

DATA ON THE SITUATION AND NEEDS OF OLD PEOPLE IN FRANCE

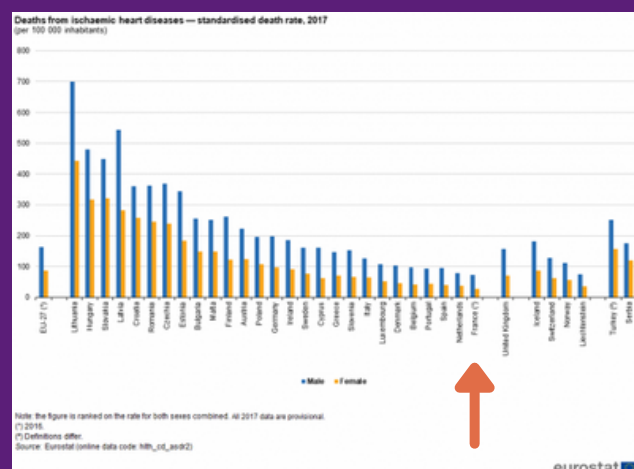


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CAUSES OF DEATH

Cancer is the leading cause of death

Cancer is the leading cause of death in France, accounting for 28.5% of all deaths in 2014, followed by cardiovascular diseases, which accounted for 25%. Heart diseases (ischaemic and other) are the main causes of death, but the number of deaths due to Alzheimer's disease and other dementias has increased rapidly since 2000



Causes of death — standardised death rate, 2017
(per 100 000 inhabitants)

	Total									Females		
	Circulatory disease	Heart disease (*)	Cancer (†)	Lung cancer (‡)	Colorectal cancer	Respiratory diseases	Diseases of the nervous system	Transport accidents	Suicide	Breast cancer	Cancer of the cervix	Cancer of the uterus
EU-27 (*)	370.5	119.4	257.1	52.9	30.7	75.0	40.3	6.0	10.8	32.7	4.0	6.7
Belgium	262.9	63.4	240.1	32.9	23.3	100.6	31.1	3.3	13.4	34.8	2.9	6.2
Bulgaria	115.8	194.8	232.8	43.7	33.3	67.7	13.0	8.2	9.8	29.4	8.9	9.1
Czechia	586.1	292.3	273.8	53.1	36.7	90.9	36.6	6.9	13.2	28.7	5.7	7.4
Denmark	242.3	70.1	287.9	66.8	33.7	123.5	48.4	3.6	10.5	37.2	3.1	5.2
Germany	383.7	136.1	248.0	49.7	26.5	75.2	34.9	4.2	10.6	35.8	3.3	5.2
Estonia	633.8	240.1	288.2	48.4	37.8	43.2	23.3	5.0	17.3	31.8	8.9	6.9
Ireland	290.1	133.0	270.9	36.5	30.8	133.5	48.5	3.1	8.4	37.8	4.3	6.9
Greece	388.1	105.5	246.7	61.0	21.8	107.5	29.6	8.1	4.5	32.2	2.1	3.8
Spain	238.3	83.7	228.5	47.9	31.8	100.5	51.3	4.4	7.5	23.7	2.6	5.9
France (†)	197.2	46.8	243.8	48.7	26.3	57.0	53.4	5.0	13.2	33.1	2.3	7.3
Croatia	637.0	301.8	323.3	68.4	48.4	82.8	38.8	9.9	14.8	34.9	4.6	8.0
Italy	306.5	89.9	238.3	40.5	26.8	70.0	40.7	3.7	6.0	32.1	1.3	6.0
Cyprus	358.7	107.4	211.8	43.4	21.1	116.3	40.1	7.1	4.1	34.9	2.5	4.1
Latvia	841.8	269.8	298.7	48.9	32.3	43.0	24.4	8.2	17.9	34.0	9.2	11.4
Lithuania	822.1	536.2	274.2	42.3	31.6	46.7	24.4	8.7	25.8	26.8	11.3	8.1
Luxembourg	285.6	74.4	238.3	50.8	25.1	71.1	41.6	3.4	9.5	40.3	1.4	3.8
Hungary	764.1	381.2	342.1	89.2	33.1	89.6	23.7	8.5	16.7	37.4	6.8	7.5
Malta	334.5	180.3	224.6	41.2	33.3	103.8	24.7	4.6	5.3	28.1	3.1	3.1
Netherlands	257.2	55.0	279.9	63.5	32.0	86.8	56.0	4.2	11.3	34.9	2.3	3.6
Austria	391.9	164.9	236.2	45.5	25.0	62.9	37.3	5.2	13.9	31.7	3.3	5.2
Poland	545.2	143.2	293.6	67.0	37.1	84.2	19.8	9.4	11.7	33.4	8.0	9.5
Portugal	289.8	64.6	245.2	38.0	34.2	116.2	33.8	7.8	9.6	27.5	3.4	6.6
Romania	899.6	296.7	276.3	34.1	34.6	87.3	24.6	12.5	9.9	33.2	14.8	6.2
Slovenia	430.0	101.3	308.1	58.9	33.7	66.8	31.6	6.7	19.6	36.1	3.7	8.4
Slovakia	652.9	375.3	314.9	49.5	46.9	95.8	27.5	7.5	7.2	40.7	7.4	10.1
Finland	345.0	177.5	219.2	39.1	24.0	36.8	168.7	5.2	10.0	28.7	1.8	6.2
Sweden	309.4	111.7	231.6	38.3	27.9	67.1	54.1	2.9	12.2	26.4	2.9	6.7
United Kingdom	249.9	108.8	273.6	58.1	28.0	136.0	62.2	2.5	7.5	33.6	2.6	7.1
Iceland	289.7	128.8	237.5	49.7	23.5	101.0	103.2	2.7	9.8	30.1	4.7	5.4
Liechtenstein	301.5	50.2	186.0	39.4	24.2	113.4	19.4	9.4	14.2	31.8	5.2	21.6
Norway	232.7	79.8	241.7	47.6	38.0	103.9	50.1	3.0	11.6	23.3	3.0	6.0
Switzerland	262.4	89.0	214.8	41.5	22.1	58.2	44.1	3.7	12.4	29.8	1.5	4.5
Serbia	882.3	144.9	296.6	69.3	37.7	81.6	42.6	8.3	14.3	44.5	12.3	8.1
Turkey (‡)	319.5	198.8	196.1	36.9	19.1	130.6	67.5	10.5	3.8	15.9	1.9	4.4

