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The Netherlands Institute for Social Research
The fate of the vulnerable elderly

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The Netherlands Institute for Social Research
&
Utrecht University
The world’s oldest living person
Mrs. Hendrikje van Andel-Schipper 1890-2005
• She was over 50 years a pensioner

• She was blind

• She was deaf

• She could no longer walk by herself

• She lived in a private apartment in a nursing home

• She was a fan of Ajax Amsterdam

• Still not demented!
“Everybody wants to become old, nobody wants to be old”

- There is no definite genetic program for ageing, so we suffer from a gradually and haphazard loss of functions and competences

- Evolutionary our normal lifespan would be about 50 yrs. – actually it is 80 yrs. now, tendency rising

- Fight of culture (nurture) against biology (nature) – we win time, but in the end we have to loose the battle

0,01% > 100 yrs, 0,0001% > 110 yrs.
1850-2000 mortality figures upside down

1850
- Mortality three times as high (25 per 1,000) as today (8)
  - 40% of deathcases 0-5 yrs. of age,
  - 4% 80 years old or more

2000
Number of deaths
- Less than 1% in 0-5 yrs. of age
- 33% - age 65-80;
- 50% - 80 years old or more
Life expectancy (2007), Netherlands

<table>
<thead>
<tr>
<th>Category</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy at 0 yrs.</td>
<td>78,3</td>
<td>82,3</td>
</tr>
<tr>
<td>Advantage higher educated</td>
<td>7,0</td>
<td>5,7</td>
</tr>
<tr>
<td>Life expectancy at 65 yrs.</td>
<td>16,6</td>
<td>20,0</td>
</tr>
<tr>
<td>In good health</td>
<td>11,2</td>
<td>11,5</td>
</tr>
<tr>
<td>Without impairments</td>
<td>13,1</td>
<td>12,1</td>
</tr>
<tr>
<td>Without chronic illnesses</td>
<td>4,4</td>
<td>3,6</td>
</tr>
<tr>
<td>Expectation 2025</td>
<td>80,4</td>
<td>84,1</td>
</tr>
<tr>
<td>Expectation 2050</td>
<td>83,8</td>
<td>88,1</td>
</tr>
</tbody>
</table>
The world’s population is growing older

- Many centuries: about 5% of the population 65+
- Today’s modern societies: between 15-20%
- In 2050: about 25-33% of the population, about 1/4-1/3 vulnerable/frail
- Fast rising costs of pensions and services
“Health care is becoming care for the elderly”

- 85+ - 1,5% population, 12,5% costs of care
- 100+ - 0,01% population, 0,1% costs of care (70 million)
- Drugsbudget – 40% 65+ ; 90% has prescription-medicines
- Cure and care 65+ - nearly 40% of the healthbudget
Cure and care are becoming more expensive

The richer the country, the higher the % of GDP needed for healthcare

NL. 1953 – 3%; 2009 – 12% (68,5 billion)

- Capital intensive, labour intensive
- High level of professionalization
- Baumol’s axioma
- Ever expanding universe of cure and care: technology – professionalization – quality - demography
Who is vulnerable and in need of care?

- Born with serious handicap (physical, cognitive, mental) or chronic illness (1 : 30 newborns)
- Chronic mental patients (1 : 300)
- Frail elderly (1 : 30)
Modern vulnerability and its solutions

- Not being able to live on your own → (in)formal care
- Not being able to earn your own living → pension/benefits
- Not being able to participate socially – social support

Social exclusion is a result of a lack of resources in an individualizing society, where people want to remain in control over their own life

- Rising GDP → rising individualization
How to deal individually with vulnerability in old age?

- Protective policies and prothetic practices
- “As normal as possible”
- Social security/benefits, sheltered home, guided living, services (transport, household support)
- Support by family, friends, volunteers and professionals
- Special educational facilities, training programs to cope with the gradual loss of functions
- Freedom to decide for euthanasia
What is the problem for society?

