The Ageing population in Europe: 
An opportunity for the lift industry?

1. Introduction

In Europe, we live in democracies, but some medium-term problems are often forgotten (especially by politicians busy with the day-to-day) until it is too late… Indeed, one recurring issue nowadays is the rapid “greying” of the European population.

The implications for society are huge. It will probably revolutionize the way we live, or the way we look at priorities. Politicians will have to seduce the senior population. Moreover, there are consequences in matters of health care costs, of pensions, of immigration, of the built environment, and many others…

We need to analyse this evolution of society and our businesses in the coming decades because the elevator world will be involved in these changes…
2. Demographic aspects of ageing

Ageing is the result of economic, social and medical progress. These causes can be divided into two phenomena: on the one hand, safer and healthier environment (including work places, roads) and medical progress (drastic reduction in infant and child mortality, in addition of better cures for old people) result in an increase in life expectancy. On the other hand, social insurance and sound financial institutions in addition of more control over fertility result in a decrease of birth rates.

In fact, the increase in longevity (decline in mortality among elderly) is a more important factor than the decline in fertility. This latter narrows the base of the age pyramid (mainly in Southern European countries).

The figures are very impressive: in 2000, 15% persons are aged 65 or over, while in 2020, it will be 20%. If the predictions come true, the age structure of the population will have been reversed between 1950 and 2050.

The links below give a pretty good idea on the changes in the population pyramid, on the increasing number of elderly people and on other important facts:

- Population pyramids of all countries: [http://www.census.gov/ipc/www/idbpyr.html](http://www.census.gov/ipc/www/idbpyr.html)


Here is an example of a population pyramid: Italy has been chosen because it has the highest proportion of the over 60s...

Source: U.S. Census Bureau, International Data Base.
Young and older people: reversal of the relative proportions of the population

Predicting the precise outcomes of such trends is complicated by uncertainties surrounding fertility, mortality and immigration rates, but a European Commission scenario based on 'medium' assumptions about these rates suggests that between now and the year 2025 the European Union will experience:

- A fall in the number of young people under the age of 20 of 9.5 million, or 11% of this age group currently
- A fall in the population of adults of working age (i.e in the 20-59 group) of 13 million, or 6.4% of this age group currently
- An increase in the population of retired adults (60 and over) of 37 million, or 50% of this age group currently

**Japan**, which is ageing the fastest, could lose between one-quarter and one-third of its population by 2050. According to some projections, Germany will lose 17.5 million people, equivalent to all of Eastern Germany, over the next half-century, while Italy's population will fall by 28 percent. Britain and France are expected to see modest declines.

Hopes of countering these trends through higher productivity may be dashed by declining innovation in less dynamic societies that contain fewer young people. There is broad agreement that ageing will have a significant negative impact on economic growth and living standards. Therefore, some reforms are essential.
One of the numerous solutions is migration. But the European Commission says immigration cannot correct the effects of Europe's ageing population. The European Commission has published a report which makes it clear that immigration alone can never counterbalance the effects of an ageing population in Europe and cannot solve the EU’s labour market problems. The ‘Social Situation Report 2002” presents an overview of social trends in Europe and interprets what they may mean for policymaking. This year, the report shows that even doubling immigration rates and simultaneously doubling fertility rates will not, on their own, make a significant contribution to securing sustainable labour markets and pensions systems. Net migration into the EU was just above 680,000 in 2000. The present EU fertility rate is 1.4 children per female.

Anna Diamantopoulou said: “Immigration will help fill some gaps in our labour market but it has no impact on our basic employment policy message: we still need radical reform, with a focus on increased participation rates for women and older workers, if we are to achieve sustainable labour markets and pensions systems.”

The majority of EU regions are likely to see their populations stagnate or decline before 2015.

When we look at living conditions, the interdependence of the three key components - education, income and health - is once again solidly documented. The general picture is one of improvements but also of the persistence of major inequalities.

