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Northern Europe: champion of healthy ageing

EMPLOYMENT & SOCIAL AFFAIRES

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#health
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Introduction

Against the backdrop of the Green Deal and new technologies, the environmental and digital transitions have dominated public debate. However, political leaders continue to under-estimate the demographic transition, in which the share of older people is constantly on the rise in an ageing Europe. Article 25 of the Charter of Fundamental Rights highlights that: "The Union recognises and respects the rights of the elderly to lead a life of dignity and independence and to participate in social and cultural life." Dominated by "youth culture", Western societies are struggling to tackle the issue properly and more often than not simply reduce it to its social and economic dimension through the prism of pensions, the labour market or the cost of healthcare, without addressing the issue in its entirety, including social, societal and psychological aspects. There are, however, an increasing number of red flags, like the warning issued by the United Nations which made 2021-2030 the "Decade of Health Ageing"[1]. The challenge ahead is not simply to live longer, but to "age in good health".

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1 The United Nations General Assembly declared 2021-2030 the Decade of healthy ageing and tasked the WHO with its implementation. This is a global collaboration bringing together public authorities, civil society, international institutions, professionals, academics, the media and the private sector with a view to rolling out coordinated, empowering and collaborative actions over ten years to support people living longer and in better health.

I . An ageing population, a reality in the EU-27

I AN ALARMING TREND

The world is getting older. Whether we call them senior citizens, pensioners or the elderly, there are now more old people than children under the age of five, for the first time in mankind's history[2]. This development is most significant in Europe. By 2070, it is estimated that 30% of people in Europe will be aged 65 and above, up from around 20% in 2019. This is the only age group that is set to grow, both in number and as a share of the population, and this is the case in all European Union Member States, even though some are more concerned than others. The share of people aged 80 or over is projected to more than double to 13%[3].

This trend has manifold social, economic, budgetary and health consequences and heralds a far-reaching transformation of society. Within the EU, the number of people living alone will continue to rise while the old-age dependency ratio is set to exceed 54% in 2060. In other words, by this point there will be less than two people of working age for each retired person, compared to almost four in 2001 and slightly less than three in 2020[4]. This ageing of the population is due to both a drop in birth and death rates and increased longevity. Europeans have never lived longer, even though annual gains are tending to shrink over time.

Supported by medical advances and improved living conditions, life expectancy at birth has increased by approximately ten years over the last fifty years[5]. Average life expectancy in the EU-27 is 80.1 years with significant fluctuations between countries (from 83.3 years in Spain to 71.4 years in Bulgaria). It is set to continue to grow, increasing between 2018 and 2070 from 78.3 to 86.1 years for men and from 83.7 to 90.3 years for women. These figures confirm major inequalities according to sex and socio-economic status. For example, women live nine years longer than men in Latvia and Lithuania and a little less than four years longer in Denmark, Ireland, Cyprus, the Netherlands and Sweden[6]. In particular, men are more exposed to several risk factors such as smoking, excessive alcohol consumption and a less balanced diet, which is reflected in a higher share of cardio-vascular diseases and cancers.

I THE DETERMINANTS OF DISABILITY-FREE LIFE EXPECTANCY

The growth in life expectancy is a remarkable collective achievement based on noteworthy progress in terms of medical advances and economic and social development. We should, however, pay attention to another indicator, that of **healthy life years** (or disability- or illness-free life expectancy) which, within the EU, was only 64.2 years for women and 63.7 years for men in 2018, fluctuating between 73 years in Sweden and 51 years in Latvia[7]. In view of this gap, which is detrimental to individuals and society, "healthy ageing" is starting to have a place in public debate, but does not reflect the exact same reality everywhere. The World Health Organization

2 According to the definition of the Organisation for Economic Co-operation and Development (OECD), the elderly population is people aged 65 and over.
3 Report from the Commission on the impact of demographic change, 17 June 2020.
4 The old-age dependency ratio used here is the ratio between the number of persons aged 65 and over and the number of persons aged between 20 and 64 according to the OECD and 15 and 64 according to Eurostat. The value is expressed per 100 persons of working age. Old-age dependency ratio, Eurostat. Projected old-age dependency ratio, Eurostat.
5 Mortality and life expectancy statistics, Eurostat.
6 Life expectancy by age and sex, Eurostat. Projected life expectancy by age and sex, Eurostat.
7 Commission staff working document dated 17 June 2020 accompanying its report on the impact of demographic change.

