

Visitor s Center of the Parliament of Finland

**Seminar: Public and Private Care for the Ageing Population
– Lessons from Europe - 20141006**



KALEVI SORSA SÄÄTIÖ
FONDEN • FOUNDATION

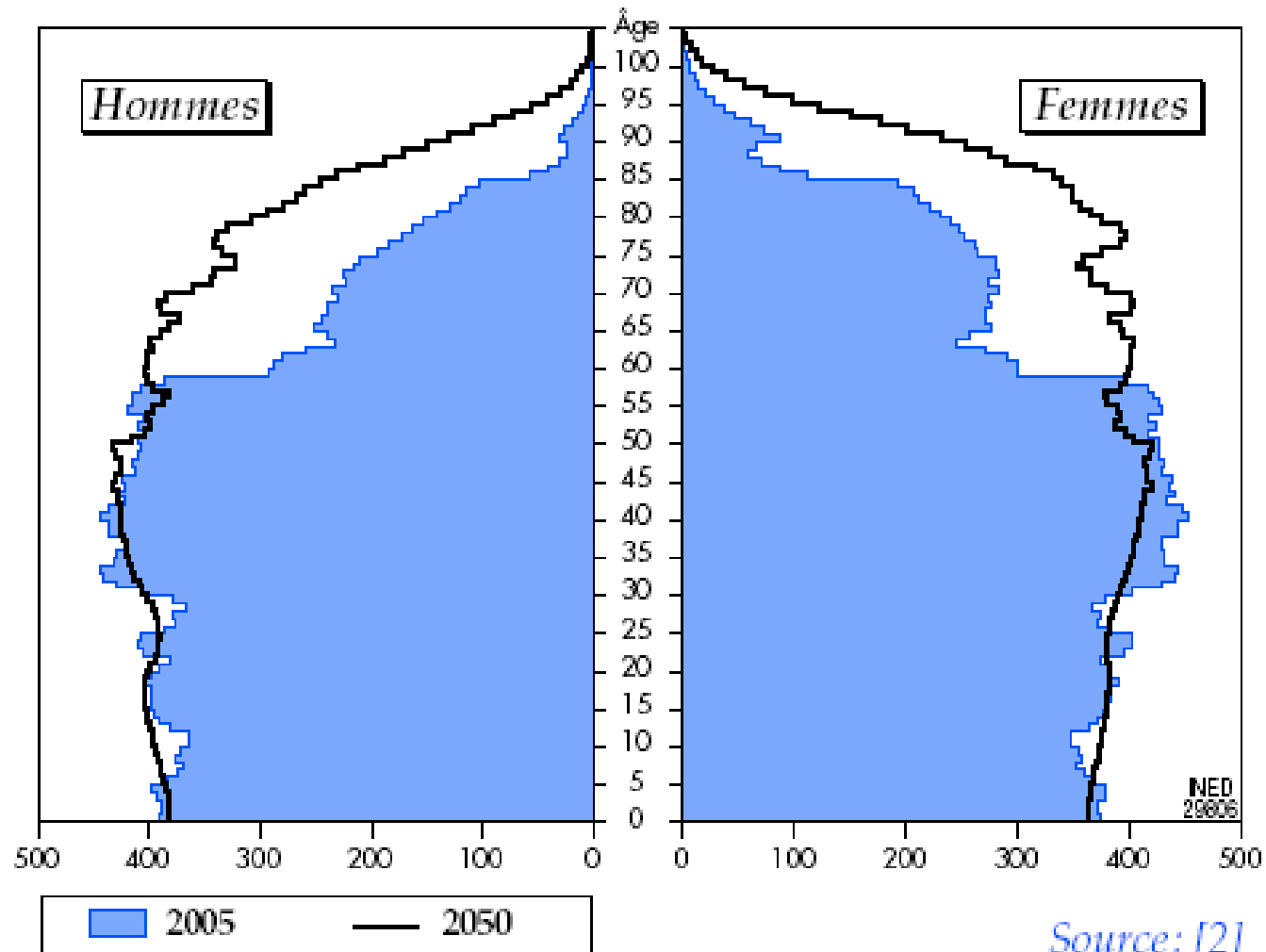


11:10 Lesson 3: France

Prof. Em. Alain Franco,
University of Nice-Sophia Antipolis,
France

France's Population 2005 – 2050

Central Scenario



Source: [2]