Despite the progress made in removing obstacles to the free movement of people in the EU, present levels of intra-EU mobility are very low compared to those in the 1950's and 60's. This decline can be explained by the significant progress which has enabled the southern Member States to reduce the gap in living conditions with their European partners.

Other important factors affecting EU mobility are examined. The single most important barrier is language skills. The potential loss of social networks also represent a barrier. The two breadwinner family model and the subsequent need to find jobs for both spouses can be important. Finally, access to affordable housing also play a role.
The greatest facilitator is education. The high-skilled are more adaptable, have better language skills and find it easier to re-establish a social network in the new place of settlement. The fact that educational attainment levels are raising could therefore lead to higher levels of intra-EU migration. On the other hand, young people are by far the most mobile and with ageing they represent a shrinking part of our population.
3. Macroeconomic and social aspects of ageing

A. Future adequacy of pensions:

- current adequacy varies among Member States
- minimum pension guarantees to protect against poverty in old age
- replacement ratios for 1st pillar schemes expected to fall in many Member States, but income of older people’s households also depends on higher pensions for women due to higher female employment rates, on supplementary pensions, on career lengths and on wealth.

B. Ageing and its budgetary consequences:

C. Health and long-term care:

- Public expenditure more difficult to project, but elderly people are the main consumers of health and long term care.
- Technology and patients’ expectations are important drivers of health care spending
- Long term care still mainly provided informally by relatives, but is this sustainable?
- Economic Policy Committee expects increase in public spending on health and long term care form 6.6 % of GDP today to 9% and more.
D. Responsibilities of the EU and the Member States:

- Member States remain responsible for the design, organisation, financing of their pension systems
- They decide on the mix between public and private social protection, pay-as-you-go and funded pension schemes
- EU’s role: ensure the smooth functioning of the Internal Market (free movement of people and of capital, freedom to provide services)
- And, increasingly, coordination of national economic, employment and social policies.

E. Policy coordination in the area of pensions:

The “open method of coordination”

- Adoption of common objectives (Laeken European Council, December 2001)
- National strategy reports (September 2002)
- Analysis of national strategies presented in a joint report by the Commission and the Council in March 2003

F. Adequate incomes: the purpose:

- Prevent poverty and social exclusion in old age: poverty risks for older people in the EU only slightly higher than for the population as a whole, but improvements needed in some Member States.
- Provide access to appropriate pension arrangements necessary to maintain one’s living standard: disposable income of people over 65 around 90% of that of people under 65
- Promote solidarity between and within generations: smaller inequalities among pensioners than among under 65

G. Securing financial sustainability:

1° more employment, longer working lives:

- Raise overall employment level to 70% by 2010 (female employment: 60%): limited impact on growth of public pensions expenditure as a share of GDP due to increasing entitlements, but scope for less generous pensions formulae without lowering actual benefits.
- Raise employment rate of older workers (55-64) to 50% and labour market exit age by 5 years: postponing retirement by one year on average yields between 0,6 and 1 percentage points of GDP – powerful instrument for securing financial sustainability without sacrificing adequacy.
2° sound public finances, burden sharing, sound private pensions:

- Ensure sound public finances: pensions expenditure should not be allowed to increase deficits; conversely reducing public debt now (or accumulating reserve funds) creates more room for manoeuvre for coping with the ageing baby boom cohorts.
- Strike a fair balance between the active and the retired: adjustments in benefits and contributions remain necessary; avoid overburdening the active while maintaining adequate benefits.
- Ensure that funded pension schemes are sound and affordable: funded provision expected to make a larger contribution to retirement incomes. Sound regulatory framework and management are required.

H. Modernising pensions systems:

- Adapt pension systems to the requirement of modern labour markets: access to adequate pension provision (notably occupational) for part-timers, temporary workers, self-employed, portability of pension rights.
- Adequate pensions for men and women: ensure equal treatment as well as adequate pension outcomes for women.
- Make pension systems more transparent and adaptable: reliable information for an informed policy debate and to allow individual retirement planning. Rebuild confidence in pension systems.

