

## EUROPEAN PUBLIC POLICIES PROMOTING THE PROTECTION OF THE ELDERLY

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**ABSTRACT:** *The challenges that the elderly face in their everyday life are inexhaustible and at the same time complex, requiring the development and implementation of measures, public policies of social support for this segment of the population in which all perspectives of aging are included. The social perceptions of the elderly, as well as the debates circulated regarding the "social cost" involved in the support aimed at them, represent broad topics of discussion in the design of social services dedicated to them.*

*In the implementation of social policies, several well-defined directions of action were included, such as: social integration of the elderly; aging and addiction prevention policies; recovery, reactivation and social insertion programs; home maintenance; organizing support networks and alternative care, etc.*

**Keywords:** *public policies; social policies; elderly people; active aging; social exclusion;*

### Introduction

The phenomenon of aging is an area of interest for every state, and through public and social policies strategies have been established with a priority role in promoting the active participation of the elderly in society, social inclusion and their well-being.

The aging of the population is one of the demographic characteristics that characterizes the whole world, including the Romanian society. At the European level, there are statistical projections that confirm the trends of accelerated aging of the elderly population, compared to other categories, predicting that by the year 2100 the age pyramid will be significantly reduced to the age of 55 at the most. The largest share of growth is attributed to the age group 80 years and over with almost 9% in the period 2019-2100, which will have a major influence on the increase in the elderly dependency ratio (Eurostat, 2021).

As a result of the fact that Europe's population is facing a rapid increase in the aging population segment due to a low birth rate, the phenomenon of external migration of the young population, who go to work abroad, but also economic changes, it must cope with a high demand for social care services for sick elderly people. It is well known that the problem encountered by the elderly is

particularly complex, a fact that requires the state authorities responsible for the development of public policies to take into account all the aspects related to the phenomenon of population aging.

In order to prevent aging and dependency, it is essential that European public policies take into account aspects related to the social integration of elderly people within their own families, by facilitating their access to the support network regarding care services at home or in care centers day, but also through the involvement of the community of which they are a part. The realization of this type of service involves the development of a social infrastructure capable of supporting a real network of services, sufficient financial resources, to be allocated at the national level after a thorough analysis, as well as the existence of a sufficient number of specialists in the field who can provide the necessary support for people who provide care for vulnerable elderly people.

### Public policies and social policies - definitions, taxonomies

The concept of public policy has a multidisciplinary character involving the perspectives of political, economic, administrative, legal and social sciences. The

research field of public policies has as its object of activity the study of political-administrative decisions at the level of government actions (central or local), in response to the problems that society highlights.

Analyzing the definitions offered by specialized literature, we observe the presence of representative elements for the construction of effective public policies. The first element refers to the concrete measures existing within public policies, the second includes the decisions and the different forms of resource allocation, and the third considers the public made up of individuals and groups to whom it is addressed.

Public policies can cover areas such as: the budget, finances, services, public administration, education, etc., and involve the allocation of resources (material and financial) and the involvement of several individuals or groups (government agencies, public policy advisors), who have a direct or indirect interest in the results of the public policy decision.

Public policies are both theories and processes, based on known theoretical models, which aim to change some social, political, economic, etc. phenomena in a time frame that is often anticipated.

The development of a public policy involves two phases: a first phase, which involves an analytical approach to solving a societal problem, based on the identification of effective solutions, and the second phase involves a political process based on values and perceptions of policy goals, in which focuses on finding solutions and directly influences the decision-making of the implementation of the respective public policy by the political class. Through public policies, governments express their political ideology, proposing government programs capable of producing changes in society (Lambru, 2007; Costantin & Iorga, 2009).

Public policies are addressed to all areas of activity essential for the proper functioning of a society, being often classified as sectoral policies, determined by their area of addressability, such as: economic policies, social policies, demographic policies, fiscal policies, etc.

Social policies are part of public policies

and assume the fulfillment of some human needs, such as those related to social protection, education, health, etc., based on the principle of resource redistribution. Likewise, social policies are seen as solutions for vulnerable social groups, but also to ensure individual and collective well-being (Pop, 2007).

The content of social policies is derived from legislative acts and decisions issued by government institutions, but also from social projects and programs that provide for intervention through income redistribution and the provision of goods and services.

For the good functioning of societies, it is desirable to adopt active social policies regarding the implementation of social insurance and social programs, which contribute to the formation of a state of social welfare (Zamfir, 2012).

