



Help for elderly in European countries

Performance of LTC systems:
experience of users

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Part of ANCIEN project

- Assessing Needs of Care in European Nations:
study long-term care for the elderly in Europe
- research for EC in 7th Framework Programme
- January 2009 – October 2012
- 21 EU-countries included
- 20 research institutes participate
- coordination: Güldem Ökem (CEPS), Esther Mot (CPB), Peter Willemé (FPB)



Overview of the ANCIEN project

Work packages:

1. description and typology of LTC systems in Europe
2. the need for care (in relation to demography and lifestyle)
3. supply and demand of formal and informal care
4. the potential role of technology in solving LTC problems
5. the quality of LTC
6. projections of the use of LTC on the basis of developments in need and supply
7. the performance of different types of LTC systems

Current results are part of WP7, one aspect of performance.



WP7, Performance of LTC systems

- WP7 uses a performance framework:
 - 10 criteria
- Quality of life of LTC users is one, very important, criterion.
- This presentation and the next one are about quality of life of LTC users.
- 3rd presentation is about another important aspect of performance: equity



Help for elderly, conceptual framework

- Ideally we would like to know about social-care related quality of life (SCRQL).

Netten et al. (2009) distinguish the following aspects:

- Personal cleanliness and comfort
- Food and nutrition
- Safety
- Accommodation cleanliness and comfort
- Occupation
- Social participation and involvement
- Control over daily life
- Dignity



Social-care related quality of life

Advantages of SCRQL:

- includes all relevant domains
- aims at the specific contribution of the LTC system to QoL

Unfortunately, we do not have that information in a comparable way for many European countries.

We use SHARE as an alternative.



Information related to SCRQL

From SHARE (wave2):

1. What is the probability of getting help with difficult activities in a specific country (mobility, iADL, ADL)?
2. To what extent does the help meet the needs?
 - all the time, usually, sometimes, hardly ever
3. How satisfied are elderly in the different countries with their life?

NB: residential care is mostly outside the analysis



Impact of LTC on SCRQL

SHARE informs us indirectly through help and life satisfaction (LS)

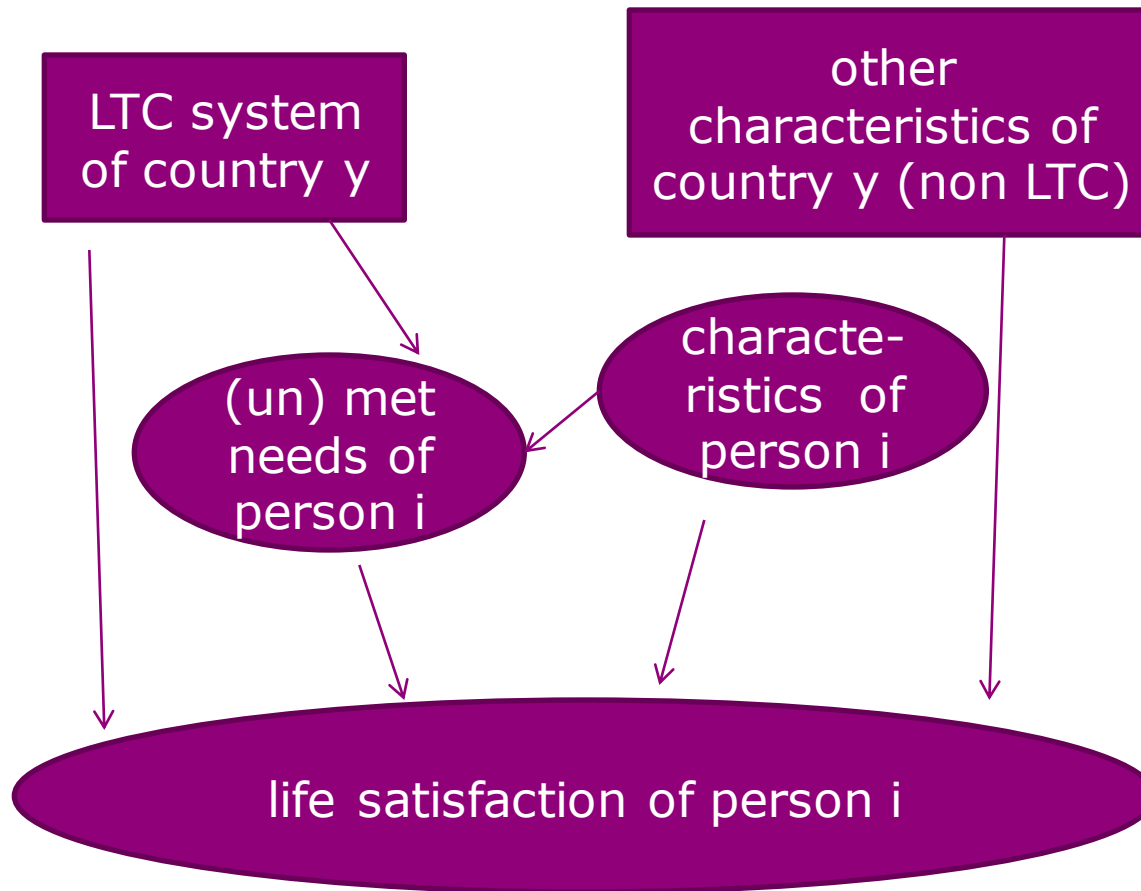
- Personal cleanliness and comfort
- Food and nutrition
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- Accommodation cleanliness and comfort
- Occupation
- Social participation and involvement
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help

LS



Conceptual framework





LTC system in the conceptual framework

System can be anything that provides help:

- Informal care by partner, family, friends, neighbours
- Formal care that is collectively funded
- Privately paid formal care
- Semi-formal paid care (e.g. by immigrants)

Good system performance in this sense can mean that the state takes care of the elderly or the family or both:

- That's why we also have to look at other aspects as well:
 - burden of informal care giving
 - affordability of the formal system
 - etc.