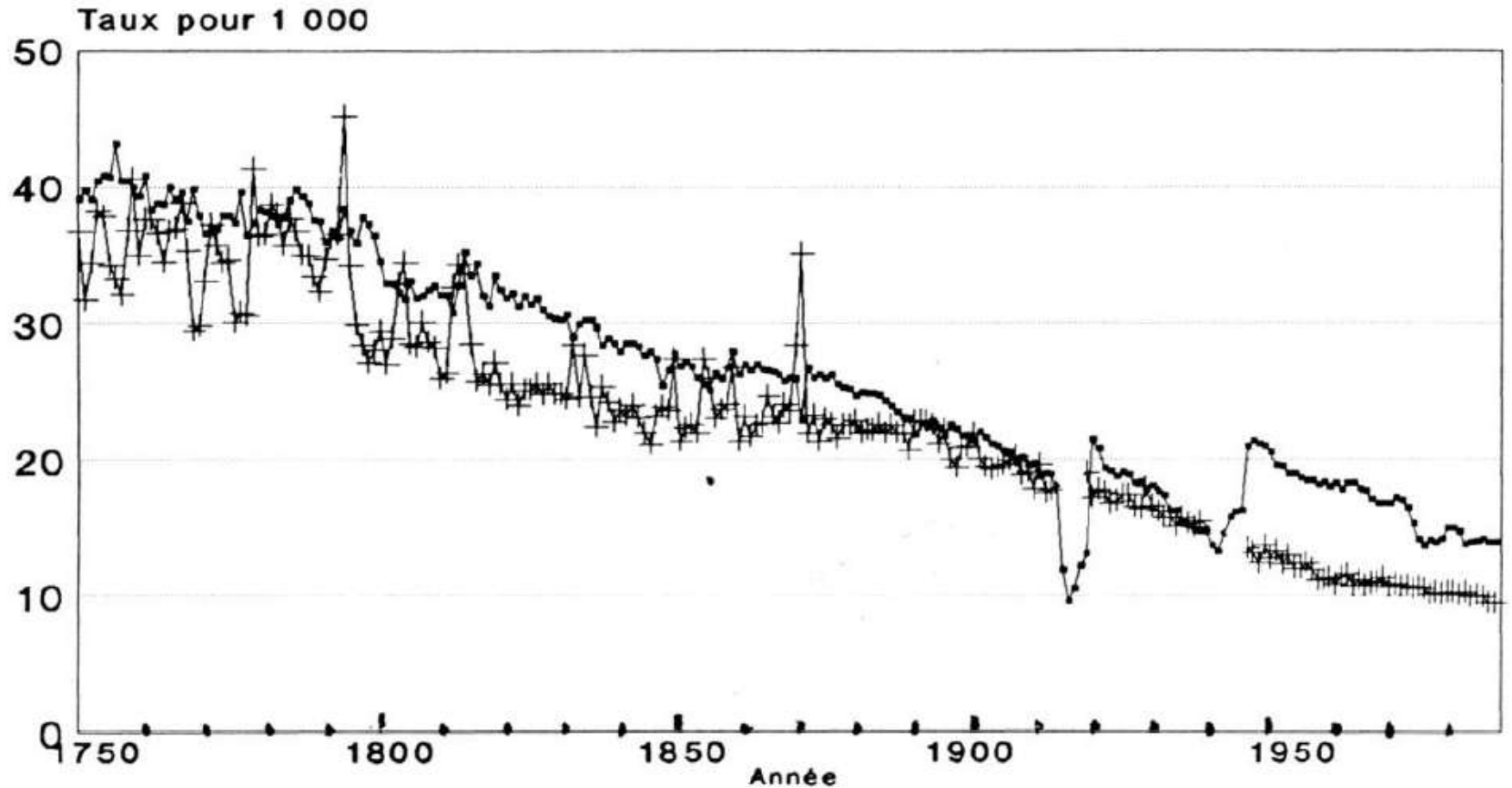
Ageing in France – Figures (gov.)

- ◆ Total population: 65 Million
- ◆ 60+ population: 15 Million
- ◆ Expected 60+: 2030:20 M; 2060: 24 M
- ◆ Life expectancy: Men 78,4; Women 84,8 years
- ◆ Dependency 60+: 8%; 85+: 20%
- ◆ Dependency Allowance (APA) 60+: 1.2 M
- ◆ Old persons' Caregivers: 4.3 M (2.8 for ADL)
- ◆ Public « expense » for dependants: 24 B€ (14 B€ for care; 5.3 B€ for APA; 2.2 B€ for accomodation)
- ◆ 60+ social active participation (NGOs): 5 M

Population's ageing in France since 1750

Alfred DITTGEN. Le vieillissement de la population française, passé, présent et futur. Espace Population Sociétés 1992; 1:29-41.

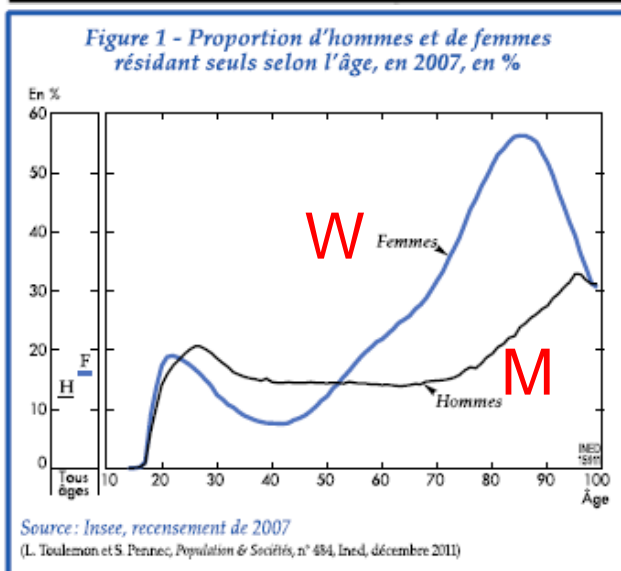
Graphique 1. France. Taux de natalité et de mortalité depuis 1750.