(WHO) talks about "healthy ageing" which it describes as "the process of developing and maintaining the functional ability that enables well-being in older age"[8]. The aim is to maintain old people's physical, social and mental health and enable them to play an active role in society.

This approach, which is based on answers given in polls designed to measure disability-free life expectancy, nevertheless remains subjective. A team from the Université Paris-Cité led by the health economist Thomas Rapp has developed a more objective measurement of healthy ageing, defined as **the difference between a person's legal age and their physiological age**, which can be used empirically to measure the health capital depreciation rate. Months of ageing are taken away from people in very good health compared to the average people of their age and are added in the event of disability, health problems or comorbidities. "This is based on the idea that a person's legal age is not necessarily a good indicator of their real age. Biologically speaking, some people are aged more than their legal age, and others less", explains Thomas Rapp[9]. SHis work, conducted in several OECD countries, is enlightening. In the USA, Israel and Italy, persons aged between 70 and 75 age poorly: on average, their physiological age is higher than their legal age. Conversely, **Switzerland, the Netherlands, Greece and Sweden are countries in which healthy ageing scores are the highest**. The ranking remains constant in other age groups.

The research conducted under the project has identified four key determinants of the risks of loss of autonomy, namely the level of wealth, social isolation, education and public assistance. Factors such as human capital (level of education), social capital (assistance from friends and family) and income play a significant role in determining the physiological age, thereby confirming the role of socio-economic inequalities in ageing[10]. **The most vulnerable often have a physiological age that is much higher than their legal age, which also raises the question of whether policies based on age criteria are relevant.** Effective public action means acting concurrently on all these different levers, targeting as much as possible people who are isolated, impoverished and poorly educated and increasing public assistance for the services which improve quality of life. We should note that in 2018, more than 15% of Europeans aged 65 and over were more exposed to the risk of poverty. This risk is even higher for women, who receive monthly pension payments that are around one third less than those received by men[11].

8 An individual's functional ability consists of intrinsic capacity (i.e. all physical and mental capacities), the relevant environmental characteristics (broadly understood to include physical, social and political environments) and the interaction between them. The concept of healthy ageing requires a shift from an understanding based on the lack of illness to the promotion of functional abilities that enable elderly people to do what they enjoy doing.

9 Interview with the author, 6 October 2022, Thomas Rapp is a lecturer at the Université Paris-Cité (LIRAES laboratory - Laboratory for Interdisciplinary Applied Research in Health Economics) and Aging Up! Research Chair. He also co-leads the research area on health policies at the LIEPP (Laboratory for Interdisciplinary Evaluation of Public Policies) at Sciences Po Paris. He is one of the authors of the "Who Cares?" report published in 2020 by the OECD.

10 A person aged sixty at the start of the Decade of Healthy Ageing can hope to live 22 more years, on average. There are, however, considerable differences according to the social and economic group to which the person belongs. In OECD countries, a 25 year-old man who is a university graduate can hope to live 7.5 years longer than a person of the same age who was in education for a shorter amount of time. For a woman, the gain is 4.6 years. The difference is more apparent in emerging economies. Cf. the OECD report *Preventing Ageing Unequally*. For full data, see also the OECD's biennial publications on health.

