

‘Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases’

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**PRIAE Response to the Green Paper:
Promoting Healthy Diets and Physical Activity
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Introduction

PRIAE is the leading body specialising in ageing and ethnicity in the UK and across Europe. Established as an independent charitable Institute in 1998, PRIAE seeks to improve health, social care and housing, income, pensions and, employment and quality of life for current and future generations of black and minority ethnic (BME) elders at the national and European level. For this submission we use in most cases the term, ‘minority elders’ to refer to those who have worked, lived, aged and are ageing in Europe due to being a traditional/national minority; as a result of economic migration within the Union; as a result of colonial connection and/or refugee background.

The Institute works with BME elders and age organisations, with clinical and non-clinical professionals and researchers, across sectors to influence, inform, develop and strengthen the knowledge base, capacity and practice in ageing and ethnicity.

PRIAE welcomes the opportunity to respond to the European Commission’s Green Paper: ‘Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic disease’. This submission is based on the Institute’s health specific national and European programmes in dementia; physical activity, diabetes and heart disease (all funded by Department of Health); Black and Minority Ethnic Elderly: Perspectives on Long-Term Care: submission to the Royal Commission on Long Term Care; and the Minority Elderly Care (MEC) Report - empirical research undertaken as part of the EC Fifth Framework Research Programme. This research is highlighted for it is the largest research project in the area of ageing and ethnicity in the UK and across Europe, and a first for the European Commission in its 24 years of research framework funding. Relevant key findings from

the Institute's research project are set out below. Due to its nature, related issues concerning BME elders and research enterprise and relevance are appropriately highlighted.

During this response unless otherwise stated the examples mentioned and recommendations refer to policy in the UK.

PRIAE Response to Green Paper: Promoting Healthy diets and physical activity - March 2006

Executive Summary of Recommendations

PRIAE believes that all elders, from minority and majority backgrounds, are entitled to a healthy living where healthy diet and physical activity are just normal to allow them to age with dignity and respect. Food is more than just a 'diet' and plays a prominent role in culture and its transmission. Minority elders' are not just 'retired', citizens and consumers but also important communicators within their peer groups and across generations. Affecting their agenda to improve their health offers an important mechanism of reaching other community generations contributing to behavior patterns for a healthy lifestyle for all. Preventing ill health not only saves public resources but also individually helps through better life in old age and increased participation.

To achieve this the Commission and various stakeholders need to play their full part.

- The Commission must regard and appropriately address health inequalities and those who experience it such as minority elders and communities, when developing policy.
- Services designed to promote healthy diets and physical activity must be accessible to everyone in society.
- Policies must recognise the major contribution of the civil society and key NGOs working in developing bespoke services to its users and consequently develop effective working partnerships with them.
- Policy makers and statutory providers must have a good understanding of cultural, linguistic and religious needs among different sections of society, and their socio-economic circumstances when designing, planning and managing the healthy diet and physical activity programme.
- Models of good practice found in the minority civil and NGO sector should be adopted into community policy.
- Programme of European research is needed focusing on ethnicity and age to identify barriers to good nutrition and physical activity; and results disseminated and exchanged transnationally.

- Ethnic monitoring should be systematically undertaken to specific analysis on the ethnicity, age and gender of its patients to identify specific at risk target groups.
- A common set of indicators should be produced for monitoring overweight and obesity throughout the EU to allow for constructive comparability among different ethnic groups.
- Comprehensive and clear policies should be disseminated via national and international NGOs.
- Food companies should consult with minority communities and take into account different community needs when developing food labeling. If companies do not adhere favorably to self-regulation the onus should be on the Commission to enforce food-labeling policies.
- Marketing strategies should take into account the barriers to informed choice and develop innovative and diverse ways of communication that reach minority elders and communities.
- The ‘Never too late to start’ message should be promoted via health professionals and supported by mainstream and NGO service providers.
- Interventions and information should be delivered ‘where the communities are’.
- Funding for community organisations who provide physical activity services should be ring fenced and sustainable.
- Physical activity policies must take into account the issue of transport and work together with transport departments to develop effective policies.
- Policy must avoid stigmatising the least well off and recognise the effects of multiple discrimination in addition to traditional barriers to a healthy lifestyle. Minority elders’ face multiple discrimination from age, race, gender, disability and these impact on their health and behavior patterns.
- EU platforms should include NGO umbrella organisations from minority ethnic base with strong links to grass roots organizations. Currently the ‘one size fits all’ approach cannot work in diverse European societies.
- Physical activity policies must relate strongly to mental health policies and be responsive to culture, faith, language and beliefs of minority elders.

