the aging population and foster global collaboration.

In 2006 the AARP Board Members and Executive Team leaders visited France, The Netherlands, Norway and the UK to develop a deeper understanding of approaches to health and LTC delivery and financing. The goal were to identify what is working in these areas and bring ideas to the US to help inform a robust national dialogue on how best to strengthen health and LTC in the US.
CONFERENCE BACKGROUND PAPER

Delegates to this international conference are invited to review the conference background paper prepared by the Centre for European Policy Studies (CEPS) prior to participation in the upcoming conference. This background paper begins with a discussion of the overall goal of promoting healthy and active ageing, followed by three sections that provide a brief overview of the topics to be discussed in the three sessions of the conference with background information of developments in the EU and US:

- Enhancing independence by receiving care at home and in the community as much as possible;
- Identifying sources of quality LTC services, including supporting family caregivers, promoting consumer-directed approaches to services, and developing the capacity of the LTC workforce; and
- Ensuring sustainable financing of LTC systems.

The paper can be downloaded from: http://www.aarp.org/ltcbrussels/resources.html

ISSUES FOR DISCUSSION

Against this background, the conference background paper poses 10 key questions for consideration. The questions aim to facilitate dialogue on the cross-Atlantic issues around LTC. Delegates to the conference may wish to consider the following questions:

1) How can people with care needs obtain access to affordable, quality LTC, and what is the role of authorities and other stakeholders in providing this access? How can the commitment to sustainable access to quality LTC for all be realized in the EU and the US?
2) How can EU Member States and the US best promote active and healthy ageing, e.g. through promoting prevention, better nutrition and physical activity for seniors and active participation in society?
3) Given that some EU Member States and some states within the US have more well developed home and community-based services than others, how can governments ensure the proper infrastructure and funding to provide care in the community? What policies should be in place to allow people to grow old where they choose?
4) How can quality be assured for the millions of people who are cared for in their homes across the EU and US? How can quality be assured for those who need residential care in nursing homes or assisted living facilities?
5) How will the trend toward consumer-directed care impact the provision of formal care and family caregivers?
6) What should governments do to support family caregivers, so they can continue to provide care support?
7) How can government, social partners—i.e., trade unions and employer's associations, and care providers—facilitate recruitment and retention of LTC workers? What broader strategies, including training and improving remuneration and working conditions, would be most effective in ensuring an adequate workforce?
8) What can be the contribution of voluntary or statutory insurance schemes or specially targeted funding schemes in ensuring sustainability of LTC provision?
9) What additional financing options may be useful to help make LTC more accessible and affordable?
10) How can systems of LTC be designed so as to allow smooth adjustment in case of unanticipated demographic, bio-medical or social developments?