(*) Ischaemic heart diseases.

(†) Malignant neoplasms.

(‡) Malignant neoplasm of trachea, bronchus and lung.

(§) 2016.

(¶) Definitions differ.

Source: Eurostat (online data code: hth_csd_asd2)

IMPACTS ON THE ECONOMY

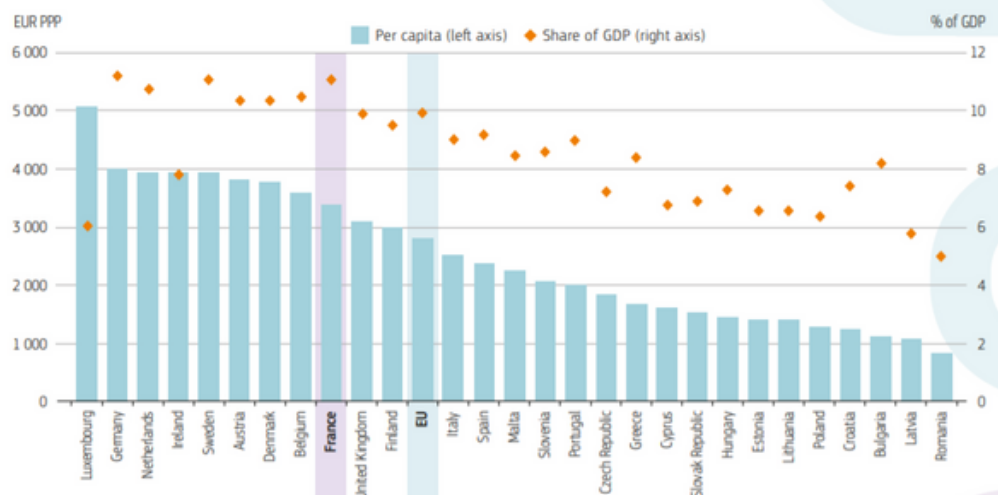
France ranked ninth among EU countries in health expenditure per capita in 2015 (EUR 3 342 per capita, adjusted for purchasing power parity). However, as a proportion of GDP, health spending in France was the second highest (after Germany) with 11.1% of GDP allocated to health.

