

GOLD - GOOD PRACTICES FOR OLD PEOPLE

DATA ON THE SITUATION AND NEEDS OF OLD PEOPLE IN GREECE



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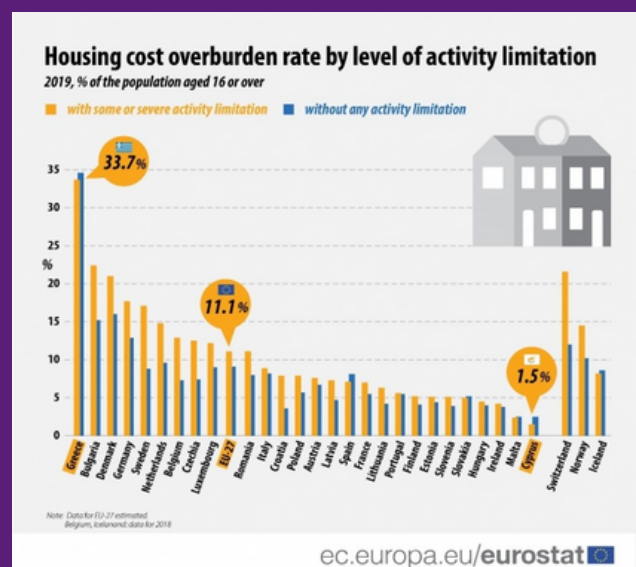
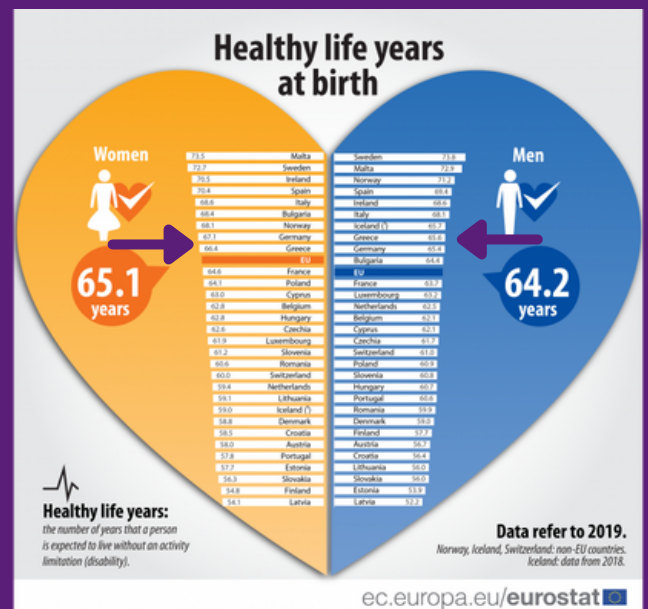
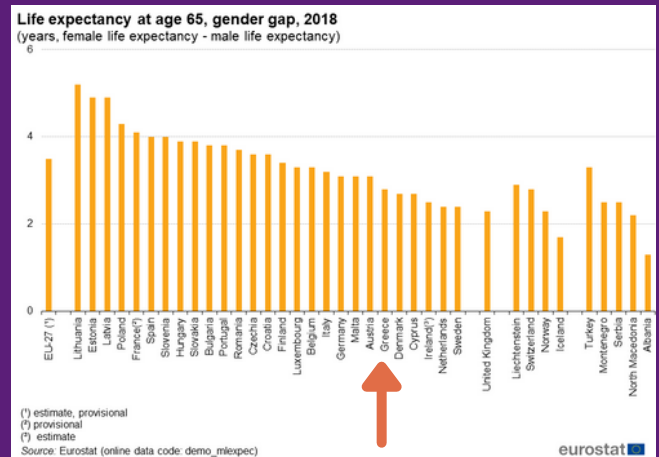
LIFE EXPECTANCY

Healthy life expectancy is decreasing

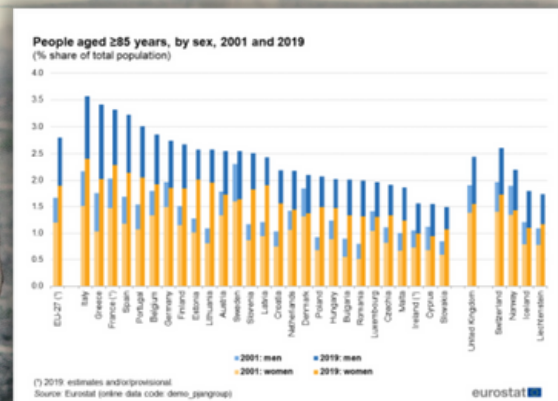
Life expectancy in Greece for people over 65 years old is on the mean of EU-27, i.e., about 18 years. On the other hand, only 7 of those years are expected to be healthy, which is one of the worst rates in EU-27 (mean value 10 healthy years).