- Fast rising cost of services, personnel and pensions
- Better services attract ever more clients
- Early diagnosis, soft criteria (expansion of care)
- Rising life-expectancy in frail conditions
- Better cure, more and longer care is needed
- The strong wish to remain autonomous and independant
Frail elderly 65, how many and where?

- Approximately 25% of people over 65 yrs.
- 85% of them live independently, 15% in a nursing home (mean age in nursing homes 85 yrs.)
- Living indep -25% frail
- Nursing home – 81% frail
Leeftijdsoverbouw van de groep kwetsbare ouderen in de bevolking van 65 jaar en ouder, 2010-2030 (in absolute aantallen)

Bron: SCP-bevolkingsmodel

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Focussing on the frail elderly

frailty in older persons is a process involving the accumulation of physical, psychological and/or social deficits in functioning which increase the risk of adverse health outcomes (functional impairments, admission to an institution, death).

- complex health problems
- at risk
- users of a variety of health and social services
Wat vinden ouderen zelf?

Jacob Mooiman
(100 jaar)

"Ik voel mij helemaal niet kwetsbaar, ik voel mij in optima forma. Ik kan alles nog en doe alles nog zelf: lopen, wassen, mijn bed opmaken. De zusters zeggen wel eens: 'We doen zo weinig voor je'. Ik sta elke dag om half zes op, drink twee borretjes per dag en op zondag drink ik er drie. Ik kan zo wel 1000 worden."

Jacoba Ros-Verbaan
(91 jaar)

"Ik voel me niet kwetsbaar, ik ben een tevreden vrouw. Ik ben met blijdschap naar het verzorgingshuis verhuisd en ben nog steeds heel blij. Het wordt lichamelijk wel allemaal wat minder; gebrekkig lopen, beetje vergeetachtig, maar ik mag niet mopperen. Ik ben laatst gewaaid, heb een na gehad, maar ik maak me geen zorgen. Het is gebeurd en ik ga weer door."

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Household type and age (%)
## Daily activities, 65+(%)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Difficult</th>
<th>Help Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking the stairs</td>
<td>25</td>
<td>5</td>
</tr>
<tr>
<td>Walking outside the house</td>
<td>14</td>
<td>4</td>
</tr>
<tr>
<td>In and out of bed</td>
<td>13</td>
<td>1</td>
</tr>
<tr>
<td>Household chores</td>
<td>10</td>
<td>26</td>
</tr>
<tr>
<td>Changing the sheets</td>
<td>13</td>
<td>10</td>
</tr>
<tr>
<td>Cooking dinner</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Doing the laundry</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

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### Chronic illnesses in old age (65+)

<table>
<thead>
<tr>
<th>Illness</th>
<th>2000</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>98</td>
<td>120</td>
</tr>
<tr>
<td>CVD</td>
<td>140</td>
<td>146</td>
</tr>
<tr>
<td>Astma/COPD</td>
<td>125</td>
<td>162</td>
</tr>
<tr>
<td>Arthritis/rheuma</td>
<td>423</td>
<td>429</td>
</tr>
<tr>
<td>Dementia</td>
<td>94</td>
<td>(150)</td>
</tr>
</tbody>
</table>

- 65-74 yrs: 50% chronic illness
- 75 yrs +: 58% chronic illness

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### Use of curative services, indep. living, 65+ (2007)

<table>
<thead>
<tr>
<th>Service</th>
<th>Frail</th>
<th>Not frail</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>* GP (3-months)</td>
<td>81%</td>
<td>72%</td>
<td>75%</td>
</tr>
<tr>
<td>* Med. specialist (3-months)</td>
<td>64%</td>
<td>44%</td>
<td>49%</td>
</tr>
<tr>
<td>* Stay in hospital</td>
<td>25%</td>
<td>14%</td>
<td>17%</td>
</tr>
<tr>
<td>* Fysiotherapist (12-months)</td>
<td>37%</td>
<td>26%</td>
<td>29%</td>
</tr>
<tr>
<td>* Mental health (12-months)</td>
<td>6%</td>
<td>2%</td>
<td>3%</td>
</tr>
</tbody>
</table>