I. Next steps:

- European Council of March 2003 welcomed the Joint Report and asked for this cooperation to be continued
- Special studies requested by European Council: incentives to work longer, current and prospective replacement ratios, later: private pension provision; gender impact of pension systems.
- New expenditure projections for mid-2005
- National strategy reports by mid-2005
- New joint report for 2006
- Open method of coordination also on health and long-term care

For more informations about demographic and macroeconomic aspects of ageing, you can visit the following link:

4. Technology aspects and solutions

Few things are predictable in economic and social life, but the ageing of the European population is one of them. We are living through major changes in the age balance of European society, which will reshape the demographic structure of Europe over the next 25 years. This ageing process is often regarded purely as a socio-economic problem, with worrying implications for pension provision, welfare systems and health care; in general, it is seen as a threat to the European social model. The report presented here proposes a new perspective, in which demographic change is seen as a major positive opportunity for the European economy. The opportunity lies in innovative technological and organizational responses to the challenges of an ageing population.

There exist areas of technological opportunity, where innovation can mitigate the economic problems of an ageing population, enhance the contributions and quality of life of older people, and create new economic and business opportunities in Europe. Innovation opportunities are falling into three broad categories:

- Opportunities related to the extension of working life among older people
- Opportunities related to enhanced activity and quality of life
- Opportunities related to health, well-being and support

The major RTD priorities which merge from these challenges include

- Life-long learning techniques
- Technologies for new modes of flexible work organization
- Design principles for age-neutral product and processes technologies
- Transport and mobility infrastructures
- Age-relevant ICT applications in work, domestic environment and support
- Medical telecommunications for decentralised distance health care

In these areas, new and imaginative solutions are required, which hold out the possibility of a wide array of innovative products. However, it is not enough simply to establish RTD actions in such areas. Successful RTD will require new approaches to the identification and involvement of users, an integration of social and technical innovation processes, new initiatives for the creation of markets, and an important role for public-sector agencies in these emerging technologies. Moreover, there is an important European dimension for actions in this field: it is not simply that the problems are European in scope – the solutions also require action at the European level.
If technological advances can be used to

- increase participation in work,
- reduce assistance and care costs (while maintaining or improving quality),
- improve the participation of older people in social life,

then we can adapt existing European models of social protection to demographic change while simultaneously developing and producing new types of products and processes.

Insofar as these issues have been addressed hitherto in policy debate they have been seen mainly in macro-economic terms - through the implications of a falling working-age population, and the pressures which falling taxation and social contributions are likely to place on pension, welfare and health systems. Ageing is already being used as an argument for the non-viability of social welfare systems, and for various forms of privatization.

**An-innovation-oriented response to population ageing**

A positive response to these challenges requires innovation, in all senses. That it is impossible to separate social, cultural and technological issues.

Technology is best seen as involving both technical and social processes. It is social because it is based on learning in organizational and social contexts – often via interactions between producers and users of technology. It is ultimately society and social choices which select which technologies will become developed, accepted and used. At the same time, public policies for research and innovation are a major element in shaping technology, and this also is a way in which technological evolution is socially influenced.

These points about the social dimension of technology are of practical significance for many reasons. One of them concerns the role of markets in the innovation process. Markets are a way of linking users and producers, but there are important cases where market signals work poorly. One of these is where new technologies are emerging and user needs (and hence potential markets) are not well defined. We can distinguish here between incremental change – that is, marginal technological improvements within well-defined technologies and markets – and discontinuous change, where technical principles are new for the product area and relevant users are poorly defined. In the latter case, non-market actors and processes often come into play: specialized interest groups and stakeholders, public sector agencies, and so on.