- Policy could recommend that health professionals prescribe exercise and nutritious food along with prescribed drugs, as part of a 'health' approach rather than a 'medication' approach.
- PRIAE would strongly recommend the Commission work in conjunction with housing policies when developing policies relating to physical activity and good nutrition.

Answers to Specific Questions

IV.3.2 Health across EU policies

What are the concrete contributions which Community policies, if any, should make towards the promotion of healthy diets and physical activity, and towards creating environments which make healthy choices easy choices?

Community policies need to successfully promote healthy diets and physical activity to improve health of European citizens. It is essential therefore that such policies reflect health inequalities experienced by different sections in society. PRIAE's specialist research and development within the UK and across the European Union for nearly a decade has shown that minority ethnic elders, this target group, faces enormous challenges in experiencing health inequalities and lack of appropriate support to address them. Moreover too often this target group is omitted from responses that concern 'age' and or 'race'. We are therefore submitting this evidence in the belief that their issues will help to open up policy responses that can benefit all sections.

PRIAE's Minority Elderly Care MEC research project supported under the EC Fifth Framework Research Programme was undertaken concurrently in ten European countries. The project addressed physical and mental health needs and usage of services among 26 different ethnic groups throughout Europe (n=3,000) together with professionals in health and social care and local NGO's in each of the ten countries. The MEC research is essentially a quantitative based research and provides rich data into minority elders' health and offers direction of how to improve service provision in the field of health care and social care for BME elders from statistically significant data. The European summary findings of the research is available online at <http://www.priae.org/FINAL%20MEC%20Summary%20Findings2.pdf> following its launch at the European Parliament. Recently the Scientific Committee on Ageing (House of Lords) used this work in outlining its thoughts on ethnicity and age.

The MEC research project confirmed that:

- Across the ten European countries minority elders (women and men) face worse ill health from a range of conditions than their majority counterparts
- There are ethnic differences relation to specific conditions: African Caribbean's had a higher incidence of high blood pressure; compared to South Asians who had a higher incidence than the Chinese/Vietnamese. Vietnamese elders in Finland faced very high levels of poverty and ill health compared to the Sami, the national minority; mortality rates among some ethnic groups is very high, often not reaching old age (Roma elders).
- They experience higher levels of poverty and lower levels of mainstream support to address health inequalities
- Racism and discrimination does exist in all countries' in health and social care services
- Information, knowledge of what is available is still highly limited preventing access; this is acerbated by inability to speak the country language resulting in greater social exclusion

In addition to addressing social and health inequalities, it is essential that policy makers ensure that any services developed to promote healthy diets and physical activity are accessible to all in society. The MEC research results showed that the mainstream service providers themselves identified five main reasons for unmet needs:

- Language problems
- Lack of information
- Inadequate services
- Lacking understanding of the complex service structure
- Lack multicultural/intercultural competence of staff

The Commission in its development of policy in healthy diet and physical activity thus need to apply these five issues coherently and energetically so that it reaches BME elders at national levels fully. For example this would be applied in the production of

information, images used, tailor made promotion campaigns, earmarking resources to reach socially excluded groups, and product development that pays regard to Europe's ethnically diverse population are just a few.

PRIAE recognises that minority ethnic civil society organizations are often the 'primary provider' of services to minority elders. They are essentially in the absence of appropriate responses responding to minority ethnic elders' needs. But European civil society actions and platforms do not include them due to their size and funding: PRIAE as an 'umbrella' European body has difficulty of inclusion - what hope for local based NGOs.

Minority ethnic civil society organizations have an in-depth understanding of the cultural, religious and social requirement of its users and is therefore best placed to develop and provide tailor-made healthy diet and physical activity programmes.

PRIAE recommends to the Commission that policy makers and statutory providers are made aware of issues facing minority ethnic elders and have a duty to take these issues into account when developing policies in view of the race directive, Article 13.

Which kind of Community or national measures could contribute towards improving the attractiveness, availability, accessibility and affordability of fruits and vegetables?