Birth rate —■— Natalité —+— Mortalité Mortality rate

Isolation and loneliness is gender related

	Vivent seuls (par opposition à « en couple »)	Ont au moins un problème physique ¹	Ne sortent pas régulièrement	Se sentent seuls souvent ou très souvent
De 60 à 65 ans	63,7%	42,1%	16,6%	31,4%
de 66 à 72 ans	68,4%	45,4%	18,8%	28,2%
de 73 à 78 ans	82,3%	57,3%	28,7%	33,5%
de 79 à 83 ans	89,8%	70,9%	42,6%	39,1%
de 84 à 89 ans	94,2%	79,1%	52,4%	43,0%
90 et plus	95,6%	88,6%	69,8%	44,0%



Living alone

At least one physical problem
Do not go out regularly

Often feel alone

Is there a French model for ageing policies ?



- ◆ Ageing for hundred years ?
- ◆ Centralized nation and culture
- ◆ Republican solidarity culture: « liberty, equality, fraternity »
- ◆ Social security since 1946, Gen De Gaulle
- ◆ Ageing policy since 1962, Pierre Laroque
- ◆ Nursing home policy for quality, security and funding 1999, Chirac
- ◆ Alzheimer's national plans, 2001, 2004, 2007
- ◆ Silver economy 2013, Delaunay, Montebourg
- ◆ French Society “Adaptation to Ageing” Law 2014, Hollande, Valls, Touraine



French political challenges for society's adaptation for ageing

Actors:

- ◆ State, for strategy
- ◆ Local administrations, for engineering and services
- ◆ Civil society, open for mobilization

French political challenges for society's adaptation for ageing

1. Housing adaptation
2. Intermediate accommodation between personal house and nursing home
3. Cities adaptation
4. Transports adaptation
5. Territorial local adaptation
6. Population ageing as a resource
7. Gerontechnology and silver economy
8. Older people's Family integration
9. Detection and fighting against Ageism
10. Services single access and governance

French Society “Adaptation to Ageing” Law 2014 (*Bill*)

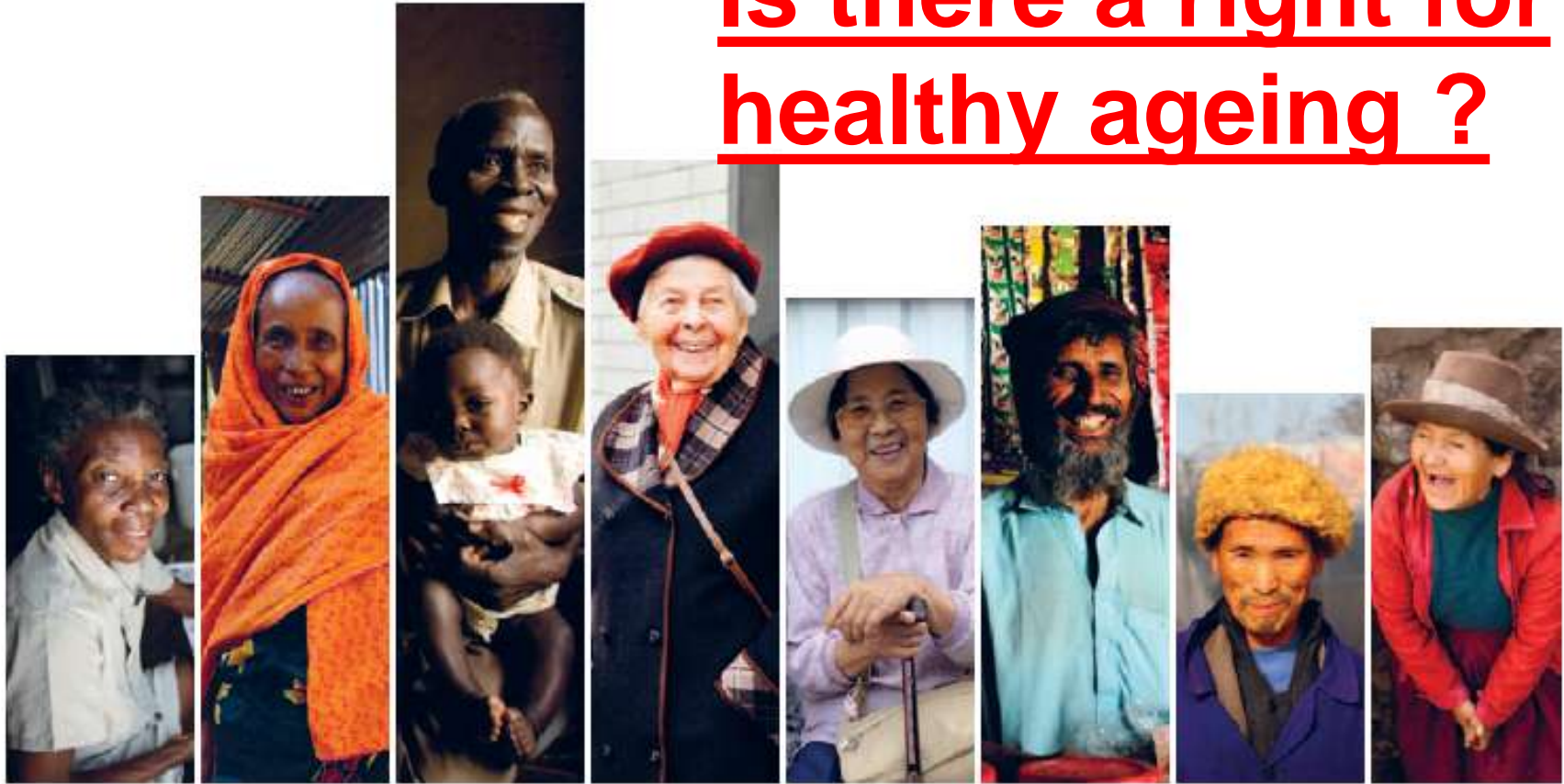
New Specific National Tax :