Innovations with respect to population ageing often fall into the category of discontinuous change. This means that the development of technologies with respect to the ageing population requires the participation of a broad range of stakeholders in the process of development and direction of technologies. At one level it means that older people should not be excluded from the production and use of technologies, and a major challenge is to conceptualise and define relevant users, and to operationalize their participation in innovation processes. At another level it means
that older people should not be excluded from social debates as to the directions of technological development effort.

To address these issues one needs to consider why older people are excluded from these processes. Core reasons include:

**In the production process itself:** older people are in the main retired from work. There is a lack of older engineers and designers.

**In the use of technologies:** technologies are rarely designed with old people in mind.

**In the direction of technological development effort:** technological directions are largely determined by industry on the basis of existing markets, or markets closely connected to existing markets; the needs of older people are often mediated by institutional actors rather than via well defined groups of users which can form a ‘demand‘ complex.

**Key problems and issues**

ETAN group has identified three major issues where it is felt that research and technology policy can play a central role. The three key issues are:

1. **Extension of working life.**

In a number of European countries there has been a sustained process of shortening working lives. There seems to be very little rationale for this. One obvious solution to the macroeconomic implications of ageing is simply to reverse this trend. On the one hand, this implies improving overall levels of employment and more growth-oriented economic policies generally. On the other, reversing this trend probably cannot mean simply a postponement of retirement: it implies new technical and organizational approaches to work, with new technological requirements and significant RTD implications.

2. **Improvement of activity capabilities and potential; the quality of life.**

As the population ages, the social outcomes will depend in large part on the activity potential of older people. This affects both work and non-work activities. In this context we should remember that both the quality of life of older people, and their contributions to the social world, go well beyond work. Both the extension of working life, and the quality of non-working life raise broad issues concerning technical and social capabilities affecting activity. In the opinion of the expert group, the main issues here concern mobility and housing. The challenges are partly infrastructural and partly design-related. They include design and operation of transport systems, urban planning, housing design and domestic equipment, communications systems, and so on. What is required here is an integration of organizational thinking and specifically technological/technical innovations which enhance general activity levels.
3. Improved health care, support and well-being

We can expect not only a larger ageing population in general, but an increase in the number of people of advanced age. There will be considerable change in the incidence of different forms of illness, in the regional distribution of burdens on health systems, on patterns of care requirements, and so on. There will thus be major changes both in the overall burden falling on health systems, and in the composition of demand for forms of care and support. The challenge in this field is the development of new organizations and forms of domestic and health care, and the technologies appropriate to this (which in the case discussed below are primarily ICT-based).

These problem areas have a wide range of implications for technological development, including technologies in the workplace, housing and transport (including basic issues in urban design), physical infrastructures with respect to communications and mobility, the urban habitat and so on. Some of the issues here involve ICT solutions – areas include life-long learning, distance working or tele-commuting in new work methods, communications and information access. These may involve new technological applications or adaptations of other (rapidly) evolving technologies such as the Internet. In the following three sections of this report we discuss in more detail the issues, approaches and potential research areas which are appropriate to these three priority areas.
4. How older people are living in Europe

The proportion of those aged 65 or over in the total population has increased from the beginning of the 20th century from 7% to about 16% in 2003. This “demographic revolution” is as important for our century as the revolution in information technology. The phenomenon alters individual needs, ways of living together and the demands on politics and the economy.

What consequences will this have for your business? If you want to win over older people as customers you not only need to know how big this potential customer base is, but also how they live and the specific social aspects which need to be taken into account. Only then can you develop appropriate marketing strategies and products for this market.

This section can be divided into three main parts, followed by a conclusion considering what all this means for your business... Firstly, we will analyse what means be old today and who is getting old. Secondly, we will examine different types of partnership, i.e. who are the elderly living with. Finally, we will show how important suitability designed accommodation is for independence in old age.

