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## LONG-TERM CARE IN EUROPE

CONCEPTS  
CONCERNS  
FACTS  
ISSUES



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## LONG-TERM CARE IN EUROPE CONCEPTS



**Long-Term Care (LTC) is the system of activities**

- undertaken by informal caregivers and/or professionals
- to ensure that a person who is not fully capable of self-care
- can maintain the highest possible quality of life, according to his or her individual preferences,
- with the greatest possible degree of independence, autonomy, participation, personal fulfillment, and human dignity.

**WHO 2000.**

**LTC brings together**

- a range of support and services
- for persons who need help with basic activities of daily living
- over an extended period of time

**Special CEPS Report 'The Cross-Atlantic Exchange to Advance Long-Term Care ( 'Thinking ahead for Europe') 2006**

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## LONG-TERM CARE IN EUROPE CONCEPTS

The Barcelona European Council recognised 3 guiding principles for the reform of health care systems:

- accessibility for all
- high quality of care
- long-term financial sustainability.



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## LONG-TERM CARE IN EUROPE CONCERNS 1

- People are living longer and healthier lives. Despite announced 'healthy ageing policy' long-term care for disabled and frail persons will always be needed (WHO 2000).
- Deinstitutionalisation appears to be a highly desirable goal. Integrated policies for social and health care systems are needed (Jacobzone OECD 1999).
- Demands for quality and quantity of long-term services bound to rise (Long-term Care in the European Union 2008).
- European Commission promotes delivery of long-term care at home (EurActiv 2008)



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## LONG-TERM CARE IN EUROPE CONCERNS 2

EU policy intends to contribute to better LTC arrangements in the future but

- subsidiarity principle,
- diversity in insurances (social insurance AU, DE, SP; integrated long term care in CZ, FR; no specific initiatives HU), and services (medical, recreational, nursing)
- diversity in terminology and financing,
- difficulty in finding a legal definition.

Examples of diversity:

- responsibility in communities/municipalities (Nordic countries, NL partly),
- role of informal caregiver: fiscal incentives in Belgium, Greece, Spain; part in pension rights (AU, DE, L) or respite care (FI, UK),
- financing is fragmented: income dependent, own contribution, in nature or cash.



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## LONG-TERM CARE IN EUROPE CONCERNS 3

**Right balance between public and private sectors:**

- **in financing: public (most now) or private insurance (small market, kind of benefits and fixation of price),**
- **in delivery: public service, private for profit, private not for profit,**



## LONG-TERM CARE IN EUROPE

### FACTS 1

#### AGEING (OECD 2005)

Rising share of elderly population because of: **ageing of baby boom; lower fertility, rising life expectancy.**

|         | 1960 |    | 2000 |    | 2040 |     |
|---------|------|----|------|----|------|-----|
| France  | 12%  | 2% | 16%  | 4% | 26%  | 9%  |
| Germany | 15%  | 2% | 16%  | 4% | 29%  | 9%  |
| Italy   | 9%   | 1% | 18%  | 4% | 24%  | 10% |
| UK      | 12%  | 2% | 16%  | 4% | 23%  | 7%  |

% of people 65 years and **80 years and over.**

#### OLD DATA (WHO 2000)

- In the USA the probability of LTC institutionalisation during a persons lifetime is 17% for persons between 65-74 and 60% for persons over 85.
- In Norway 25% of the persons over 80 are in nursing homes.



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## LONG-TERM CARE IN EUROPE

### FACTS 2

- Growing proportion of people with chronic diseases: 20-24% of adult EU population report a long standing health problem (Eurobarometer 2007).
- Between 2000 and 2040 the number of disabled older adults will be more than doubled (USA Johnson et al 2007).
- Growing number of people with multiple health problems: two-third of the pensioners (65-70) have at least 2 chronic health problems.
- Between 2000 and 2040 the share of disabled older adults receiving paid help will increase from 22% to 26%, while the share receiving unpaid help from children will fall from 28% to 24% (USA Johnson et al 2007).
- People with chronic diseases utilise health care more frequently, particularly when they have multiple problems



## LONG-TERM CARE IN EUROPE

### FACTS 3

➤ Between 2000 and 2040 the average number of paid hours for help per frail elder will increase from 163 hours per month to 221 hours (USA Johnson et al 2007).