« Contribution additionnelle de solidarité pour l'autonomie » (CASA) [Solidarity Additional Contribution for Autonomy] : 645 M€/year.

FOR:

- ◆ **Home care:** 460 M€
 - APA for home care 375 M€
 - Right to respite for care givers 78 M€
- ◆ **Prevention:** 185 M€
- ◆ **Society's adaptation to ageing:** 84 M€

Is there a right for healthy ageing ?



Global AgeWatch Index 2014

Insight report

Prof Asghar ZAIDI, U. Southampton, UK



**HelpAge
International**

age helps

Figure 13: Global AgeWatch Index domains and indicators

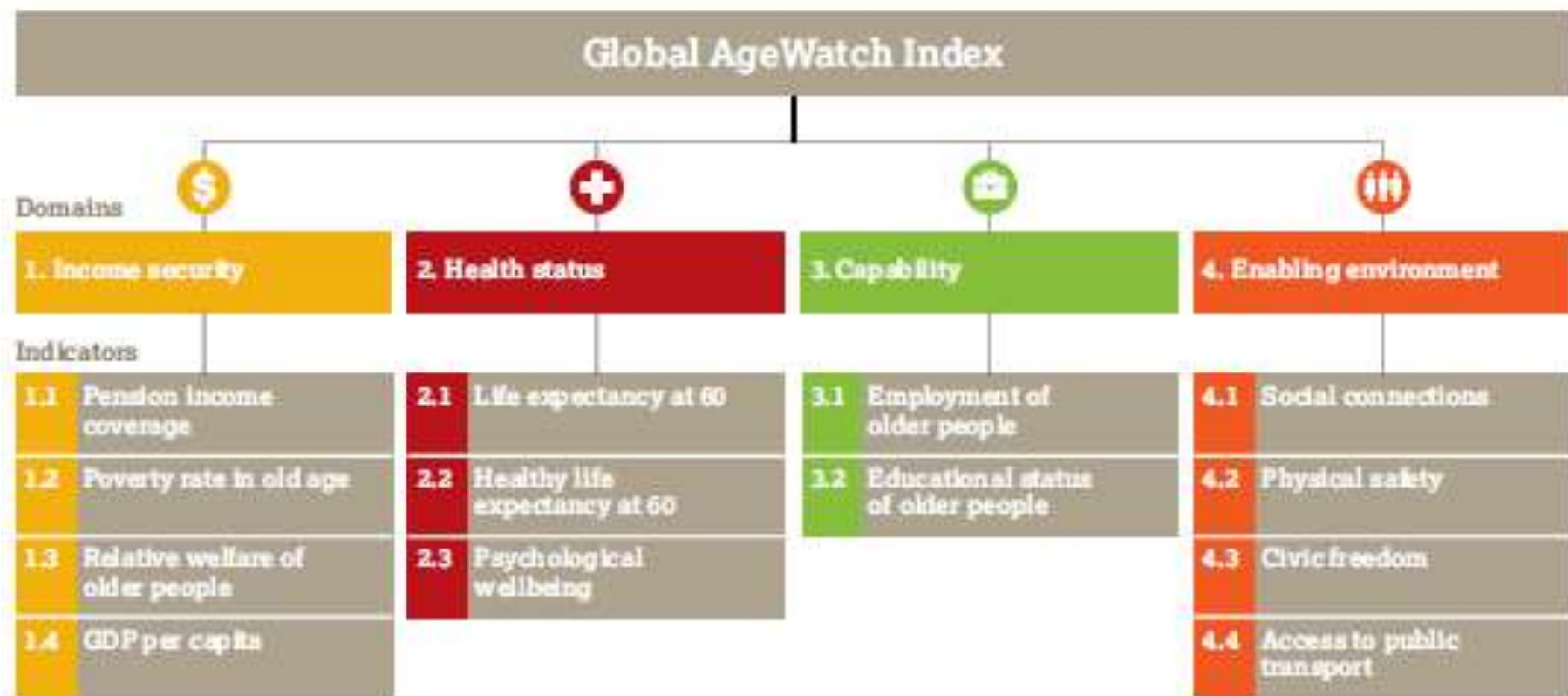


Table 1: Global AgeWatch Index overall rankings

1. Norway	21. Spain	41. Romania	61. Tajikistan	81. Ghana
2. Sweden	22. Chile	42. Peru	62. Dominican Republic	82. Ukraine
3. Switzerland	23. Uruguay	43. Sri Lanka	63. Guatemala	83. Morocco
4. Canada	24. Panama	44. Philippines	64. Belarus	84. Lao PDR
5. Germany	25. Czech Republic	45. Vietnam	65. Russia	85. Nigeria
6. Netherlands	26. Costa Rica	46. Hungary	66. Paraguay	86. Rwanda
7. Iceland	27. Belgium	47. Slovakia	67. Croatia	87. Iraq
8. USA	28. Georgia	48. China	68. Montenegro	88. Zambia
9. Japan	29. Slovenia	49. Kyrgyzstan	69. India	89. Uganda