Health expenditure in France has grown at a moderate rate over the past decade. Nonetheless because health spending has grown faster than the economy, the health spending share of GDP has increased by almost one percentage point since 2005.



	OFFICIAL NUMBER		UNOFFICIAL NUMBER		1 - Legal recognition of carers	2 - Identification	3 - Needs Assessment	SUPPORT TO CARE			9 - SOCIAL INCLUSION/PROTECTION		
	Number of carers	% of population with caring responsibilities	Number of carers	% of population with caring responsibilities				5 - Access to information	7 - Respite care	8 - Training	Financial compensation (direct or indirect)	Carers' leave	Pension credits
AT	290.000	3,5%	457.000	5,2%	✓	---	---	---	✓	✓	✓	✓	✓
BE	870.000	9,4%	1.965.250	17,5%	✓	✓	✗	---	✓	✓	✓	✓	✓
BG	N/A	N/A	N/A	N/A	✗	✗	✗	✗	✓	✓	✓	✓	✗
CH	330.000	5,9%	1.047.168	10,8%	---	✗	✗	---	---	---	---	✗	✗
CY	N/A	N/A	N/A	N/A	✗	✗	✗	---	✓	---	✗	✗	✗
CZ	281.000	2,7%	1.263.600	12%	---	---	✗	---	✗	---	✓	✓	✗
DE	273.000	2%	18.079.600	22%	✓	---	---	✓	✓	✓	✓	✓	✓
DK	20.000	0,4%	100.000	7,7%	✗	---	✗	✓	✓	✓	✓	✓	✓
EE	N/A	N/A	100.000	7,7%	✗	✗	✗	✓	✗	✓	---	---	✗
EL	273.000	2,5%	3.665.200	34,0%	✗	✗	✗	---	✗	---	✗	---	✗
ES	7.232.310	15,3%	9.541.080	20,4%	---	---	✗	✓	✓	✓	✓	✓	✗
FI	N/A	N/A	700.000	12,6%	✓	---	---	✓	✓	✓	✓	✓	✗
FR	8.300.000	12,4%	11.000.000	19,6%	✓	---	---	✓	✓	✓	✓	✓	---
HR	N/A	N/A	N/A	N/A	✗	✗	✗	✗	---	✗	---	---	---
HU	N/A	N/A	450.000	7%	✗	✗	✗	✗	✓	✗	---	✓	✗
IE	195.263	4,1%	391.260	8%	✓	✓	✓	✓	✓	✓	✓	✓	✓
IT	4.035.000	7,0%	16.119.600	26,5%	---	✗	✗	✓	✓	✓	✓	---	---
LV	N/A	N/A	125.497	13,8%	✗	✗	✗	✓	✓	✓	---	---	✗
LT	N/A	N/A	236.980	8,2%	✗	✗	✗	✗	✓	✓	✓	---	✗
LU	4.752	1,0%											
MT	N/A	N/A	N/A	N/A									
NL	4.400.000	25,9%											
NO	N/A	N/A	N/A	N/A									
PL	1.214.000	3,2%											
PT	1.100.000	12,5%											
RO	N/A	N/A	N/A	N/A									
SE	1.300.000	13,7%											
SI	N/A	N/A	N/A	N/A									
SK	58.000	1,1%											
UK	6.500.000	10,4%											

Figure 6. Health spending in France is higher than in most other EU countries



Source: OECD Health Statistics, Eurostat Database, WHO Global Health Expenditure Database (data refer to 2015)

SOCIAL CARE

Social care policies in the sector of health

One of the most important social care policies is the old-age insurance system, which was established after the Second World War. It concerns private and public sectors workers.