The social policies undertaken at the level of a country are "the result of the interaction of the main political forces and interest groups" (Chipea, 2015, p. 38). Good state cooperation with public and private institutions designated to implement and provide social goods and services is essential when promoting and financing them.

It should be noted that public policies respond to the social problems faced by a society, determining the need to build social policies that support the population segment affected by social vulnerabilities.

### **Provisions of the European documents on aging and the elderly**

On December 10, 1948, the General Assembly of the United Nations drafted and signed the Universal Declaration of Human Rights, in which the universal rights of the person were formulated: the right to life, to liberty, the presumption of innocence, freedom of expression, the prohibition of torture, the right to free movement, the right to a decent living, to work, to education and healthcare.

Article 25 of the Universal Declaration of Human Rights stipulates the right of every person to lead a way of life that can ensure his health, well-being, as well as adequate social services in case of illness, unemployment, disability or old age.

The European Social Charter (revised in 1996) and published in the Official Gazette is a reference international convention on human rights and civil liberties, which mainly promotes social cohesion. According to this treaty, all categories of people, from children to the elderly, benefit from social and legal protection in a non-discriminatory manner. It also provides for the civil, political, economic and social rights of European citizens, which are based on the fundamental rights and freedoms recognized by the European Convention for the Protection of Human Rights and Fundamental Freedoms and the constitutional traditions of EU countries.

These rights are grouped into six chapters: dignity, freedom, equality, solidarity, citizens' rights and justice.

The social policy measures are included in Chapter 3, section 2, of the Treaty on European Union or the Maastricht Treaty and respect the objectives stipulated in the European Social Charter and those of the Community Charter of the Fundamental Social Rights of Workers of 1989. They are an integral part of The Social Policy Agreement, which includes aspects related to the promotion of employment, the dialogue between management and employees in social policy, the development of human resources, combating social exclusion, etc.

In Europe, the issue of the elderly is a subject of general interest, which concerns all citizens, regardless of age, in all European countries.

During the World Assembly on Aging in Madrid (2002) the International Plan of Action on Aging was adopted, which emphasizes the right of the elderly to development and the elimination of age discrimination. The main purpose of the Plan is to provide the necessary framework for aging in dignity and safety for people everywhere as full citizens.

Thus, governments are obliged to prioritize the problems and identify specific solutions regarding the elderly. The plan urges governments to develop their public policies according to the following priorities:

**1. The elderly and the development process**, according to which the elderly must participate in the development processes, offering them the possibility of continuing their

work and promoting the entrepreneurial initiatives of the elderly through their access to special loans, thus eliminating the age barriers of on the official labor market.

Also provided are policies to secure food and agricultural production in rural areas, facilitate equitable access to basic education for all adults, and promote intergenerational solidarity.

*The plan* proposes that governments include the elderly in policies and programs aimed at eliminating poverty by promoting programs that allow everyone to benefit from minimum social protection.

Vulnerable situations of the elderly are also provided for, in which humanitarian aid agencies and governments are requested to ensure their equal access to food, shelter, medical care during emergency situations, but also after their termination.

**2. Promoting health and well-being in old age**, in which the importance of maintaining a healthy way of life for the individual, in old age and throughout life, is highlighted. The plan defines the main activities to promote the health of the elderly, through equal access to preventive, curative and rehabilitation care. It is believed that by improving their socio-economic situation and by maintaining investments in the field of health care, the effects of factors that increase the risks of illness and/or addiction in old age are reduced.

The impact of HIV/AIDS on the elderly is recognized, as well as the health care and support needs of older adults suffering from these diseases and their caregivers.

With the phenomenon of global aging, the number of elderly people suffering from mental disorders is constantly increasing. Through the provisions of the Plan, an emergency expansion of the medical and social staff training system, which ensures specific care for the elderly, is requested.

**3. Creating an empowering and supportive environment** promotes keeping the elderly in the community. The plan calls on governments to implement community-based care services to protect the elderly in their own families and to provide support to family members who care for them through information, training and counselling.

According to the Plan, it is recommended to eliminate gender-based discrimination, which could generate situations of abuse and violence against the elderly, by facilitating the enforcement of the law against their abuse and collaboration between the government and society to introduce the issue of aging and the elderly within national strategies development and poverty eradication.

In order to provide assistance to developing countries and countries with economies in transition, international financial institutions are encouraged to adapt their repayable and non-repayable lending to ensure the recognition of the elderly as a development resource.