10. New Zealand	30. Mexico	50. South Korea	70. Nepal	90. Jordan
11. United Kingdom	31. Argentina	51. Bolivia	71. Indonesia	91. Pakistan
12. Denmark	32. Poland	52. Colombia	72. Mongolia	92. Tanzania
13. Australia	33. Ecuador	53. Albania	73. Greece	93. Malawi
14. Austria	34. Cyprus	54. Nicaragua	74. Moldova	94. West Bank and Gaza
15. Finland	35. Latvia	55. Malta	75. Honduras	95. Mozambique
16. France	36. Thailand	56. Bulgaria	76. Venezuela	96. Afghanistan
17. Ireland	37. Portugal	57. El Salvador	77. Turkey	
18. Israel	38. Mauritius	58. Brazil	78. Serbia	
19. Luxembourg	39. Italy	59. Bangladesh	79. Cambodia	
20. Estonia	40. Armenia	60. Lithuania	80. South Africa	

Index ranking



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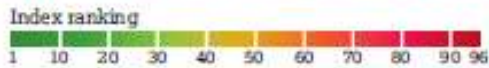
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Index ranking



Social Pension (Human Right)

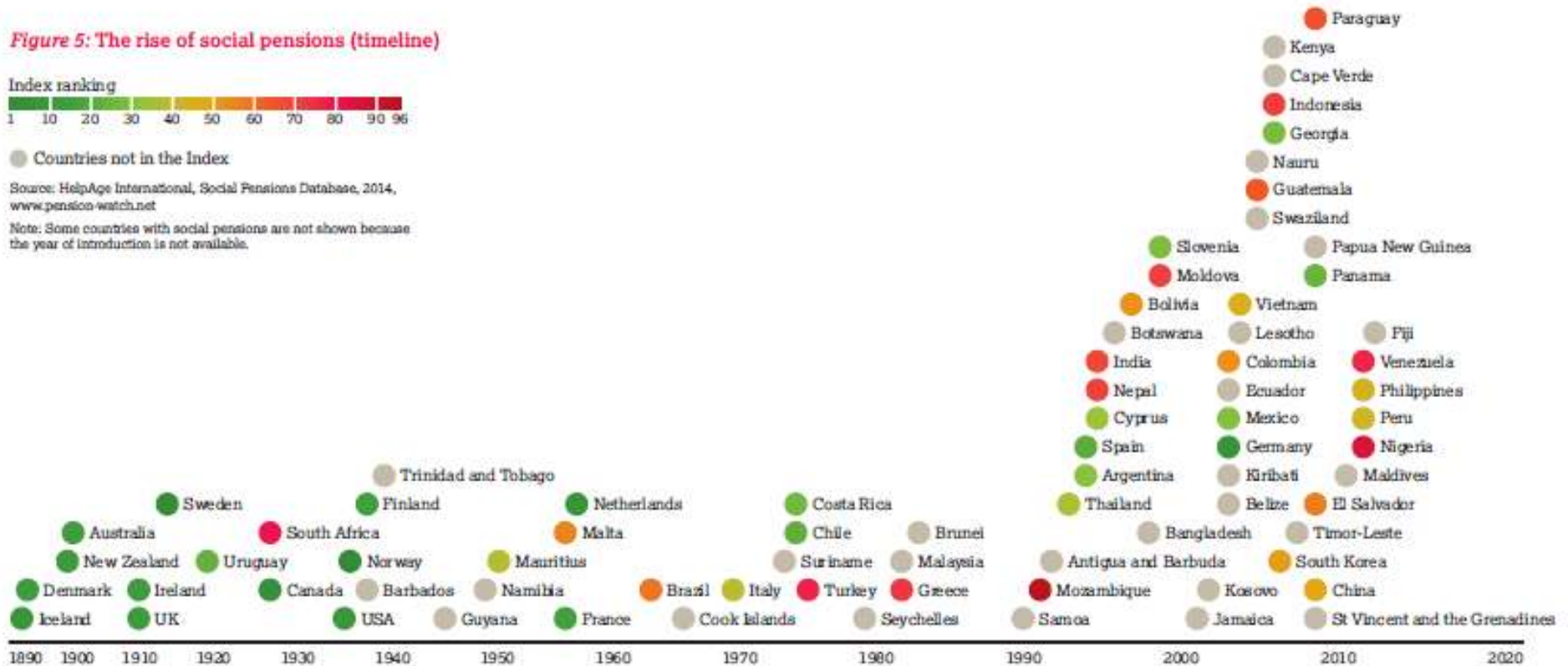
Figure 5: The rise of social pensions (timeline)



● Countries not in the Index

Source: HelpAge International, Social Pensions Database, 2014, www.pension-watch.net

Note: Some countries with social pensions are not shown because the year of introduction is not available.