The population aging creates new challenges for the health care system. In France long term care is considered as a crucial social policy issue, it is tied to the concept of dependency which means a “dependency risk” or “risk of loss of autonomy”. This risk is defined for the French government as the fifth one, adding to old age, illness, family insecurity and workplace injuries.

In 1997, the government created a social assistance program to meet needs of low-income older people. This program was called Prestation Spécifique Dépendance (Specific Dependency Benefit). This program was replaced in 2002 by another one called Allocation Personnalisée d’Autonomie.

There are three types of hospital services for the elderly geriatric services: **short stay** (court séjour) **medium stay** (moyen séjour) and **long stay** (long séjour).

The **short stay** is for people with acute geriatric units, to provide them with appropriate medical care and preserve autonomy.

The **medium stay** is for a follow-up and rehabilitation care (SSR – Soins de Suite et de Réadaptation) and to facilitate their return home.

The **long stay** is for long-term care units (USLD – Unités de Soins de Longue Durée) that is to say for people who require constant medical supervision, people with significant loss of autonomy.

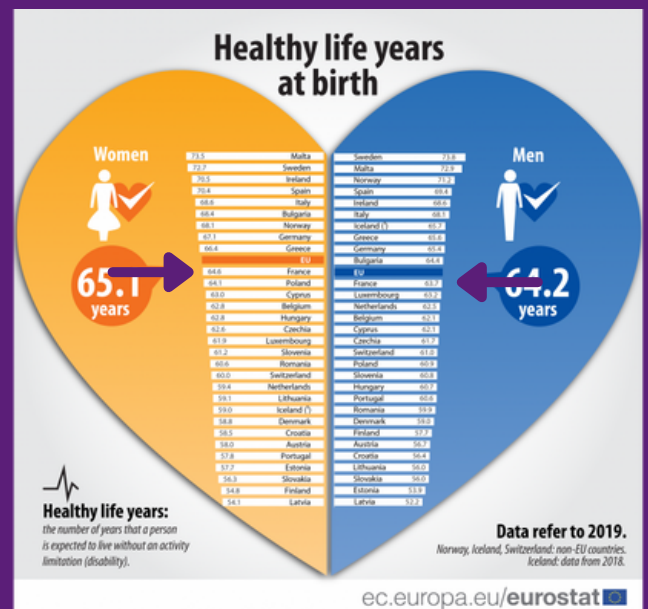
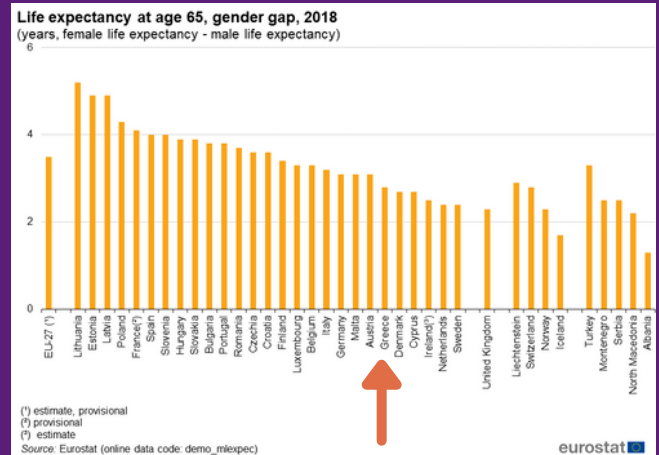
As for doctors, in 2019, there are 2,142 geriatricians in France, out of a total of 226,619 physicians.