The plan places special emphasis on the support offered by international agencies for community development, which promote aspects related to the phenomenon of global aging in developing countries.

These three previously mentioned important priorities contained in the International Action Plan on Aging underline the fact that the principles of social protection at the level of European social policies provide a broad frame of reference for the member states regarding the organization of the social protection system, in which the elderly constitute an important segment (International Plan of Action on Aging, 2002, pp. 56-57).

In 2013, the Human Rights Council created the mandate of the independent expert, whose role was to evaluate and verify the application of international instruments that concern the elderly, with the aim of identifying models of good practices, but also possible gaps in the implementation of laws that promote protection the rights of the elderly.

During the United Nations General Assembly on September 25, 2015, the European Commission included older people in 15 of the 17 objectives of the 2030 Agenda for Sustainable Development. In particular, the content of objective 3 provides for the right of people to the highest level of health and well-being, at any age, a particularly important aspect for combating age discrimination in the health system.

According to the World Health Organization (WHO) in the Strategy for Healthy Aging in Europe, 2012-2020, the basic

right of the elderly regarding health status is reiterated, through access to healthcare services regardless of the type of residence of the elderly person. To this end, physical and financial barriers to adequate and accessible transportation to the hard-to-reach home of every elderly person in need must be removed.

Another relevant aspect concerns the importance of establishing geriatric centers in public and private care settings across Europe, where health professionals are trained to deal with the health issues associated with ageing, so that they understand better for the elderly (European Parliament, 2007).

Regarding the aging of the population, the European Parliament (2021) drew up a report for the period 2019-2024 covering the demographic evolution of this segment of the population.

This report includes statistical data describing the fact that the population of the European Union is decreasing, making a comparison between the year 1960 when its inhabitants represented 13.5% of the global population, while in 2018 they represented 6.9%. Also, the data contained in the report predict that by 2070 the population may reach the threshold of 4% of the total global population. This phenomenon is due to the decrease in the birth rate, as a result of the orientation of young people's values towards professional achievements at the expense of family values, the increase in the level of employment of women on the labor market, but also changes in the collective mentality regarding the expectations regarding the role of offspring in caring for parents, since state and private pension systems support them in old age.

In the conclusions of the European Parliament's report, actions are stipulated that member states must undertake with regard to increasing the healthy life expectancy of the elderly, by implementing programs of promotion and education in the field of health, actions to prevent diseases through periodic examination, such as and effective healthcare programs to support the process of active aging (Report on the population aging of the old continent – opportunities and challenges related to population aging policy after 2020).

The decrease in the birth rate in the EU and the increase in life expectancy can lead to the inversion of the demographic pyramid, a fact that requires the implementation of public policies aimed at supporting the active participation of the elderly in society, in conjunction with an effective strategy regarding active aging, aimed at maintaining autonomy, of the independence and well-being of the elderly, with a positive impact on society (Chipea, 2003).

Public policies require considerable investment in aged care services essential to ensure a decent life, as people in this age group are more exposed to vulnerabilities and therefore may be at risk of becoming ill frequently, facilitating the emergence of complications that can trigger their death (Cunha, 2015).

The emergence of the Covid-19 pandemic demonstrated the fact that the existence of effective health systems, with prompt, unlimited and non-discriminatory age-based access to medical treatment would have led to a decrease in the mortality rate of the population. Regarding the deaths among the elderly, they were due to the medical system overwhelmed by the large number of patients, but also as a result of the cessation of access of non-Covid chronic patients to medical treatments and interventions through specialized outpatient clinics (Banerjee, 2020; Roy et al., 2020).

### **The process of social exclusion of the elderly**

Within European public policies, the concept of social exclusion represents a process that negatively influences the individual's life, in terms of his well-being and health. This may be caused by several factors related to ethnicity, life history (including family history), educational level, labor market status and social capital (Eurostat, 2010).

The scientific literature provides the necessary theoretical framework for defining the concept of social exclusion. Its conceptual evolution began to be brought to attention in some French sociological studies (Silver, 1995). This construct is a subject of interest in different fields of research, political, social,

gerontological, in several states of the world and in Europe (Warburton & Shardlow, 2013; Lee, Hong & Harm, 2014; Parmar et al., 2014).

According to some authors, social exclusion is manifested by the inability of a person to actively participate in economic, social, political and cultural life, a fact that can lead to his isolation from the rest of society (Duffy, 1995; Moffatt & Glasgow, 2009).