Further contents of this presentation

- Discuss 2 of the 3 aspects of the experience of elderly in this presentation:
 - **Observed properties of the system (Part I)**
 - > Receiving help
 - > Sufficiency of help
- Discuss 1 aspect in the next presentation
 - **Unobserved properties (Part II)**
 - > Life satisfaction of persons with limitations



Help for elderly, data

Share survey data: 14,000 persons older than 65 from 13 European countries (wave 2):

- Whether person has limitations (mobility, ADL and iADL)
 - For example, walking 100 meters, dressing, eating, shopping, taking medications
- Whether person receives help and appropriateness of help
- Life satisfaction
- Country where person lives
- Many control variables
 - health status (e.g., diseases, chronic disorders, symptoms, depression, cognitive functioning)
 - demographic characteristics (e.g., age, education, income, gender, household composition)
 - social interactions (e.g. activities such as volunteer, care giving)



Estimation results, analysis of receiving help

- endogenous variable:
“Thinking about the activities that you have problems with, does anyone ever help you with these activities?” (yes/no)
- logit model
- exogenous variables:
 - socio-economic characteristics
 - family and household situation
 - limitations and health
 - country of residence (also in interaction with other variables)
- control variables have the expected results; we concentrate on differences among countries



Country effect on help

Average marginal effect (AME) compared to Germany:

- calculate for every person in the sample the probability of help as if they live in Germany (also for persons living in other countries)
- calculate for every person in the sample the probability of help as if they live in another country
- calculate the difference in probabilities for every person
- calculate the average of the differences over the whole sample (weighted)

Result:

- the difference in the probability of receiving help related to living in another country, on average for the whole sample with all other characteristics as measured



AME of country on probability of help, compared to Germany

country	dy/dx	std. error
Germany	0	n.a.
Czech Republic	-0.06**	0.03
Belgium	-0.094***	0.027
Netherlands	-0.096***	0.036
Switzerland	-0.109***	0.039
Austria	-0.112***	0.034
Denmark	-0.153***	0.031
Sweden	-0.154***	0.031
France	-0.175***	0.031
Italy	-0.303***	0.028
Spain	-0.311***	0.037
Greece	-0.334***	0.031
Poland	-0.374***	0.036

The symbols *, **, and *** mean that the difference is statistically significant at respectively the 10%, 5%, and 1% level.



Grouping of countries on probability of receiving help

From high to low (significant differences):

1. Germany
2. the Czech Republic, Belgium, the Netherlands, Switzerland, Austria
3. Denmark, Sweden, France
4. Italy, Spain, Greece
5. Poland



Relation with systems' characteristics

- Very few observations for estimation
 - number of countries
- Some characteristics seem to be linked to probability of receiving help:
 - share of private funding (-)
 - means-testing (-)
 - satisfaction about complexity of the system (+)
- No clear link with roles of formal and informal care and public expenditure: different combinations can result in a certain level of help



Estimation results, help meeting the needs all the time

“Would you say that the help you receive meets your needs?” (possible answers: all the time, usually, sometimes, hardly ever)

- Warnings
answers may be affected by:
 - ✓gratitude, social desirability
 - ✓different response styles
- Ordered logit model
- NB: pseudo R² is low



AME of country on 'help meets the needs all the time', compared to Germany

	dy/dx	Std. Err.
Switzerland	0.16***	0.056
Italy	0.132***	0.046
Netherlands	0.068	0.056
Belgium	0.042	0.039
Czech republic	0.042	0.044
Austria	0.028	0.044
Denmark	0.008	0.049
Germany	0	n.a.
France	-0.034	0.047
Sweden	-0.051	0.05
Poland	-0.057	0.06
Greece	-0.066	0.053
Spain	-0.124*	0.065

The symbols *, **, and *** mean that the difference is statistically significant at respectively the 10%, 5%, and 1% level.



Grouping of countries on 'help meets the needs all the time',

From high to low (significant differences):

1. Switzerland, Italy , the Netherlands
2. Belgium, Czech Republic, Austria, Denmark, Germany, France
3. Sweden, Poland, Greece, Spain

No relation with systems' characteristics could be found.

Position Sweden is unexpected:

- home care was at a low point at the time of wave 2 data collection + residential care not represented in SHARE
- disappointment about shift towards more market-oriented society?
(NB: importance of expectations)



Ranking by country AME on help and sufficiency

country name	level help	level sufficiency
Austria	medium high	medium
Belgium	medium high	medium
Czech Republic	medium high	medium
Denmark	medium	medium
France	medium	medium
Germany	high	medium
Greece	medium low	low
Italy	medium low	high
Netherlands	medium high	high
Poland	low	low
Spain	medium low	low
Sweden	medium	low
Switzerland	medium high	high
number of groups	5	3



Conclusion

Large differences among countries in probability of receiving help
(after controlling for many factors)

- highest probability in Germany, lowest probability in Poland
- no clear relation with role of informal care and public spending

The extent to which the help meets the needs is more subjective and more difficult to explain than receiving help

- highest scores in Switzerland, Italy, Netherlands
- lowest scores in Sweden, Poland, Greece, Spain



Further information

- next presentation by Riemer Faber
- website of the project: <http://www.ancien-longtermcare.eu/>
- e-mail: mot@cpb.nl