LIFE EXPECTANCY

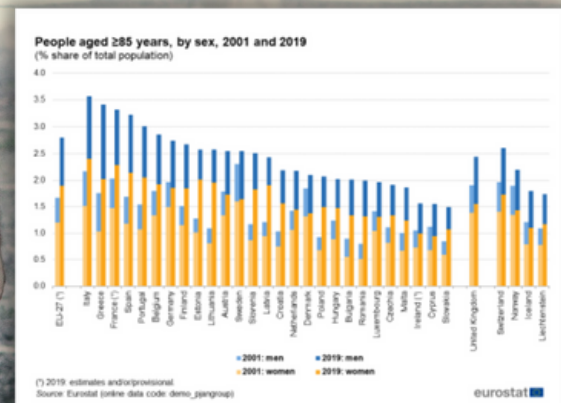
Healthy life expectancy is increasing

In France, there is an increase in life expectancy; it is one of the major factors in population aging. This phenomenon is a long-term historical trend which began immediately after the Second World War to reach 80 years. To compare, from 1800 to 1900, in France, the average life expectancy at birth rose from 30 to about 45 years.

As in other countries, industrialized ones, French women live longer than their male counterparts. Women lived more than six years longer than men in 2015. However, the gender gap in healthy life years is much smaller as women live a greater proportion of their lives with some disabilities. At age 65, only 45% of the remaining years of life for French women on average are lived without disabilities (10.7 years out of 23.5 years in remaining life expectancy), while this proportion is about half among men (9.8 years out of 19.4 years of life expectancy).



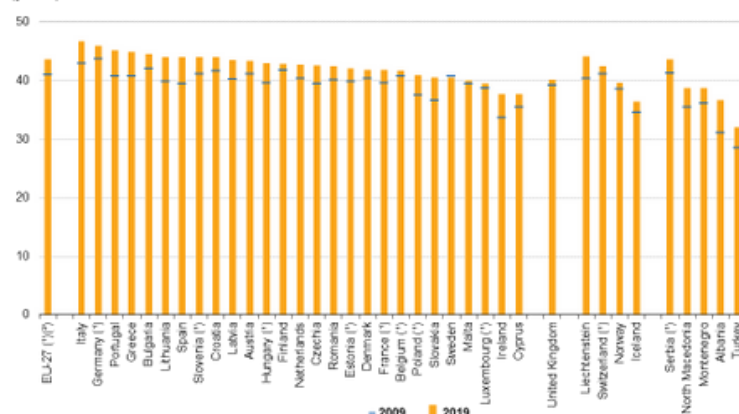
POPULATION OVER 65 YEARS OLD



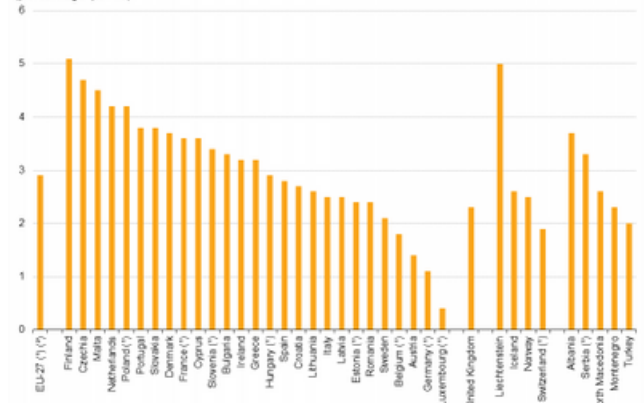
Society ageing is one the most important challenges that France faces right now. On the 1st of January 2021, according to the French Institute for Demographic Studies (Institut national d'études démographiques - Ined), the total French population is of 65 249.843 and there are 13.671.147 people over 65 years old (which represents 21,0%, of which 75 years and over 6 290 954 (9,6%)). In comparison, two decades ago, they represented 15.5%.

The French population is not only growing but also ageing. In 2017, the employment rate of people over 65 was around 3%.

Median age of population, 2009 and 2019
(years)



Increase in the share of the population aged 65 years or over between 2009 and 2019
(percentage points)



Nursing homes

In 2003, the French government launched the **Aging and Solidarity Plan (2003-2006)** as a reaction to the heatwave in the same year that led to the death of 15,000 older persons. This program allowed massive investments for the construction or renovation of nursing homes.

Later, in the years 2007-2009, the French government initiated a national campaign against elder abuse – “**Bien Vieillir**” (**Age Well**) to enhance healthy ageing.

The other initiatives created were a **5-year Alzheimer Plan (2008-2012)**, a plan against pain (2006-2010), a plan for palliative care (2008-2012) and a plan for suicide prevention (2011-2014).