11 Report from the Commission on the impact of demographic change, see above.

A MAJOR CHALLENGE FOR PUBLIC POLICY

Society is struggling to manage the ageing of the population, swinging between the sometimes excessive desire to protect, a lack of interest and criticism that can be virulent[12]. The elderly are often viewed as a burden, accused of leaving a financial and environmental debt for their children to pick up, of draining public resources and of no longer being useful to society, running the risk of losing all self-esteem. Baby boomers, these generations in which many were born after the war years and up to the end of the 1970s are in turn being criticised by their children and grandchildren for having ruined the planet and for enjoying large pensions to the detriment of those who are currently working. In an essay[13] , two experts, Chloé Morin and Daniel Perron, criticise this "relegation" which they believe to be symptomatic of "a society in which economic and social integration criteria are based primarily on constant adaptability and speed". One of the first signs is the **employment rate of the 55-64 age group which barely exceeded 59% on average in the EU in 2019, and is particularly low in France, Belgium and Greece**[14].

In Western societies which value beauty and performance, and which prefer not to dwell on death, ageing is often reduced to negative images of dependency, burden and loss. This loses sight of the fact that **the elderly are major contributors to social connections and solidarity**: more than 20% of 65–74-year-olds and around 15% of over 75-year-olds take part in volunteer work[15]. Fostering connections between generations should be a priority so that everyone can benefit from each other's presence, experience and skills. Various initiatives have been rolled out for this purpose in Member States. The *Avóspedagem* programme of the city of Braga (Portugal) promotes this co-existence between students and elderly people in order to combat their loneliness and isolation. The city of Nantes (France) runs a "longevity and autonomy house" which support various projects, including technology to assist pensioners. The Erasmus+60 cooperation project concerns the participation of senior citizens in intergenerational learning and mobility activities beyond borders. Launched in January 2022 for a three-year period, it brings together eight European partners (seven universities and a European network) and is coordinated by the Université de Versailles Saint-Quentin-en-Yvelines (UVSQ)[16].

The aim is to give value back to the role elderly people play in society, including by insisting on the contribution to economic growth and job creation brought about by the silver economy. The **"silver economy"** refers to a general trend in demand for goods and services that reflects the specific requirements and preferences of people aged over 65 to improve their quality of life, delay the state of dependency or even increase their life expectancy. Many sectors are concerned: healthcare (home-based care, remote medicine, nutrition, connected objects), security (remote assistance, fall detectors), housing (smart homes), services for individuals, leisure activities (tourism, sport, games), communications (tablets, Internet, smartphones) and transportation (mobility aids, adapted transportation). Boosted by the ageing

12 Read the interview with the psychoanalyst Marie de Hennezel on ageing denial in our society (in French).
13 *Être vieux : relégation ou solidarité*, Chloé Morin et Daniel Perron – Éditions de l'Aube and Fondation Jean-Jaurès, 2021.
14 Employment rate of older workers, age group 55-64, Eurostat.
15 The second edition of Ageing Europe – looking at the lives of older people in the EU, 2020, presents a wide range of statistics that describe the daily lives of older generations within the EU • Additional statistics from Ageing Europe, Eurostat.
16 L'UVSQ est lauréate du programme Erasmus+.

of the population, the silver economy is set to grow by roughly 5% per year, according to the European Commission, increasing from €3.7 billion in 2015 to €5.7 billion in 2025[17].

One option would be to make the labour market more flexible and to allow those who so wish to work for longer. **Entrepreneurship for senior citizens**, which extends the working life and reduces unemployment for over 55-year-olds, should also be encouraged.

II • Northern Europe, the benchmark for healthy ageing

I WHY NORTHERN COUNTRIES AGE BETTER

It is a delicate undertaking to make international comparisons in terms of how ageing is managed. This is because it differs greatly from one country to the next as the institutional, demographic, geographic and cultural context is different and statistical data remains very patchy. Many specialists do believe, however, that **the European benchmark for healthy ageing is found in the Netherlands and the Nordic countries (Denmark, Sweden, Norway), which have introduced effective policies to prevent the loss of autonomy**, focused on the provision of care, human resources and **home-care services**. The home is more broadly understood as the domestic environment and not necessarily as the housing occupied throughout life[18]. This shift to home-based care means that the elderly can remain for as long as possible in a familiar environment and delay admission to a care home or hospital, provided that appropriate measures are taken. For people who can stay at home, their psychological state is often better and the cognitive decline is more contained.