According to some research carried out in the field of social exclusion and aging, the impact that the multidimensionality of social exclusion has on different areas of life has been highlighted (Grenier & Guberman, 2009; Walsh, 2012; Hrast, Mrak & Rakar, (2013).

In the content of the Green Paper document on European Social Policy (1993), the first public policy directives to combat social exclusion are mentioned. Starting with the year 2000, within the framework of the European Council in Lisbon (European Parliament, 2007), the term social inclusion appears for the first time, and in the social agenda of the European Union an essential priority was encouraging citizens to actively participate in the labor market, giving equal opportunities to every citizen, as vector for social inclusion and poverty eradication.

Poverty and income inequality are important elements that favor social exclusion. The most frequently encountered form of discrimination is based on the age criterion, and in this situation the elderly are targeted. Starting from the mentioned ideas, the highlighting of some practices to prevent the social exclusion and marginalization of this segment of the population was the subject of this study.

Also, the World Health Organization (WHO, 1997) draws attention to the observance of international principles regarding the development of long-term government programs, recommending to member states a series of principles adopted by national government programs, in which to take into account by: including programs for the health, well-being and protection of the elderly; the development of social security measures, which lead to ensuring a sufficient income; increasing the contribution of the elderly to economic and social development; avoiding attitudes, policies and measures regarding discrimination based

solely on age; conclusion of bilateral and multilateral agreements on social security in favor of the elderly.

Eurostat's population projections for Europe show that the median age will reach 49 in 2070, around five years higher than the current situation. Simultaneously with the median age, the share of people over 65 also increases. The statistical data presented estimate that the elderly population over 65 will represent approximately 30% of the total European population (Eurostat, 2017).

Statistical data provided by Eurostat shows that on January 1, 2021, the EU population was 447.2 million. Age groups, young people (from 0 to 14 years) constituted 15.1% of the EU population; people active in work (from 15 to 64 years) made up 64.1% of the total population, and people aged 65 or over represented 20.8%, increasing compared to the previous year (Eurostat, 2021).

In the previously mentioned documents, the fields of interest of the organizations whose object of study is the phenomenon of the aging of the global population are presented, with the aim of knowing the effects and implementing some common directions for the orientation of public policies for the development of the social protection system for the elderly.

### **The concept of active aging and its significance for public policies**

Population aging policies globally contain both negative and positive aspects: on the one hand, old age is depicted as a period of inactivity and dependency, and on the other hand, older people are seen as a social and economic resource. There are a range of terms used to encompass the notion of 'aging well'. These include concepts such as: healthy ageing, positive ageing, productive ageing, or even competent ageing. Each of these takes a divergent approach to the gains and potential of aging (Barrett & McGoldrick, 2013).

The concept of active aging began to be used in the 1990s and emphasized the link between activity and health, encouraging the participation of older adults in the life of society, considering that they possess more knowledge and skills compared to the younger

generation (Daatland, 2005). According to this perspective, the stereotypes related to "old age", which is characterized by passivity and dependence, are contested, emphasizing autonomy and participation.

According to Townsend (2007), active aging rejects the "paradigm of decline and loss", often associated with physical decline, and emphasizes the important role that older people play in society.

Active aging presupposes, in theory, the need for the existence of activities aimed at ensuring the protection, dignity and care of the elderly, so that the notion of aging is no longer associated with exclusively economic goals, proposing a holistic approach, which also aims at the quality of life, mental and physical well-being, and social participation (Foster & Walker, 2013; Walker, 2002).

In 2010, in the documents of the European Commission (2010), it is stipulated that the European Year 2012 should focus on the issue of aging, especially since this topic has not been dealt with since 1993. In this context, the European Year of Active Aging and solidarity between generations has provided the opportunity to implement a more comprehensive approach to active ageing. Unfortunately, however, although a number of themes were identified, that of employment was dominant, as the main objective was to create work opportunities and better working conditions for the growing number of adults elderly in Europe to stimulate their active role in society by encouraging healthy ageing.

Although the European Commission has played a major role in actively framing ageing, however a policy approach to fully understand the scope and potential impact of active aging needed to describe the strategy and the principles behind it has not yet materialized.

Walker (2002, 2009) considered that in order to lay the foundations for a correct strategy regarding active ageing, seven basic principles are important, in the foreground placing all significant activities that contribute to individual well-being, proposing the introduction of volunteering even at advanced ages, eliminating - the age barriers. At the same time, there is considerable evidence to support the fact that a high involvement in leisure activities

has an increased potential to improve health and well-being (Boudiny & Mortelmans, 2011).