According to the Directorate of Research, Studies, Evaluation and Statistics (direction de la Recherche, des Etudes, de l’Evaluation et des Statistiques- Drees), in 2015 there were 10.600 nursing homes in France.



Day centres for older people

There are different types of day centres: those for people living at home and those for people with Alzheimer's disease or related disorders.

The first type allows people to stay for a period of time (from half a day to several days a week), where the elderly benefit from activities designed to stimulate them and maintain their independence. Admission to the second type of day centre is possible after a diagnosis establishing the existence of neurodegenerative disorders, during a memory consultation.



MAIN ISSUES

Loss of autonomy

As reported by the French National Institute for Statistics and Economic Studies (INSEE), most people aged 65 or over live at home until an advanced age. In 2015, about 2% of people aged 65-74 live in institutions, (the proportion increases with age - 21% of people aged 85 or over are in institutions). The reason why people choose to live in institutions is, for the most part, loss of autonomy and deteriorating health.

Social isolation

The French government put in place the Strategic Committee for the fight against isolation of the elderly at the initiative of Brigitte Bourguignon (Minister Delegate for Autonomy). During the first lockdown in France in spring 2020 there were 720 000 isolated seniors. In December 2015, the “adapting society to ageing” law, launched by the then Minister Delegate for the Elderly, Michèle Delaunay, had outlined the networking of major associative actors within the structure Monalisa for “national mobilization against the isolation of the elderly”.

The Strategic Committee enhance the “citizen mobility” for young people and wants to promote initiatives that encourage links between generations for example twinning nursing homes with schools.

Different associations fighting against isolation organize various workshops for example sophrology ones, writing and reading ones and philosophy ones in the aim of promoting social links and exchanges. Doing so, it allows the beneficiaries to preserve their autonomy and to maintain contacts with people of all generations.

In France, to limit social isolation, maintain human interactions but also fight the intergenerational divide, exist “intergenerational housing”, that is to say a senior welcomes a young person to live with him or her under the same roof. This kind of housing is based on the principle of “gift and counter gift”, that is to say, the seniors make a room available for a young person, in exchange of the latter’s contribution, involvement in everyday life (such as a little presence, help with the groceries...)

Poverty

Poverty among seniors is a reality, 49% of French people over 60 fear financial insecurity. A 13% of the elderly do not manage to make ends meet, among them 6% are not able to balance their budget without going overdrawn and 7% declare that they are finding it increasingly difficult to get by. These 13% of seniors who are experiencing major financial difficulties, are overrepresented among women whom pensions are mostly much lower than those of men due to the salary differences.

The seniors' main expenses are related to health (dental and optical are the most problematic ones) and energy wise (electricity, heating etc.); 35% of those over 60 are experiencing difficulties in this area.



Lack of nursing homes

There is a lack of support in nursing homes, according to the Directorate of Research, Studies, Evaluation and Statistics (direction de la Recherche, des Etudes, de l'Evaluation et des Statistiques- Drees), in 2015, 44% of nursing homes' staff reported difficulties in recruiting; 9% of nursing homes have at least one vacancy in caregivers for more than 6 months and 10% of them have at least one vacancy in coordinating physicians for more than 6 months.

Participation in ICT

According to the NGO Les Petits Frères des Pauvres, 4 million of seniors aged 60 or over do not use the internet; 14% of seniors aged 60-70 are e-excluded. This digital ousting particularly affects the 80 or over -more than 1.7 million people.

This digital exclusion has become an aggravating factor of isolation. In France, in 2017, 900 000 seniors were without any contact (family or friends) and 300 000 were in a state of “social death” with no contact with any circle of sociability. This isolation amplified with the pandemic. Indeed, more than 720 000 elderly had no contact with their families during the first lockdown and 650 000 of them found no one to talk to.



CONCLUSION



The main priorities for empowering people over 65 years old are:

- ✓ Empowering social life and social links of people (especially intergenerational links)
- ✓ Improve the healthcare system
- ✓ Empowering engagement of old people in hobbies, mobility, travelling and socializing
- ✓ Educating people in ICT technologies

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