Besides the fact that they rank among the richest countries in the EU, Thomas Rapp believes that their success is due to several factors, such as the **digitisation of healthcare** launched ten years ago to monitor quality and care pathways, the introduction of a **mandatory public insurance system for dependency**[19], and the implementation of a **healthcare network focused on needs and expectations**, in line with the concept of value-based ageing (see below). Senior citizens are asked what they like to do in their daily lives. For example, rather than delivering them meals which do not always meet their expectations, specially trained occupational therapists work with them to restructure their environment and teach them how to prepare meals in a different way. A good coordination of healthcare between the hospital and the home also helps to limit increases to healthcare costs while enabling the elderly to remain independent for longer. Another noteworthy point is the **considerable delegation of home-based healthcare on a local level, with local councils playing a key role in caring for the elderly people in their areas.**

17 Green Paper on Ageing —Fostering solidarity and responsibility between generations, 27 January 2021.

18 Donner un nouvel élan à la prévention dès le milieu de la vie, report by the French Senate, 17 March 2021.

19 In an article on managing dependency in OECD countries (in French). Ana Llena-Nozal and Thomas Rapp note that an analysis of public systems that fund dependency points to three main models: a few countries (the Netherlands, Germany, Japan, South Korea) have introduced dependency insurance systems primarily financed by mandatory social contributions and to a lesser extent by taxes; some countries use taxes for the most part, in particular Scandinavian countries (Norway, Sweden, Denmark) and Finland-where long-term care requirements are entirely financed by taxes; and a few countries (such as France and Belgium) have introduced "mixed" financing models, with significant recourse to financing through tax and social security contributions.

A genuine model in this respect, Denmark has made pensioner well-being a national priority and has introduced a range of initiatives (incentives to take part in leisure activities, creation of prevention centres in towns, mandatory medical check-up from 65 years). When an elderly person has physical difficulties in their home, the local council must convert the housing free of charge or, where this is not possible, offer appropriate housing of comparable size nearby[20]. **In 1987, the country decided to stop all constructions of new care homes.** The number of available spaces is even tending to fall: in 1982, 16% of over 75-year-olds lived in care homes, compared to less than 6% today. At the same time, housing for the elderly was built, offering easy access to adapted premises and specific services.

I THE SLOW SHIFT TO HOME-BASED CARE IN FRANCE

While an overwhelming majority of elderly people say they prefer to stay at home for as long as possible, France is still struggling to successfully make this shift. More than 20% of over 85-year-olds are in long-term care homes (EHPAD in French), which is one of the highest rates of institutional care in Europe. The aim of favouring home care, repeated since 2005 by successive governments, has never yet been allocated the necessary resources[21]. France has traditionally relied on its extensive network of care homes, to which it devotes significant sums. "While the Nordic or Dutch systems have universal dependency insurance systems in which needs are better covered and more funding is earmarked for home care, France has a system that is particularly generous for long-term care in homes"[22].

Initiatives in France are also hampered by an isolated organisation and financing which does not bring about a proper integration of the various needs (care, hygiene, support for everyday activities, social connections, etc.). The implementation of long-term care is therefore based on responsibility being split between the State and local councils, and on the separation of the health and social sectors. As there is no universal dependency insurance system, medical care is funded by the health insurance scheme, via ARS, regional public health authorities, and medical-social needs are managed by the Conseil départemental (*département* council), via the CNSA, the national solidarity fund for autonomy. "This lack of coordination creates many problems, that could be resolved if all autonomy care was merged into a single body which would look after medical and medical-social aspects. This would avoid needless hospitalisations and care that lead to situations of dependency"[23].