Secondly, in the process of active aging throughout life, the activity at the level of all age groups is important, by promoting disease prevention actions (lifestyle, diet and consumption patterns).

Thirdly, the phrase "active ageing" should include all elderly people, including dependent ones. In the practice of the European Union, active aging has been concerned with the meaning of the phrases "young-old", compared to "old-old", where the probability of suffering significant losses in physical and cognitive potential increases substantially.

Fourthly, the role of intergenerational solidarity is emphasized, being a key characteristic of active aging, which implies fairness in society's perception of different age categories (Baltes & Smith, 2003).

Fifth, the concept of active aging should include both rights and obligations. Rights to social protection, education and training should therefore be accompanied by obligations to take advantage of education and training opportunities and where possible to remain active in other ways.

Sixth, the ability to use personal freedom to participate in activities depends in part on financial status, health and mobility (Bowling, 2005). Therefore, encouraging older people to be actively involved in local communities through membership of both formal and informal networks contributes to improving well-being and quality of life. Indeed, the lack of financial support in older age may lead to paid work into old age, but depending on the occupation it may also be detrimental to health and well-being in old age (Lloyd et al., 2013).

Sevently, the principle of active aging is mentioned, which should also take national and cultural diversity into account. There are large variations in Europe between ethnic groups in their preferences for different forms of activity. Issues related to active aging policy from the perspective of some authors should take into account diversity, but should not condemn practices that violate national and international equality and human rights goals and laws, so that active aging has the ability to encompass structural and economic problems affecting

older people (Bowling, 2009; Boudiny, 2013). Economic resources should be interpreted as determinants of active aging, given that a person's financial situation influences the ability to afford elements of active aging.

In order to develop an effective aging strategy, the contributions of the citizen and the society play an essential role, in close connection with the independent policy areas, which include: employment, health, social protection, pensions, social inclusion, technology and economic policy.

Active aging coupled with optimal health can have a major impact on the labor market and social protection systems and can foster economic growth and productivity.

In the Green Paper on the aging of the population, published in 2021 in Brussels, active aging is presented as a personal option, which is largely influenced by the environment in which people carry out their productive and socializing activities.

The European Union supports the actions of the member states that are responsible for developing public health policies, by creating a new program called EU4Health, dedicated to supporting healthy physical and mental health by promoting a healthy active life. In order to support active aging and in good health conditions, public policies play an essential role, which through proactive measures contribute to the prevention and early detection of diseases, with the aim of applying treatments at an early stage of the disease.

### **Projection of demographic aging in Europe and Romania**

In 2016, Eurostat made a demographic projection at the level of the EU member countries, taking into account fertility, mortality and international migration in order to anticipate the likely evolution of the member population until the year 2080.

The situation of the demographic projection is shown in Table 1, in the basic version, from which it appears that the population of the EU-28 will increase until the year 2050, to 528.6 million inhabitants, so that, in 2080, it will register a considerable decrease, reaching to 518.8 million inhabitants.

Table 1. The population registered in 2015 and projected for the period 2015-2080 at the level of the EU-28 and the member countries. Basic variant

Countries	Population registered in 2015 (thousands of people)	Projected population (thousands of people)		
		2020	2050	2080
<b>UE 28</b>	<b>508401,4</b>	<b>515591,3</b>	<b>528567,8</b>	<b>518798,4</b>
Belgium	11209,0	11580,3	13273,2	14189,5
Bulgaria	7202,2	6954,3	5564,1	4593,4
Czech Rep.	10538,3	10652,4	10478,2	9777,7
Denmark	5659,7	5887,4	6685,0	6858,3
Germany	81197,5	83751,7	82687,0	77793,8
Estonia	1313,3	1317,9	1257,0	1140,3
Ireland	4628,9	4852,1	5693,4	6220,9
Greece	10858,0	10560,5	8918,5	7264,7
Spain	46449,6	46562,0	49257,5	50988,2
France	66415,2	67819,0	74376,8	78688,7
Croatia	4225,3	4091,6	3674,8	3276,5
Italy	60795,6	60718,6	58968,1	53784,6
Cyprus	847,0	869,0	984,4	1004,9
Latvia	1986,1	1911,7	1506,0	1284,3
Lithuania	2921,3	2749,8	1957,4	1658,5
Luxembourg	563,0	629,0	938,4	1066,4
Hungary	9855,6	9789,6	9287,2	8691,9
Malta	429,3	452,5	513,1	517,2
Holland	16900,7	17410,8	19235,5	19728,3
Austria	8576,3	9005,5	10247,7	10072,1
Poland	38005,6	37930,8	34372,8	29044,7
Portugal	10374,8	10209,6	9116,4	7579,5
<b>Romania</b>	<b>19870,6</b>	<b>19259,0</b>	<b>16331,4</b>	<b>14530,1</b>
Slovenia	2062,9	2075,8	2045,1	1938,4
Slovakia	5421,3	5458,7	5261,6	4714,8
Finland	5471,7	5561,8	5687,5	5577,8
Sweden	9747,4	10293,4	12681,1	14388,5
United Kingdom	64875,2	67236,5	77568,6	82424,4