➤ Cost sharing of Nursing Home Care increases (Merlis 2004):

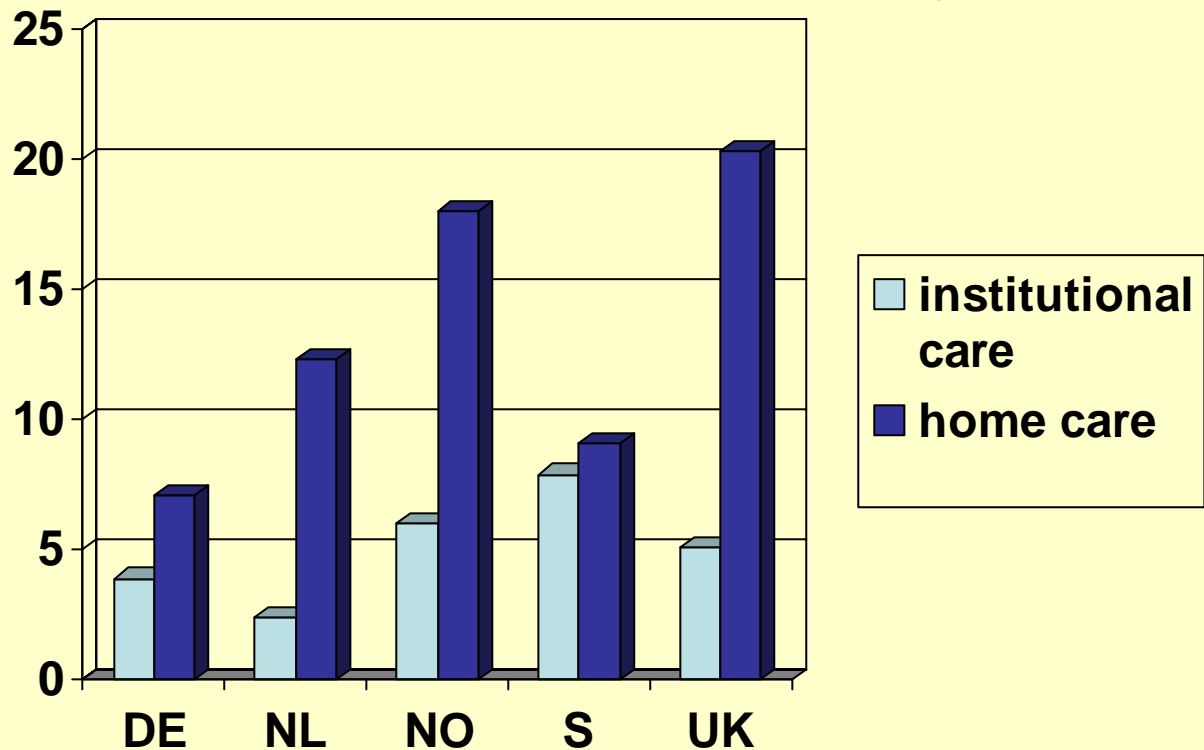
| Country     | Individual share                           |
|-------------|--|
| Belgium     | 56% of total costs                         |
| Denmark     | 15% of income for rent, heating etc.       |
| Germany     | 100% of hotel; at least 25% of total costs |
| Netherlands | 11% of income with a monthly maximum       |
| Sweden      | 70% of income                              |
| UK          | 100% until spend down to income limit      |