A. What do "be old" means today and who is getting old?

Ageing is a complex process. It has led to the development of a new interdisciplinary science: gerontology, which observed that ageing processes and way of life in old age are not just caused biologically, but are determined by the relevant social, ecological and contemporary historical circumstances. Old people have obviously existed at all times and extreme old age is not a new phenomenon. The difference is that now old age has become a “collective phenomenon”. Gerontologists talk about the fourth age: after 80 to 85. This phase is important socio-politically since the risk of ill-health and need for care at this age increase dramatically.

The third phase is usually split into two parts: the “young old” (55 to 70) and the “old old” (70 to 85). But those expressions are absurd because age used to have a different function and meaning from today. What are the young old and what are the old old? Everybody has a different answer to this question.

When are you old? Examples:

- When you have lost contact with the other generations.
- You are old as you feel.
- You are old when any hope of realising your lifelong dreams is gone.
- ...

As you can see, there is no exact or scientific answer.

The next chart presents the results, in Germany, of how people (here the young old) cope with their old age. Germany is an interesting country in that field because it has the third highest proportion of the over 60s (after Italy and Greece). As a result, they have a role in predicting the future of this worldwide trend.
It seems that the great majority of the young old questioned have a positive attitude towards their own age and a lot enjoy and actively shape this phase of their lives. If the same kind of study would have been done 40 years ago, the results would have been very different, because it depends on the social and historical context. Indeed, the young people of today will certainly have others expectations than the actual “old”.

That is not a secret; life expectancy is rising as never before. Today, the average life expectancy is approximately twice as long as in the 19th century. The importance of environmental factors as well as social-historical conditions can be illustrated by the difference between East and West Germany. Nevertheless, there is no doubt of a convergence in the future. Moreover, it is clear that women live longer than men and the proportion of the very old is increasing quickly.

B. How the relationship between the old and young has changed in recent times and will continue to change.

This takes us back to the increasing proportion of older people amongst the population. By 2050 the proportion of those over 60 will have increased by about 60% in the current EU while the proportion of those under 20 will have decreased by about 20%. In particular, the number of the very old will increase. Because of the growth in longevity, another category has been created: the “long-lived”.

Social influences have an impact on longevity. Apart from gender and regional differences, there are also differences reflecting social status, family circumstances and “social support”, i.e. the rich live longer than the poor, the married longer than singles, and people with good social contacts longer than those who are isolated and lonely.

Apart from biological factors, individual life style and diet influence life expectancy. Women show a less class specific mortality. Class is here defined by education, income and professional position. In principle a positive relationship between life expectancy and higher degrees is evident. For women, work seems to have a mainly positive effect in life expectancy. Important risk factors for early mortality are circumstances, situation and lifestyle.
The change in the age structure of the population has led to a situation in which parents typically live for more than half a century at the same time as their children. This is also a totally new historical phenomenon. We talk about verticalisation of family structures, which means that there are fewer and fewer family members of the same generation, but more and more members of different generations.

Simultaneously life style has changed. Today, 97% of the old live in their own homes or in private homes of those close to them. The dominant lifestyle is in the single household or life with a partner.

There are wide differences between men and women. Since women generally have a longer life expectancy and are often younger than their male partners, their risk of becoming widowed is greater. This results in the majority of men, even in very old age living with their spouse, while as they get older more and more women live alone.

Contacts and exchanges with children, sons and daughters-in-law and their relatives are also of prime importance. A number of studies have shown that parents keep in regular contact with their children after they have left home. But relatively few people share a home with their grown-up children or their aged parents. They prefer the “proximity with distance”, living independently with the option of regular contact.

C. How important is the accommodation/home?

The home and its direct environment are of central importance for older people. The design of the home is critical in determining if and for how long independence can be maintained despite failing health. The quality and the fitting out of the home are decisive for how long and to what extent help and care are required. Often old people could still leave their homes by themselves if these had been designed without barriers, i.e. if there was access to a lift from ground level to an apartment that was higher up.