The World Health Organisation recognises the role that culture plays in all our lives: "Culture, which surrounds all individuals and populations, shapes the way in which we age because it influences all of the other determinants of active ageing" (WHO, 2002)

PRIAE's AIM (Ageing Actively in Minority Communities) project supported by the Department of Health has undertaken research to establish the barriers to participation to improve physical and mental activity among minority elders as well as their personal methods and activities that they use for themselves and in civil society organizations. This work will help to identify good practice that exists and how

policymakers can support such innovations to reduce the stubborn problem of health inequalities.

PRIAE recommends that Community policies should widen its view and regard of what constitutes 'good practice' in healthy diet and physical activity programmes: minority elders in the AIM project have provided rich examples of how agriculture, fishing, are not just a leisure activity but how it goes to the heart of organic gardening and widening produce that is difficult or expensive to source. Promoting 'home grown' production of fruit and vegetables would therefore improve both the attractiveness and affordability of fruits and vegetables. Bangladeshi elders with the highest levels of poverty in London for example have developed 'fishing' to create a dance than use the traditional 'keep fit' classes. The dance creates meaning and motivation for its elder participants who can better relate to it. Gardening also contributes to the Commission's policy on physical activity. PRIAE has identified excellent models of good practice in this and other fields which could be adopted into Community policies and promotion of the policies in general.

Regarding diet a key issue is the accessibility of fresh fruit and vegetables. Many minority communities are isolated from mainstream providers of fruits and vegetables, and many mainstream providers do not cater for specific cultural diets. Or as mentioned earlier they are too expensive. PRIAE has identified community initiatives which include the use of mobile fruit and vegetable suppliers that deliver goods to community centres and cater for specific dietary requirements and preferences. The use of shopping services for isolated elders and nutritional 'meals on wheels' are also important issues. PRIAE would advocate the expansion of such initiatives into mainstream provision. And it may well offer better choice to majority elders and communities in the process.

On which areas related to nutrition, physical activity, the development of tools for the analysis of related disorders, and consumer behaviour is more research needed?

Research studies need to be supported which identify barriers to physical activity and contributing factors to poor nutrition within minority ethnic communities. In particular targeted research on the barriers to physical activity may well illuminate the significance of anecdotal evidence collected by PRIAE that elders wearing their cultural dress are prohibited from entering physical activity centres even when they have brought appropriate clothes to change for safety.

In the MEC research PRIAE commented that there is a need to better understand to what extent the differences between ethnic groups are unavoidable and what can be changed and improved over time. In PRIAE's health inequalities, mental health, hospital care, and MEC research have consistently shown the need to produce good information and health promotion programmes and information that is tailor made for minority elder audience. Indeed the Institute has produced several tools and materials including personal health diary; information guides, European film in dementia that help to inform and affect improvements among minority elders and families.

The MEC research instrument is considered as an important audit tool for professionals to measure service change in health.

PRIAE recommends that:

- (a) The Commission support research that is targeted to BME elders' healthy diet and physical activity. A key dimension of this would include barriers to physical activity among different ethnic elder groups.
- (b) Information, materials and tools that are currently developed by minority civil organizations are supported as part of good practice for wider use and encourage others where there are specific gaps.
- (c) Promotion work that is educationally based but motivating through use of culturally relevant examples are used and targeted to minority elders as part

of increasing awareness and influence behaviour patterns that aid healthy life. For minority elders to have good healthy diet and physical activity, they need to be seen and involved in such programmes, and minority civil society organizations are well placed in most European countries to work with.

IV. 4.3. The Public Health Action Programme

How can the availability and comparability of data on obesity be improved, in particular with a view to determining the precise geographical and socio-economic distribution of this condition?

There is a shortage of data about the distribution of obesity among different ethnic groups. While data on ethnicity and age exist they are classed separately but PRIAE's work shows that such data do not tell us about minority elders specifically. Therefore there is a need to further classify current data to reflect multiple identities as the Commission does on gender.

Minority population is mostly concentrated in urban settings of European cities. Minority elders in most cases have lower mobility than their majority counterparts. It should make the task of data analysis easier if there is willingness by some countries who currently resist ethnic monitoring to regard it as an important source for informing policy effort and direction. In France everyone knows that to speak of some areas where minorities are concentrated, it is that the population is referred to and the same applies in many other countries. In Leeds where PRIAE is based 'Chapletown' signifies not just an interesting place with old places but a place where some ethnic groups are concentrated and so on.

PRIAE recommends that the Commission support

- ethnic monitoring and add further classifications so that specific analysis on the ethnicity, age and gender combined to show levels of obesity among different ethnic populations across different socio-economic bands and locations, and minority elders in particular.