Social Pension (Human Right)

Figure 5: The rise of social pensions (timeline)



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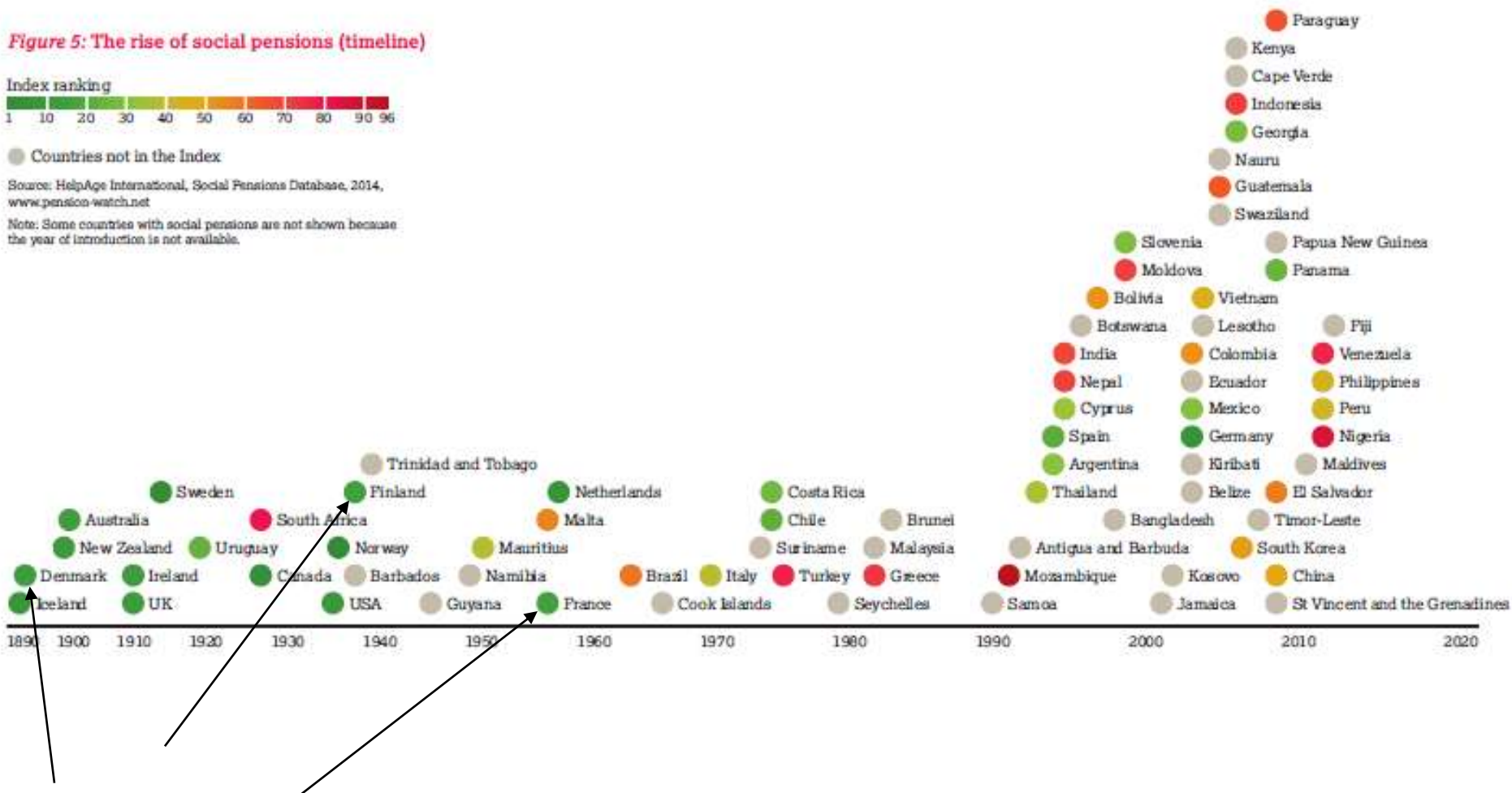


Figure 10: Rankings and values for Western Europe, North America and Australasia

	Overall index	Income security	Health status	Capability	Enabling environment
	Rank	Rank Value	Rank Value	Rank Value	Rank Value
Norway	1	1	16	1	4
Sweden	2	9	12	3	6
Switzerland	3	29	2	10	1
Canada	4	7	4	8	9
Germany	5	15	11	5	11
Netherlands	6	5	13	11	5
Iceland	7	3	8	16	10
United States	8	22	25	4	17
New Zealand	10	27	9	6	30
United Kingdom	11	11	27	23	3
Denmark	12	18	33	20	14
Australia	13	61	5	2	26
Austria	14	6	19	43	2
Finland	15	16	21	30	18
France	16	2	7	37	23
Ireland	17	20	17	34	16
Israel	18	45	26	13	35
Luxembourg	19	4	10	54	19
Spain	21	41	3	56	22
Belgium	27	40	30	58	24
Portugal	37	12	23	79	51
Italy	39	25	6	69	74
Malta	55	52	20	87	47
Greece	73	28	22	80	91