As they get older people tend to stay at home. Moreover, they want to keep a certain form of autonomy and independence. Being accustomed to home and environment can partly compensate for any deficiencies in design it may have. Ecological theories of ageing emphasise the importance of the compatibility between the capabilities of the ageing person and their particular environmental conditions. Furthermore, ageing also means a greater sensibility to environmental pressures. Indeed, the more the physical, psychological and mental condition of a person deteriorates, the more important becomes their environment.

The following tables give interesting statistics over the living’s location:
In a survey on the problems supplying aids in East Germany, the elderly disabled frequently mentioned that they would not like to move into accommodation designed for the disabled in a different area since they could depend on their neighbours’ help in the house where they were growing old. Improved means of adapting one’s home to suit individual needs are therefore of crucial importance for independence in old age. The first thing when assessing potential adaptations is to avoid obstructions to mobility. The affected person can avoid a lot of problems if the suitability of a home for old age is assessed early on. The availability of a lift is crucial in maintaining independence and mobility. And it is often an exception rather than a rule.

In a comparative study between East and West Germany, it was established that people aged 55 or over living on the 5th floor or above only rarely have access to a lift. In this matter, the East does better than the West, which shows the differences in the living conditions between them. Indeed, the East seems to be the more modern oriented of the two. If we take the German East-West relationship as typical of European trends this would mean that “good old Europe” is indeed growing old whereas the new regions in the East have necessarily become more modern. You would therefore have two market regions with different requirements:

- The “old” West, where existing multi-party housing needs to be retro-fitted to allow older people independent lives.
- The “new” East, where things are starting from scratch and where anything is possible.

If you want to sell lifts to old people you have to convince women because it is in the main women who grow very old and it is usually the women who are responsible for the home and the household. At the same time the technology of today’s generation of elderly women is a typical “male” preserve. This should be taken into account when choosing your marketing strategies. An important group is the young old, who actively shape this historically new phase in their lives. A barrier-free home is of central importance for independence in old age. In this sense a lift is health-improving for the elderly. This is the information that needs to be conveyed to your potential clients. And this is what your customers roughly look like. This is the market of the future.
5. Health aspects of ageing

60% of individual health care spending is concentrated in the last year of life.

A. Some typical changes in physical characteristics and health issues of the elderly:

- Serious hearing problems (partial, total deafness)
- Eyesight problems (partial, total blindness)
- Mobility problems: lack of flexibility, less muscle strength, gait difficulties; help needed for daily activities.
- Changes in sleep patterns

B. Some typical changes in the environment:

- Crowded and tall apartment buildings
- Stairs
- Non user friendly and complex environments

C. Segmentation of the ageing and aged population:

- Age group 50-60 “Masters”: More income, less expenses, visual capabilities: lower, most ageing changes do not affect ability to cope with everyday life.
- Age group 60-70 “Emancipated”: freedom from work, children, stress, but more physically constraints, difficulties to climb up to upper apartments, elevators are preferred.
- Age group 70-85 “Withdrawing”: active life slows down, issues: loneliness, poverty, illness, 1/3 need help in everyday life
- Age group 85+ “the oldies”: remarkable problems with everyday life, issues: poverty, illness

D. Leading causes to deaths among elderly, EU15:

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<tr>
<th>65 to 74 years old</th>
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<td>5 chronic liver disease &amp; cirrhosis</td>
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<td>8 nephritis, nephrotic syndrome, nephrosis</td>
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E. Leading causes of injury deaths among elderly in EU15 (MR per 100,000 people):

### Leading causes of injury deaths among elderly in EU15 (MR per 100,000 people)

- **Accidental falls**
- **Suicide and self-inflicted injuries**
- **MV traffic accidents**
- **Other unintentional injuries**
- **Other violence**

### MV deaths among elderly in EU15

**Mortality rate per 100,000 people**

WHO mortality database, reformatted in CEREPR

- Greece
- Luxembourg
- Finland
- Portugal
- Italy
- Belgium
- Spain
- Ireland
- France
- Denmark
- Netherlands
- Sweden
- UK
- Germany
Falls leading cause of injury deaths:

- 1/3 of older adults (65+) fall each year.
- Many fall more than once
- Risk of fall increases with age.