Source: Eurostat (2016)

In this context, an increase in the demographic aging phenomenon is estimated, and the segment of the population aged 65 and over will increase from 18.9% (in 2015) to 29.1% (in 2080).

Also, in 2015 there was an increase in the population in 16 member countries compared to 2012, of which in 12 countries the contribution of natural increase and migration had positive effects.

It is estimated that the elderly population will reach approximately 151.1 million people in 2080, and the number of long-lived people aged 80 and over will increase from 26.8

million people (in 2015) to 66.1 million people (in the year 2080).

At the level of EU member countries, it is forecast that Luxembourg and Sweden will register the highest population increases, with 89.4% (from 563.0 thousand inhabitants in 2015 to 1066.4 thousand inhabitants in 2080), respectively by 47.6 % (from 9747.4 thousand inhabitants in 2015 to 14388.5 thousand inhabitants in 2080).

At the opposite pole, the biggest population declines can be observed in Lithuania, with a population decrease of 43.2% (from 2921.3 thousand inhabitants in 2015 to 1658.5



thousand inhabitants in 2080) and in Bulgaria with a decrease of 36.2% (from 7202.2 thousand inhabitants in 2015 to 4593.4 thousand inhabitants in 2080).

According to the forecast, in 2080 the population in Romania will decrease by 5.3 million people compared to 2015, reaching 14.5 million people.

According to the data published on 01.01.2018 by the INS, 3,549,232 people aged 65 and over were registered in Romania, representing approximately 18% of the country's resident population (19,533,481 inhabitants). The demographic aging index of the resident population was 116.9 elderly people per 100 young people, and it is predicted that the share of the elderly population could reach 30% by the year 2060 (National Institute of Statistics, 2018).

The statistical data presented within the National Strategy for social inclusion and poverty reduction for the period 2022-2027 (2022) highlight an increase in the phenomenon of demographic aging due to the significant migration of the active population. This has contributed to an increase in the percentage of the population aged 65 and over, especially for people living alone, without family support, ending up benefiting from home care or residential services.

However, access to social institutions is limited due to the low number of social services for the elderly, as well as situations in which families are faced with the impossibility of supporting them financially, a fact that can increase the risk of poverty and social exclusion of the elderly (Te liuc, Grigora & St nculescu, 2015).

## Conclusions

In this work, the relations between the phenomenon of aging, public and social policies at the European level were addressed.

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There is a close relationship between old age and public policies, in the sense that the objective of each state is to secure income and mobilize resources for the well-being of the elderly with the goal of healthy, successful aging of the population.

At the European level, aging is a policy issue that promotes facilitating the active participation of older people in society. In this sense, in the context of aging societies, there is an increased interest in the elaboration and development of policies that promote social inclusion and the fight against poverty.

Within social policies, a priority objective is to ensure the quality of life of the elderly. Ensuring the quality of life of elderly people suffering from various chronic diseases is a global interdisciplinary research topic for specialists in the medical, economic and social fields.

By developing governmental actions for the prevention and early detection of chronic diseases, the risk factors that trigger disabling diseases can be reduced.

Aging is frequently associated with the loss or reduction of physical and mental capacities of individuals, adapting to the new lifestyle by developing resilience, and can play an important role in ensuring the quality of life at a high level.

In studies carried out in England, it was found that elderly people define their own quality of life by reference to others (friends, family, children, daily activities) and to their physical health.

The more they have an optimal functioning rhythm, the more the quality of life is maintained at an increased level. At the opposite pole, through the loss of social support relationships or the death of family members and the appearance of diseases that produce certain functional limitations, the level of quality of life decreases (Netuveli & Blane, 2008).

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