These shortcomings should not cause us to overlook the substantial increase in home-based care services and the many measures adopted for the elderly[24]. A national health data system is used to monitor medical prescriptions for people in care homes or living in their homes, with a view to **combatting the dangers of self-medication** and incorrect prescriptions and to provide a better oversight of the quality of care provided to people in the early stages of dependency. The country also finances innovative projects that aim to prevent the loss of autonomy, which benefit from high-quality expertise from hospital practitioners and academics. As a

20 In its report "*Donner un nouvel élan à la prévention dès le milieu de la vie*" (see above), the French Senate describes the home-based solutions for the elderly in Denmark.
21 International studies, primarily those conducted by the OECD, paint a picture of France as a country in which assistance for dependent elderly persons is mainly provided in collective housing structures.
22 Author's interview with Thomas Rapp, see above.
23 Author's interview with Thomas Rapp, see above.
24 These initiatives include the "old age and autonomy" roadmap, the "healthy ageing" strategy, the promotion of professions working with the elderly, the fight against isolation and the creation of the fifth branch of the French Social Security system to cover the risks related to ageing. Initially planned for 2019, the future Autonomy act may also be an important milestone in care for the elderly.

WHO Collaborating Centre for Frailty, Clinical Research and Geriatric Training, the Gérontopôle of the Toulouse University Hospital implements the ICOPE (Integrated Care for Old People) programme in the Occitanie-Pyrénées/Méditerranée region. The aim is to assess 200,000 senior citizens in the next five years and to promote healthy ageing with the use of digital tools[25]. The primary goal is to identify the leading risks of frailty through a questionnaire concerning the six functions that are considered essential for a person to remain living at home (nutrition, cognition, vision, hearing, mobility, mental well-being).

THE SOUTH AND THE EAST LAGGING BEHIND

Southern EU Member States do not have the monopoly on family care for the over 65s. However, in these countries which traditionally rely on familialism (Spain and Italy in particular), elderly persons are heavily supported by carers in the family and receive insufficient assistance from public authorities. In addition, constituting a real difference with Northern countries, a vertical approach is still favoured (this is the case in France), in which national authorities transfer budgets to regional authorities in charge of autonomy, which is often less effective than a collective management of home care, funded by local taxes.

There are, however, some interesting initiatives under way in this part of the EU. The city of Barcelona (Spain) is starting to implement its strategy to combat loneliness (2020-2030), which includes services based on new technologies and the promotion of participation, volunteering and community spaces. Its *Vincles BCN* programme uses digital solutions to strengthen the social connections of elderly persons who feel lonely. A simple application installed on a tablet or a smartphone is used as a communication tool between the user, their family and friends as well as with people who are in the *Vincles BCN*groups. In Italy, where there are still few care homes, badanti (carers) who are overwhelmingly from immigrant backgrounds, help old people who live at home. The major European SPRINTT programme, launched by the Catholic University of Rome and led by a professor of geriatrics, included a trial conducted in eleven European countries in a bid to prevent sarcopenia (muscle loss) and frailty in people aged over 70 through physical exercise and an alarm system triggered by smart watches. The results published this year in the British Medical Journal (BMJ) demonstrate that this method was highly effective.

Besides the lack of available reliable data, countries in Central and Eastern Europe face specific difficulties concerning public policy on old age: an exodus of the working population, when the issue of human resources is key in this area, a lower standard of living, while this is a determining factor of whether or not a person loses their autonomy, a level of investment that is still very low for the prevention of the loss of autonomy and the development of research programmes, due to a lack of sufficient budgets. In these countries, **care for the elderly is still extensively provided by an informal care system**, which contrasts with the professional care system that prevails in Northern Europe. This care represents a burden for families, while the public resources allocated to senior citizens remain limited.

25 See the video of the conference held on 24 June 2022 by the Fédération hospitalière de France (FHF), "Healthy ageing in European countries" (in French).