- that a common set of indicators for monitoring obesity should be developed that coheres with for use throughout the EU as an immediate priority

How can the programme contribute to raising the awareness of the potential which healthy dietary habits and physical activity have for reducing the risk for chronic diseases amongst decision makers, health professionals, the media and the public at large? Which are the most appropriate dissemination channels for the existing evidence?

The Programme needs a good clear information strategy that is responsive to minority elders' interests. EU policy should recognise that

- different ways of communicating same messages
- different messages to suit different audiences are needed to target minority ethnic elders and minority groups in general.

Decision-makers need to have access to evidence-based research that is specific to minority ethnic health and lifestyles which also connect to people's socio-economic base, cultural and religious requirements and their impact on obesity and physical activity. Many minority ethnic elders practice yoga and tai chi both as physical of BME communities and then work in partnership with NGOs to identify appropriate means of dissemination.

PRIAE's MEC European research showed that many of the biggest gaps between expectations and perceptions of minority elders had to do with information and communication, which clearly suggests that there is an information gap in service provision. Increasing use of internet is not always the answer given the poverty of organisations and families who cannot afford a computer or have access to it, apart from language issues. Use of ethnic media; direct methods of engagement through arts and stories which connect to people's experiences are important channels in disseminating key messages. Ethnic media is accessed by minority elders and this should be used as much as majority media to reach different population. Doctors' surgeries, hospitals and ethnic shops are also important sources for displaying information as well as someone being there (in doctors' surgeries who can encourage

the importance of healthy diet and physical activity). We have already stated the essential nature of involving minority based civil organisations, who have direct connections with communities and have the necessary know how to reach them. Umbrella minority national NGOs should be used to disseminate information in an appropriate, easy to follow and culturally relevant manner. The benefit of using such organisations is their increased knowledge, specialization and the credibility that they command should result in good information economies of scale.

V. Areas for Action

V.1.2. Consumer Information, advertising and marketing

Which kind of education is required in order to enable consumers to fully understand the information given on food labels, and who should provide it?

Targeted consultation is needed with different sections of society to establish their information needs in terms of food labeling. They in turn need to understand the importance of such in their decision making of not just what to buy, but what to eat! Hence a national campaign to educate consumers on food labeling should be implemented which takes into account different communication needs.

UK has a very detailed system of food and drink labeling which is now part of normal life and expected by consumers in comparison to France or Spain for example. A UK visitor to France or Spain (both EU countries) would be surprised to see limited information on packages in comparison to the UK. Systems for indicating levels of nutrition could be on a symbol or colour basis therefore overcoming any language barriers. Minority communities do use food produced in their country of origin spanning large continents of Asia and Africa, with a variety of food suppliers. They for most part carry 'ingredient' information (as often is the case in European countries compared to the UK) but nutritional information is not always shown. The EU would therefore have to seek ways of applying nutrition information to regulate food coming in from non EU countries, as well as standardizing to all within EU countries. The onus of provision could be a set period of time for monitoring self-regulation within the food industry. If this is not delivered to a satisfactory level the onus should be on the Commission to enforce food-labeling policies.

Which measures should be taken towards ensuring that the credulity and lacking media literacy of vulnerable consumers are not exploited by advertising, marketing and promotion activities?

Marketing and promotion strategies should be developed in consultation with voluntary and community organisations that work closely with different minority communities, in particular taking into account the most vulnerable members of society. We have asserted consistently above, the need to improve food and physical literacy to increase awareness and confidence of poorer sections of society (in our case minority elders and communities) since they are entitled to good quality food and physical activity at affordable prices, rather than the Commission programme being seen as for the ‘middle classes’. PRIAE’s recommendation is for the programme to take a proactive approach to support minority elders as part of socially excluded groups which we have outlined throughout, rather than a ‘protectionist’ approach that just regulates marketing and promotion. Both are needed.

V.2 Consumer education

How can consumers best be enabled to make informed choices and take effective action?

Marketing strategies should take into account language and literacy barriers to making informed choices. Perhaps explore the possibility of using colour coding such as a traffic light system to indicate levels of nutrition etc. PRIAE’s ‘What Works for Us’ guidelines on diabetes and coronary heart disease recommends statutory services work in partnership with minority communities and makes the following suggestions:

- There should be greater availability of resources and structures that allow community outreach: delivering services ‘where people are’

- There needs to be a greater understanding of the tension between clinically driven targets and a holistic, community focused approach when delivering appropriate services.