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Three models of care for the elderly

- Virtually only informal care/private care (Mediterranean)
- Mainly informal/private, partly public/formal (Continental)
- Mainly formal (public), partly informal (Scandinavian)
### Who should provide care if parent could no longer live on their own? (2002)

<table>
<thead>
<tr>
<th>Country</th>
<th>Family (%)</th>
<th>Homecare (%)</th>
<th>Nursing home (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denmark</td>
<td>20%</td>
<td>50%</td>
<td>30%</td>
</tr>
<tr>
<td>Netherlands</td>
<td>25%</td>
<td>40%</td>
<td>35%</td>
</tr>
<tr>
<td>Germany</td>
<td>65%</td>
<td>25%</td>
<td>10%</td>
</tr>
<tr>
<td>France</td>
<td>40%</td>
<td>45%</td>
<td>15%</td>
</tr>
<tr>
<td>Italy</td>
<td>70%</td>
<td>25%</td>
<td>5%</td>
</tr>
<tr>
<td>Greece/Spain</td>
<td>90%</td>
<td>10%</td>
<td>-</td>
</tr>
</tbody>
</table>

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### Care received by persons with care problems (2004)

<table>
<thead>
<tr>
<th></th>
<th>Formal</th>
<th>Informal</th>
<th>No help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denmark</td>
<td>45%</td>
<td>30%</td>
<td>25%</td>
</tr>
<tr>
<td>Netherlands</td>
<td>45%</td>
<td>25%</td>
<td>30%</td>
</tr>
<tr>
<td>Germany</td>
<td>30%</td>
<td>40%</td>
<td>30%</td>
</tr>
<tr>
<td>France</td>
<td>45%</td>
<td>25%</td>
<td>30%</td>
</tr>
<tr>
<td>Italy</td>
<td>20%</td>
<td>45%</td>
<td>35%</td>
</tr>
<tr>
<td>Spain</td>
<td>25%</td>
<td>35%</td>
<td>40%</td>
</tr>
<tr>
<td>Greece</td>
<td>10%</td>
<td>55%</td>
<td>35%</td>
</tr>
</tbody>
</table>

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# Homecare/nursinghomecare per 100 65+ (2000)

<table>
<thead>
<tr>
<th>Country</th>
<th>Nursinghome</th>
<th>Homecare</th>
</tr>
</thead>
<tbody>
<tr>
<td>NL</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Denmark</td>
<td>6</td>
<td>19</td>
</tr>
<tr>
<td>Sweden</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Belgium</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>Germany</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>France</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Italy</td>
<td>2</td>
<td>6</td>
</tr>
</tbody>
</table>
Use of care facilities (2007), frail elderly per 100 65+ I

- Informal care
  no - 26% frail
  yes - 30% frail

- Private care
  no - 26% frail
  yes - 31% frail

- Professional care
  no - 18% frail
  yes - 53% frail
Use of care facilities (2007), frail elderly per 100 65+ II

- Home care (domestic held) 34% - 231,000
- Home care (nursing) 24% - 160,000
  (Total) (42%) - (283,000)
- Institutional care 20% - 132,000
  Total 62% - 415,000

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Best chances for a long, happy and healthy life

- Don’t smoke
- Don’t get overweight
- Don’t get isolated; maintain and refresh social relationships (family, friends)
- Stay active, physically, cognitively
- Entitlement to a good pension, that allows for more than the basic needs
- Never think ‘I am too old for …’ if it is something you like!
Best policies for an ageing society

- A sustainable pensionsystem (state and/or private)
- Combination of cure and care available
- Prevention/postponement of residential care (homecare; informal care)
- Make early retirement unattractive
- Foster support systems in the community
- Stimulate development domotica/robotica