III • Levers for action in Europe

I PLACING PREVENTION AT THE CORE OF PUBLIC HEALTH

While there are individual factors that contribute to active and healthy ageing, it is also highly influenced by a person's physical and social environment and therefore by actions rolled out by public authorities. In terms of both demographics and health, it is primarily Member States which make policy decisions. However, the EU can provide some interesting added value, in particular in identifying issues, supporting actions rolled out on national, regional and local levels and providing financial support, through various funds and instruments. The European Pillar of Social Rights lists a number of principles that concern areas related to ageing, such as the income of elderly people, pensions, healthcare and long-term care[26]. With its recent Green Paper on ageing, the European Commission wanted to stimulate a broad public debate to anticipate and meet the challenges and opportunities of Europe's ageing society[27].

In the Green Paper, the Commission advocates an approach based on the life cycle which emphasises the consequences of ageing in a holistic manner and puts forward two major concepts in particular: lifelong learning through the development of skills –which keeps people employable for longer and contributes to the prevention of cognitive decline– and **active and healthy ageing - which aims to promote healthy lifestyles from an early age through nutrition, sport and social activities**. It also focuses on prevention and detection to reduce the risks of obesity, diabetes and other pathologies. One way would be to encourage young people to walk and cycle so that they keep up these habits later in life. During the public consultation held on the Green Paper[28], many stakeholders supported and advocated this strategy which would ensure the active participation of various stakeholders and that active and healthy ageing is considered across all policy priorities. **This would not only advocate "healthy ageing" but also "growing up healthy"**, as proposed in September 2021 by sociologist Anne-Marie Guillemard, Professor emeritus at the Université Paris Descartes Sorbonne, during a conference held under the French Presidency of the Council of the European Union.

Doctors are repeatedly telling us that the earlier signs of frailty are identified, the earlier corrective measures can be put into place to delay the age at which a person becomes dependent. However, the average budget dedicated to prevention only amounts to 3% of healthcare expenditure in the European Union (2% in France). To improve the situation in France, the Institut Montaigne proposes the introduction of a golden rule which aims to allocate one Euro of expenditure to prevent the loss of autonomy for every ten Euros of spending on curative care[29]. The European *EU4Health* programme, endowed with €5.3 billion over seven years (2021-2027), already funds initiatives to prevent and detect various pathologies, given that cardio-vascular diseases and cancer are the main causes of preventable deaths for people aged under 75 in Europe. Through its economic policy recommendations and the Recovery and Resilience Facility (implemented as part of the NextGeneration EU major recovery package), the EU can also foster the sharing of best practices to

26 The European Pillar of Social Rights lists twenty key principles. It states in particular that "Workers and the self-employed in retirement have the right to a pension commensurate to their contributions and ensuring an adequate income (…) Everyone in old age has the right to resources that ensure living in dignity". It also states that "Everyone has the right to affordable long-term care services of good quality, in particular home-care and community-based services".

27 Green Paper on Ageing - Fostering solidarity and responsibility between generations, see above.

28 Commission Staff Working Document, Green paper on ageing - Public consultation, Synopsis report, 29 September 2021.

29 *Bien-vieillir : faire mûrir nos ambitions*, report by the Institut Montaigne, May 2021.

promote the autonomy and well-being of elderly citizens. A platform such as that of the European Innovation Partnership on Active and Healthy Ageing brings together all the stakeholders concerned (institutions, professionals, researchers working on ageing and health) and provides information and organisation models[30].

I FOR A HOLISTIC VISION OF HOME CARE

Keeping elderly people at home for as long as possible in line with the Scandinavian model may preserve their quality of life, limit public spending on healthcare and care homes and boost the silver economy. This, however, would require support for the movement on various levels[31]. First of all, **staff must be recruited and community-based services created** (mobile public services for administrative formalities, bakery or grocery vans, etc.) to support the persons concerned **without the entire burden resting solely on family carers**. Secondly, **housing must be adapted** to create "smart homes" equipped with new technologies: illuminated pathways, fall detectors (as the prevalence and consequences of falls increase with age), home automation systems (control of electrical devices, programming, movement detectors), management of heating and air conditioning and security (alarms, interphones, digital door codes). Lastly, rural and urban areas must be redesigned, regenerated and renovated and infrastructure and transportation must be developed to **facilitate mobility for the elderly** and to avoid their isolation. Reorganising public spaces also requires modifications to road systems, street furniture, intersections and pedestrian crossings.