What contributions can public-private partnerships make toward consumer education?

PRIAE recommends that financial private sector Investment needs to be made in communities that are socially excluded: the public-private sector partnership with the civil NGO sector would work together to identify and meet consumer needs that can then be adapted to fit healthy diet and physical activity consumer education programmes. For our target group public-partner- civil-partnerships would be minority specific from which learning about effecting consumer behaviour could also be transferred to the mainstream. Needs such as providing information in community languages could be identified using this approach. Despite their level of expertise, community organisations can often feel alienated from the decision-making processes within mainstream organisations. In the UK there are several private television programmes aimed at educating (and embarrassing) obese ‘candidates’. Such programmes attract both minority and majority and are effective in transmitting key messages that bad health is bad for you; and it is your decision.

In the field of nutrition and physical activity, which should be the key messages to give to the consumers, how and by whom should they be delivered?

PRIAE has identified the existence of a ‘too late for me to start’ approach where people give up so they themselves become the barriers to receiving key messages. The key message to be promoted should be ‘it is never too late’ and nutritional and physical activity interventions can begin at any point in the life course. That it is for everyone, that good diet and physical activity may save you money and give you better health. This message should be in public places so that it acts as a daily reminder, in schools, in shops, in public transport and the media. Direct methods of communication should be primarily delivered by health professionals and supported by mainstream and civil organisation service providers.

In short, Information should be provided in settings ‘where people are’ with an emphasis on peer education.

PRIAE recommends that health professionals prescribe exercise and nutritious food as part of health diagnosis, along with prescribed drugs.

V.5. Building overweight and obesity prevention and treatment into health services

Which measures, and at what level, are needed to ensure a stronger integration aiming at promoting healthy diets and physical activity into health services?

Health service professionals should be made aware that ‘one size fits all’ approach will not be effective.

- First there should be investment made into producing culturally appropriate healthy diet and physical activity materials/knowledge/methods of transmission/good practice examples.
- With these resources, they should receive culturally specific training to help advise on religious and culturally appropriate interventions.
- The referral scheme should take into account services provided by minority community organisations and signpost minority elders to these services.

It is imperative that people feel safe and comfortable in their environment when taking part in physical activity and minority elders will often be more responsive to receive as well as input into physical activity programmes, that we witness in our work at PRIAE and are promoting in our health based AIM project as mentioned earlier. PRIAE has used a variety of culturally based physical activities, some generated by elders themselves, others brought by companies and will be used in conjunction with the AIM project by the Minority Elder Information and Policy Secretariat that PRIAE has established. Such work show that often lack of opportunities, peer support, to boost one’s confidence act as main blockages to participation and so too the key problem

faced by civil community organisations is that of funding for providing physical activity interventions. Therefore funding for such work should be sustainable and ring fenced.

V.6. Addressing the obesogenic environment

Which measures are needed to foster the development of environments that are conducive to physical activity?

Transport is a major barrier to older people taking part in physical activity and this needs to be addressed in order to promote healthier lifestyles. PRIAE would recommend more joined-up working between transport and leisure departments and the civil community sector. Social contact is very important for older people and linking physical activity with social activity can be very effective practice. Here civil cultural community organisations provide models in support of this.

PRIAE has shown that minority elders in the UK and across member states experience poverty (often worse than their majority peers who also have financial problems). For example in the published statements we made to the Economics of Population Ageing of the House of Lords Economic Affairs Committee we said that ‘analysis of economic resources later in life confirms that minority ethnic groups are vastly over-represented in the bottom quintile of income distribution. BME elders are also more likely to be receiving income support than their white counterparts. In light of this, it is important that services are available free of charge for those most in need’ (PRIAE, 2003).

PRIAE’s report to the Royal Commission on Long-Term Care echoes this key message and quotes an 86-year-old elder:

“those who have means must pay, those who have no means must be provided for without hesitation nor humiliation”.

Economic circumstances must therefore be taken into account in order to foster the development of environments that are conducive to physical activity and any approach adopted must avoid stigmatizing those least well off in society. Such an approach

would show that healthy diets and physical activity are not agendas for the well - off but for everyone, and they should not just be framed in this way but also investment decisions should reflect this and in its implementation.

V.7. Socio-economic inequalities

Which measures, and at what level, would promote healthy diets and physical activity towards population groups and households belonging to certain socio-economic categories, and enable these groups to adopt healthier lifestyles?