## LONG-TERM CARE IN EUROPE

### FACTS 4

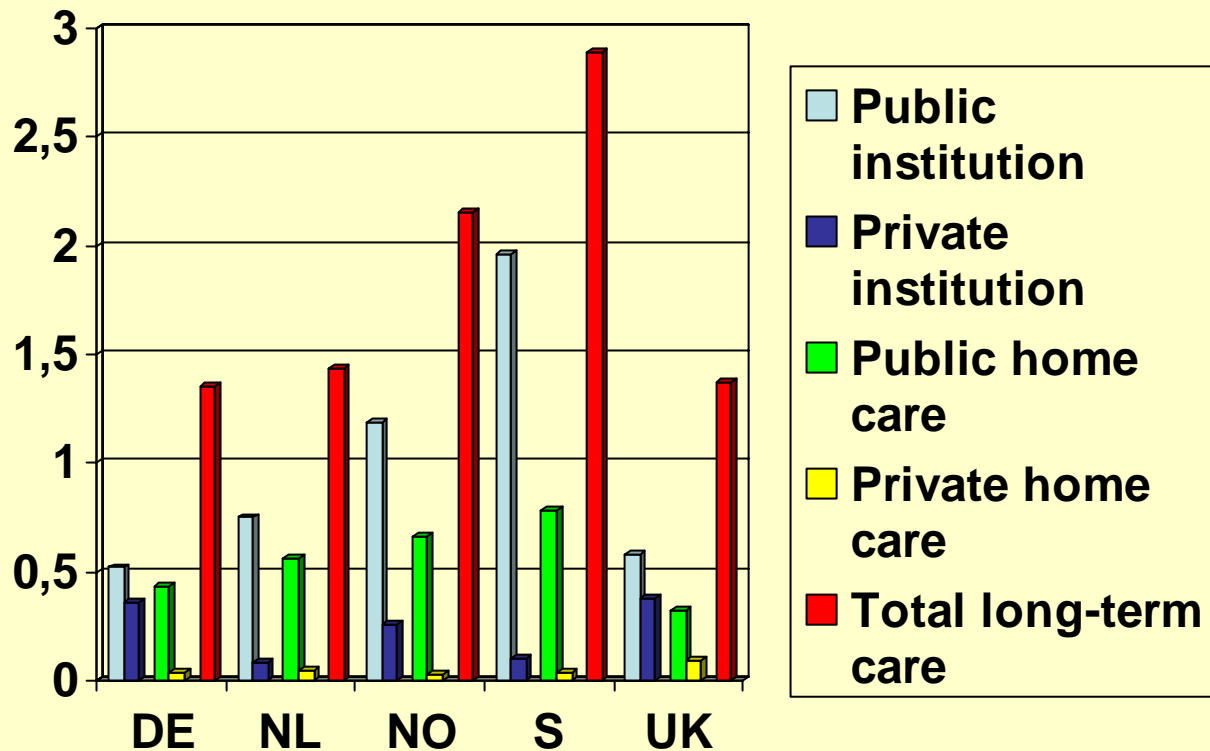
Recipients of institutional and home-care services aged 65 and over (OECD 2005). Most data from 2000; Germany 2003).



## LONG-TERM CARE IN EUROPE

### FACTS 5

Public and private expenditure on long-term care as percentage of GDP, 2000 (OECD 2005).



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## LONG-TERM CARE IN EUROPE ISSUES

SO, AGEING WILL BECOME MORE EXPENSIVE BECAUSE OF COST OF LONG-TERM CARE AND MAYBE WE CAN NOT PROVIDE OR PAY THE SERVICES (OECD, EU) !

BUT WHAT ABOUT

- HEALTH AND LIFE STYLES
- QUALITY OF CARE AND PEOPLES' PREFERENCES
- TECHNOLOGY
- EQUITY
- METHODOLOGY



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## LONG-TERM CARE IN EUROPE

### ISSUE HEALTH 1

Health spending rising faster for elderly than for younger groups (OECD 2005). Will this continue?

Three theories:

- Expansion of morbidity: increasing longevity goes with a longer period of chronic diseases and disability (changing life style).
- Compression of morbidity: increasing longevity comes with a shorter period of chronic diseases and disability (awareness, changing life style, technology).
- Dynamic equilibrium: increasing longevity goes with an expansion of light morbidity, but reduce severe disability (better health care, technology and equipment).