To meet the expectations of citizens, **home care must become a large-scale public policy on both national and European levels**, so that responses can be provided in answer to the various questions raised. When will assistance be provided and what form will it take? Which resources will be leveraged and how will family and friends be involved? How can care services be provided in remote areas? How can the beginning of severe dependency be best identified? It is also important to **ensure that new technologies for assistance do not compound inequality** between those who have them and those who do not for various reasons (state of health, lack of motivation, difficulties with access, financial limitations, etc.). These issues are closely monitored by the EU. In its resolution on the ageing of the population[32], the European Parliament highlights that "the possibilities for maintaining autonomy and independence depend on conditions such as age-friendly environments, accessibility and the affordability of services, including quality housing and community-based care". If they are well equipped, connected and accessible, some regions can be attractive for an ageing population.

It is important to devise and **develop alternative housing**[33], which creates another "home". Some examples include assisted living facilities, flat sharing for elderly persons who do not want to or can no longer live alone, intergenerational living spaces for young and older people, communities based on solidarity that combine small individual houses and collective areas that reconcile living alone and living in a com-

30 European Commission, The European Innovation Partnership on Active and Healthy Ageing (EIP on AHA).

31 In May 2021, Luc Broussy, Chairman of France Silver Eco and Chairman of the Filière Silver Economie, published an interministerial report on the adaptation of housing, mobility and local areas to the demographic transition. It puts forwards eighty proposals for a "new pact between generations" (in French)

32 See the European Parliament resolution of 7 July 2021 on an old continent growing older - possibilities and challenges related to ageing policy post-2020.

33 The report by the HCFEA (the French High Council for Family, Children and Age) on policies to support the autonomy of elderly people, dated March 2019, demonstrates that where people live has "changed considerably in recent years".

munity, or housing inspired by the Japanese Moai, communities of elderly people who share activities but live separately and who help each other, even financially, when needed[34]. As regards care homes, they could become an attractive solution for some people, on the condition that they provide an appropriate environment. Some homes are experimenting with new leisure, artistic or even technological activities to maintain their residents' cognitive faculties and to reduce their solitude. A care home in Lyon has worked with the start-up Lumeen to offer its residents headsets that enable them to take virtual trips[35].

I MODERNISING, GUARANTEEING AND ADAPTING LONG-TERM CARE

Promoting healthy ageing would partly contain the increase in expenditure related to old age. However, the increase observed in Europe of the demographic importance of the very elderly will naturally result in **a structural rise in overall demand for long-term care (LTC) services**: assistance activities and services for people who need help for their personal care and domestic tasks[36]. More than half of people aged 65 or over are affected by an impairment or suffer from a lasting limitation of their activities[37]. According to the Commission, more than 38 million Europeans will require LTC in 2050 (+23.5% compared to 2019). Introducing "healthy ageing" policies therefore requires identification and support when the loss of autonomy begins, which may be a shock for the persons concerned, their loved ones and society as a whole[38].

This trend therefore constitutes a major challenge for all Member States[39]. The European Pillar of Social Rights does state the right to timely access to affordable, preventive and curative healthcare of good quality and the right to affordable long-term care services of good quality, in particular home care and community-based services. However, when exercising this right, a person may face various obstacles such as the price of services, the distance to travel or the waiting time to see a practitioner. Measures must therefore be adopted to increase the infrastructure of outpatient and community-based care, in particular by leveraging social and technological innovations. Some cities, such as Bilbao in Spain and Warsaw in Poland have developed **tele-health systems**, including monitoring services and telephone consultations which the elderly greatly value. It is necessary to **give greater value to professions working with the elderly**, as practitioners report that they are subject to more health issues and a greater exposure to psycho-social risks than those

34 French association Villages à vivre advocates for alternative solutions, with the creation of intergenerational sites where elderly people, families and young people who are in the process of reintegration would live and where each person would share their talents and expertise with the others. Further reading: *On est vieux … et alors ?* Paris : Éditions Anovi, décembre 2020.