Our entire submission response relates to the group: minority elders who face chronic social inequalities. In our Minority Elderly Care in Europe: Country Profiles Report (2003) we said:

“The age structure of the UK population overall is similar to that of most other western European countries. The pattern is that of an ageing society. At present, the age profile of western populations bulges in the centre and presses upwards as the post-war baby boom generation ages. The demographic structure of the BME population is younger than that of the majority population but the ageing trend witnessed in the majority population will soon be mirrored in the minority populations”.

It is important that the EU recognises that not only is Europe’s population ageing but minority elders often suffer from multiple discrimination and disadvantage on the grounds of race and age, as well as gender, disability and class, in addition to the traditional barriers to a healthy lifestyle.

Measures to promote healthy diets and physical activity therefore as we have explained throughout, must work with minority civil cultural organizations as well as national and international minority experienced NGOs. PRIAE has been at the forefront of more than registering Europe’s minority elders’ health and poverty issues. Our work has shown that ‘bottom up’ approach in policy contribution and programme

implementation is essential in working with minority elder issues if the programme is to be effective.

V.11 Other issues

Are there issues not addressed in the present Green paper which need consideration when looking at the European dimension of the promotion of diet, physical activity and health?

European NGOs have their own interests and that is understandable. There is a need for many of them that are supported by the Commission to involve and pay regard to cross-cutting issues that we at PRIAE specialise in, a specialism that is unique and concentrated in Europe. Platforms such as The European Platform for Action on Diet, Physical Activity and Health and The European Network on Nutrition and Physical Activity can be inaccessible to those who would most benefit from contributing to and receiving information on their policies and strategies. PRIAE would welcome an opportunity to contribute towards these platforms in order to lend its knowledge and expertise on minority age issues and further disseminate information to the minority civil organisations working with minority elders across Europe.

We have also outlined that good effective physical activity and healthy diet programmes cannot be divorced from mental health: many of minority ethnic elders we work with approach health regard a balance between physical and mental (and indeed spiritual) well being as one - something that is becoming mainstream through complementary and lifestyle activities - many promoted by celebrities. In 1999 in a 6 country European project on dementia PRIAE recommended that:

'It is urgent that policymakers give recognition and resources to support targeted developments and research which enhance minority ethnic participation in determining appropriate dementia care'

(Dementia Matters Ethnic Concerns, European research study, film and a guide, 1999)

There is significant evidence that physical activity combats mental health problems and new research which suggests that regular physical activity can combat the onset of Alzheimer's disease. PRIAE firmly recommends that policies on physical activity relate strongly to policies on mental health - and that they are culturally responsive to meet minority elders and communities.

Health choices, such as those relating to diet and physical activity, in addition to being related to mental health, are also related to physical environments such as housing. PRIAE, funded by the Department of Health has recently published 'Developing Extra Care Housing for Black and Minority Ethnic Elders: an overview of the issues, examples and challenges'. Extra care housing, or very sheltered housing, is a form of housing provision that allows people in need of care to remain independent, or 'age in place' in specially adapted housing. The development of extra care housing as an appropriate housing response to minority elders is relatively in its infancy. PRIAE has provided examples however of extra care housing schemes across the UK which cater for different minority groups and their cultural needs, including physical activity and dietary requirements. Housing as a basic necessity plays a major role in whether a person remains physically active and housing providers who also provide meals can have an impact on the quality of diet of it's residents. With a shift towards extra care housing for elders it is important for housing providers to take into account the physical activity and dietary needs of residents. PRIAE has demonstrated the close relationship between health, housing and social care and as such PRIAE would strongly recommend the Commission work in conjunction with housing policies when developing policies relating to physical activity and good nutrition.

In conclusion in this submission we have shown that

- Minority elders are part of Europe's citizens and experience acute levels of ill health and social exclusion.
- They are often overlooked in policies that relate to Europe's citizens health and related matters.
- Minority elders come from backgrounds that are rich in health knowledge and physical activity.

- Without opportunities, recognition that poverty prevents people from adopting healthy lifestyles, investment in civil community organizations, national international NGOs working in this area, is needed.

A European programme on healthy diet and physical activity will be seen as 'not for them' when in essence a culturally responsive and grassroots grounded programme addressing minority elders' needs may well offer good examples to other communities affected by social exclusion - and show that the European Programme is for everyone, not just the well-off or for the majority population. That would be real healthy advancement today.

ENDS

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