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## LONG-TERM CARE IN EUROPE ISSUE HEALTH 2

- New data suggest that chronic diseases increase less than expected a few years ago (except diabetes) (RIVM 2006) and disability free years increase (OECD 2007).
- Possibilities of prevention and geriatric rehabilitation are not optimal used. Expertise of nursing homes?
  - Exercises (meaningful ones) result in better balance, more self-confidence and less loneliness
  - Walking trains memory of elderly and exercises stimulate cognitive functioning.



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## LONG-TERM CARE IN EUROPE

### QUALITY OF CARE



- For most persons quality of care, respect and dignity are more important values than costs. Discussions on long-term care should start with the question: how to guarantee these values.
- The attitude and knowledge of the (future) elderly is changing:
  - services have to fit in their life style,
  - expectations of quality of services will increase,
  - many individuals will try to make their own care arrangements.
- Most elderly prefer to live independently as long as possible and are willing to take safety risks in doing so.
- Informal care is still strong in some parts of Europe. The 'western mentality' may change.
- Private organisations will operate on the long-term care market for a growing number of 'well to do' elderly.

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## LONG-TERM CARE IN EUROPE ISSUE TECHNOLOGY 1

A new form/concept of technology may have an enormous impact on care arrangements:

**AMBIENT INTELLIGENCE.** Characteristics are:

- **embedding:** technology is part of the environment,
- **awareness:** the technological devices recognise you and the environment you are living in,
- **personalised:** technology fits your skills and needs,
- **anticipation:** technology adapt itself to changes and anticipates on needs.

Potentials of technologies are not used to deliver high quality of long-term care. Care professionals seem to be afraid to use technology.



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**LONG-TERM CARE IN EUROPE**  
**ISSUE TECHNOLOGY 2**



## *The Ambient Assisted Living Joint Programme*

The overall objective of the programme is to enhance the quality of life of older people and strengthen the industrial base in Europe through the **USE OF ICT.**

**2008-2013 600 M€**

**First Call April 2008**

**[www.aal-europe.eu](http://www.aal-europe.eu)**

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## LONG-TERM CARE IN EUROPE

### ISSUE EQUITY 1

WHO described important principles in long-term care like maintenance of the highest possible quality of life with the greatest possible degree of independence, autonomy, and human dignity.

The EU emphasizes quality and accessibility of long-term care.

How do these principles stand as compared to issues like:

-Should long-term care be shared by public institutions and collective arrangements?

-What are the consequences of private services and funding, and measures like cost sharing?

-What may be expected from families? Howse (2007)

questions: what justifies the wider community in expecting spouses to fulfil their obligations to each other? Why does it not count for children?





## LONG-TERM CARE IN EUROPE ISSUE EQUITY 2



### WHICH SCENARIO WILL BECOME TRUE?

- BALANCE OF PUBLIC vs PRIVATE RESPONSIBILITY.
- DEMAND DRIVEN vs PROBLEM DRIVEN (individual preference or expertise)

#### Public

solidarity  
based LTC

experts  
decide on LTC

#### Demand

organise  
LTC yourself

#### Problem

choose and  
buy on the market

#### Private

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## LONG-TERM CARE IN EUROPE ISSUE METHODOLOGY

- OPEN METHOD OF CO-ORDINATION,
- COMPARABILITY OF SERVICES,
- EVIDENCE FOR DIFFERENCES IN EFFECTIVITY,
- DEFINITION PROBLEMS.



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## LONG-TERM CARE IN EUROPE

**CONCEPTS**  
**CONCERNS**  
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**ISSUES**



**METHODOLOGICAL WEAKNESSES IS NOT A REASON TO WORK ON, THINK ABOUT LTC.**

**NEEDED ARE:**

- BETTER INSTRUMENTS TO ASSESS THE CONTENT OF LTC,**
- MORE INTERNATIONAL EXCHANGE OF LTC EXPERIENCES,**
- PUBLIC DEBATE ON FUTURE LTC.**

**IT IS A CHALLENGE FOR HUMANITY TO MAKE THE UNIQUE AGEING OF MANKIND A SUCCESS.**