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AgeWatch Index/Capability: Older people's Employment, Education

Geriatric network assisting patients for home care (« Filière gériatrique »)

- ◆ Hospital Care at Home (HAD)
- ◆ Nursing services at home (SSIAD)
- ◆ Specialized Nursing, Rehab. and Social Teams on Alzheimer's (ESA)
- ◆ Geriatric Mobile Units (EMG) & Psychogeriatric Mobile Units (EMPAA)
- ◆ Geriatric Day Hospital (HJG) (medical)
- ◆ Day Care Centre (AJ) (social)
- ◆ Emergency temporary accommodation (HTU) (experimental)
- ◆ Respite platforms (PR) (Alzheimer's)
- ◆ Hospital platform (acute, rehab, long term wards, ambulatory care, memory clinics, telemedicine)
- ◆ Teaching hospital in Geriatrics

Example: <http://www.alsacegeronto.com/filiere-gerontologique-alsace.html>

AGGIR Scale for assessing disability

- ◆ The scale AGGIR (Autonomie Gérontologie Groupes Iso-Ressources) is the official scale in France for assessing autonomy for older persons (60+).
- ◆ It is required for establishing the financial level of the national disability allowance (APA)
- ◆ This scale needs to fill 17 items to cover functional activities with the dominating **cognitive** component (cooking, medication use, finances, etc.), and the **physical** component (walking, dressing, toileting, etc.).
- ◆ The result is scaled in 6 degrees called “GIR” (Groupe Iso Ressource), from GIR 1 (the worst dependant stage) to GIR 6 (normal functioning).

AGGIR Scale for assessing disability

- ◆ Controversy: Inclusion of instrumental activities may improve the assessment of dependency of the elderly and thus facilitate the implementation of appropriate responses to the needs of disabled people.

(Aguilova L, al. Rev Neurol (Paris). 2014 Mar;170(3):216-21. doi: 10.1016/j.neurol.2014.01.039.)

National allowance for dependant older persons (APA)

APA = Allocation Personnalisée d'Autonomie

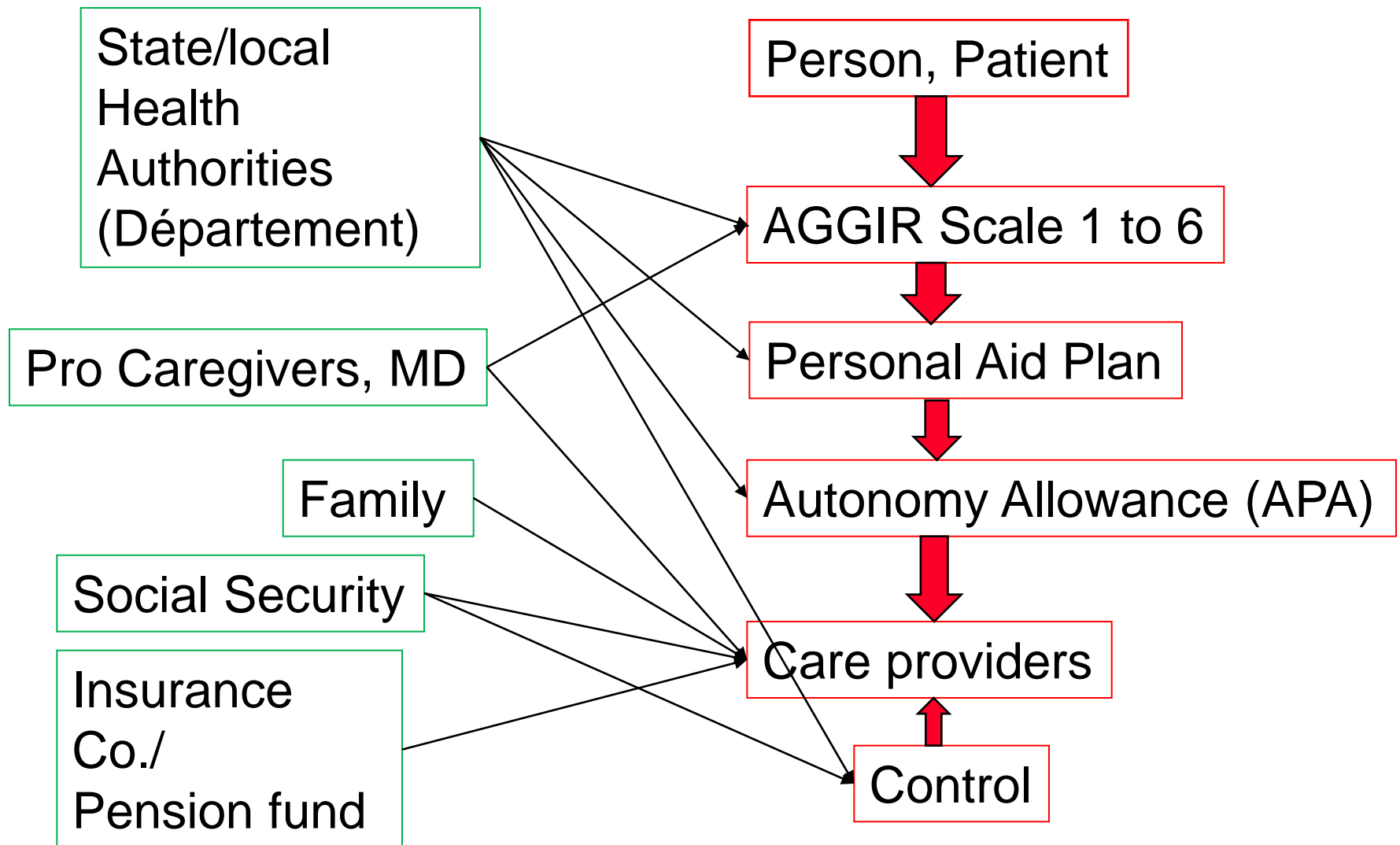
- ◆ Distributed by the state and the local social authorities (« Département »)
- ◆ Personalised, as established at the home of the person by a consensual AGGIR Scale leading to an « Aid plan » by a « Département » Geriatrician and Social worker, the professional care givers of the person, and the person itself or his/her family.