Risk factors for falls:

- intrinsic- e.g. lower extremity weakness, poor grip strength, balance disorders, visual deficit
- extrinsic- e.g. polypharmacy (4+ prescription medications)
- environmental factors- e.g. poor lighting, loose carpets, lack of bathroom safety equipment
- urban crowding and tall buildings

Fall injuries: consequences:

- 20-30% suffer moderate to severe injuries, such as hip fractures and head traumas
- Hip fractures: cause the greatest number of injury deaths and lead to severe health problems, estimates of fatality: 12-40%
- Falls and osteoporosis interact in the causation of fractures.
Fall injuries in Greece: EDISS 1996-2000:

- 17,169 ED visits due to falls among elderly (>50,000 annually)
- 8,040 resulted in fractures (~50%), half of them of lower limb- mainly femoral fractures

Distribution of falls resulting in fractures by place of accident

Prevention of falls: empirical evidence:

- Regular physical activity: - increase body strength
  - improves balance
- Medication: followed up carefully to reduce side effects and interactions
- Safer living areas: - no tripping hazards
  - use of non-slip mats in the bathtub/shower floors
  - have grab bars near the toilet and in the tub or shower
  - have handrails on both sides of stairways
  - improve lighting throughout the home

F. Elevator-related injuries:

- Elevators: very useful for elderly people with difficulties to climb up to apartments in upper floors
- Injuries related to this form of equipment have been described
- EHLLASS data in 4 EU countries: Austria, France, Greece and Sweden: ~60% of all elevator related injuries among adults affect the elderly.

Types of elevator-related injuries (more specific to elderly people):

Mainly falls; mechanism: upon entering or exiting elevators caused by devices stopping above or below landing result in 50% of cases, trapping between elevator’s doors.

Prevention: a good maintenance, a safe and proper use and some modifications targeting hazards: landing, pinch protection, etc.
6. Role of lifts

A. It is perfectly clear that lifts can play a very big role in this issue:

More precisely:

- To ensure vertical transport in buildings and public areas
- Shall be safe, easy to use, with acceptable speed
- Reduce the risk of accidents (stairs)
- Avoid efforts to people
- Bringing more and better comfort
- Ease moving in/out the building

B. What has been done up to now?

- For new lifts:
  - regulations: European lifts directive95/16/EC, ESR's in Annex I, §1.2
  - standardisation: European standards such as EN 81-70 Accessibility to lifts

- For existing lifts:
  - regulations: European recommendation 95/216/EC
    National initiatives (Belgium Royal Decree, France law SAE, …)
  - standardisation: European standards such as EN 81-7O (where applicable)
    EN 81-80 SNEL

C. What can be done tomorrow?

We have to promote:

- in private houses : home lifts/limited use limited application (Lula)
- in collective residential building: impose a lift where more than 2/3 floors, install lifts in reduced width staircase, replace stairs by lift and create outdoor stairs (U.S.)
- in public transports and urban development: escalators and/or inclined lifts
- in public buildings: every floor served by an accessible lift (EN 81-70)

D. What can be the benefit? For whom?

- building owner: increase of building value, improvement in use of the building
- those living in the building: additional comfort, reduction of risks, reduction of insurance risk/cost
- public authorities: economy for public health expenses, towns will become attractive, no discrimination in public transport
- European Union: ensures, supports barrier free access and use across Europe.
Sources:

- Conference at the General Assembly of ELA on the 23 March 2004
- Reports of ETAN: Expert working group on ageing and technology
- Reports of the European Commission (DG Social affairs and employment)
- International Herald Tribune
- BBC News