35 France Soir, « La réalité virtuelle fait voyager les séniors en Ehpad », 10 December 2021.

36 In their article on how dependency is managed in OECD countries (see above), Ana Llena-Nozal and Thomas Rapp expect to see an increase in long-term care in the future: the number of people requiring these services will naturally rise as the population gets older. The improvement in living standards in most OECD countries is likely to give rise to greater expectations in terms of quality of life and service requirements, particularly for home care. The provision of family care, which currently accounts for a significant share of assistance given to the elderly, may decline in the future in several countries, due to the growing number of women on the labour market, smaller family units and increased mobility for children.

37 SES-ENS Lyon, « Vivre longtemps et risque de perte d'autonomie : quelles politiques publiques en Europe ? », 15 April 2021.

38 *Le Figaro*, « Comment relever le défi de la dépendance des personnes âgées », 29 november 2021.

39 See The 2018 Ageing Report published in May 2018 by the European Commission Within the EU, total age-related public expenditure in 2016 (pensions, long-term care, healthcare spending, education, unemployment benefits) exceeded 25% of GDP. These costs could rise on average by 1.7 percentage points in the period to 2070, or even by 2.2 or 4 points in the highest-risk scenarios, with significant variations between countries.

in comparable sectors, such as the hospital sector[40]. In September 2022, the European Commission presented a European care strategy which proposes measures to assist Member States in extending access to affordable and quality care while improving the working conditions of carers[41].

Another issue that must be tackled urgently is that **insufficient account is still taken of the perception that the elderly have of their own state of health** in policies to support loss of autonomy, despite the fact that this plays a key role in their individual decisions to access care. It therefore seems essential to integrate a systematic collection of data on perceived health into care management. This is the goal of a growing number of initiatives which use self-questionnaires for a more effective identification of the risks of frailty in the elderly and to offer them personalised care that is not always possible with more "objective" measurements such as walking speed or grip strength[42]. More broadly, it may be necessary to place the emphasis on value-based ageing in dependency policies, introduced by the work of Thomas Rapp and Katherine Swartz at Harvard[43]. The idea is to **identify the expectations of elderly people** and to offer care that meets these expectations, which would favour the most appropriate form of care.

Conclusion

All European countries are facing the same challenge of an ageing population, but are not all coming up with the same solutions. However, an objective is starting to become prevalent across the EU, "healthy ageing". Northern countries are the pioneers in this field. Three major trends are beginning to emerge: the de-institutionalisation of care for the elderly, the balancing of expenditure between social (preventive) and health (curative) aspects, and the professionalisation of care. Far from the negative perception that is all too often prevalent in our societies, the challenge is also to change how society sees the elderly and to present a positive image that is conducive to creating a new social pact. This pact would bridge the gap between generations and would ensure a situation of "living well" together.

40 The OECD proposes several avenues to improve the working conditions in professions related to old age: developing a culture of workplace well-being with a zero-tolerance approach to acts of violence or discrimination, providing technical assistance to facilitate the most demanding tasks, offering open-ended and full-time employment contracts, implementing flexible work organisation methods, improving coordination of the tasks performed by the different workers concerned, using tele-medicine to improve the integration of care with the hospital.

41 European Commission, "European care strategy".

42 Public authorities have a range of instruments to assess an elderly person's loss of autonomy. In France, the GIR (Groupe iso-ressources) classification, calculated using an evaluation grid of criteria, considers the ability to perform a certain number of tasks.

43 Rapp, T., Swartz, K. (2021). *Implementing value-based aging in our long-term care systems.* Value and Outcomes Spotlight. July/August 2021.

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