National allowance for dependant older persons (APA)

◆ APA (Home) is Currently paid (2014):

- GIR 1 : 1 312,67 €/month;
- GIR 2 : 1 125,14 €/month;
- GIR 3 : 843,86 € /month;
- GIR 4 : 562,57 €/month;
- GIR 5 : 0 €/month;
- GIR 6 : 0 €/month.

Processing to the home health care (medical-social)



Providers

They may be:

- ◆ Public
- ◆ NGO (no public, no private)
- ◆ Private

Providers

- ◆ Hospital Care at Home (HAD)

Hospitalisation à Domicile

- ◆ Nursing services at home (SSIAD)

Service de Soins Infirmier à Domicile

- ◆ Nursing homes (EHPAD)

Etablissement pour Personnes Agées Dépendantes

- ◆ Long Term Care facilities (SLD)

Soins de Longue Durée

- ◆ Community Social Action Centres

Centre Communal d'Action Sociale

Hospital Care at Home (HAD)

- ◆ Between 2005 and 2009, the number of HCH in France doubled with the health authorities impulse (300 org., and 100000 pts/yr).
- ◆ HCH was made obligatory at a regional organisational level
- ◆ Authorization to begin activity by the regional healthcare authorities (Agences Régionales de Santé)
- ◆ Free to expand within a given territory and respecting their established perimeter.

.../. Continuing next slide

Hospital Care at Home (HAD)

- ◆ HCH entities can have differing statutes: public (25%), private healthcare establishments with collective interest, private associative, private lucrative in association with a healthcare establishment providing hospital beds and stays, or independent.
- ◆ All HCH establishments in France, whatever their statutes, have to comply with the same obligatory regulations and benefit from the same financing.

<http://www.fnehad.fr/>

Nursing Services at Home (SSIAD)

Example: UNASSAD Federation or UNA
www.una.fr/

- ◆ Number of member NGOs: 960
- ◆ Aided persons: 760000 p/yr (Older p, Disabled p, Families, Patients)
- ◆ Time for interventions: 100 M hours/yr
- ◆ Professionals: 120000

Nursing Homes (EHPAD)

http://www.insee.fr/fr/themes/tableau.asp?reg_id=99&ref_id=t_1602R
(Info in English)

- ◆ 10000 Nursing Homes, Public/ NG Assoc/ Private
- ◆ Autonomy scale: GIR 4 to 1.
- ◆ Statute: « Triple » Convention every 5 years, for quality of care, and QoL, between:
 - Local gvt (Département), Social Security, Provider
- ◆ Business model: « Triple » funding:
 - APA (State/Departement Allowance) (for Autonomy)
 - Social Security (for Health)
 - Person (for Housing expenses)

Long Term Care Facilities (SLD)

- ◆ Usually related with Hospitals
- ◆ « Heavier » health cases than usually in NH as Autonomy scale is GIR 1 & 2.
- ◆ « Triple convention » as NH but greater participation of Health funding.

Community Social Action Centers (CCAS)



- ◆ 200 years history for supporting poor, old and disabled people.
In 1986 the Social Aid Offices are invested by the state with a global competency to support the most disadvantaged.
- ◆ Chaired by the Mayor in every Community (40000 in France ! Small and big)

Community Social Action Centers (CCAS)

- ◆ Global budget (France) 2,6 B€
- ◆ Actors: 110 000 persons ;
- ◆ Provide 30 M Hours/yr for Home service
- ◆ 200 000 bénéficiaries
- ◆ 30 000 « Home aid » professionals
- ◆ CCAS are the main providers for Old persons Residencies
- ◆ National Federation: UNCASS

www.uncass.org

National Solidarity Fund for Autonomy (CNSA)

- ◆ Created in France in 2004 following the 2003 heat wave and in connection with the new disability bill, voted in 2005.
- ◆ These events highlighted the need for the older and disabled people for modern social and medical residential facilities and support services which require increased funding

National Solidarity Fund for Autonomy (CNSA)

- ◆ The CNSA is responsible for providing financial support and funding of support services to persons who have lost their independence.
- ◆ Current budget: 22 B€/year
- ◆ Funds (partly) the APA (70%) with the Departement's budgets (25%)
- ◆ Promotes in every Departement the « House of Autonomy » gathering all actions in favor of Ageing and Disabled people.