Life expectancy for men and women at age 65 is projected to rise from 18.6/21.4 years (EU-28: 18.1/21.4) in 2017 to 22.6/24.6 years (EU-28: 22.4/25.6) in 2060. From 2005 to 2012 healthy life expectancy for men and women decreased by 1.1 and 2.7 years, respectively. Recent trends (2013 to 2017) indicate a stagnation in healthy life expectancy for both women and men at age 65. Greek women spend about two thirds of their life expectancy (at 65) in bad health while men spend more than half of it in bad health.

According to EU-SILC data, the share of men aged 65+ experiencing severe limitations in daily activities increased from 16% to 22% from 2005 to 2011 (EU 27 rose from 16% to 17%). Among women the share increased from 17% to 26% (EU-27: from 20% to 21%).



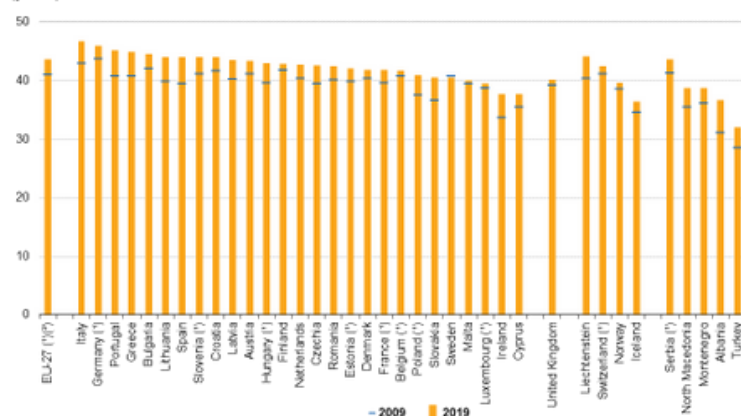
POPULATION OVER 65 YEARS OLD



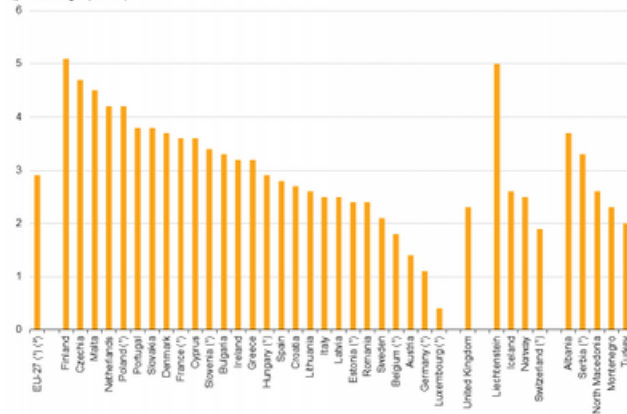
According to Eurostat (Eurostat, 2018) Greece has one of the most ageing populations in Europe (EU-27) with **22% people over 65 years old** (only Italy is above this with 22.8%).

The tendency for Greece is towards **increasing** this number, since from 2009 to 2019 the proportion of the population over 65 has gained 3.2%, one of the biggest gains in EU-27. **In the period 2019-2050 the share of people aged 65+ in the Greek population is expected to grow from 22% to 33.8% (EU-28: 20%-28.5%),** with most of the growth happening before 2032. At the same time, the share of **people 85+ will more than double** from 3.3% to 7% (EU-28: 2.7%-6.1%). Over the same period, the old age dependency ratio measured as the percentage of 65+ compared to the population of 15-64-years old **will rise** from 34.1% (EU-28: 30.5%) to 67.1% (EU-28: 55.3%).

Median age of population, 2009 and 2019
(years)



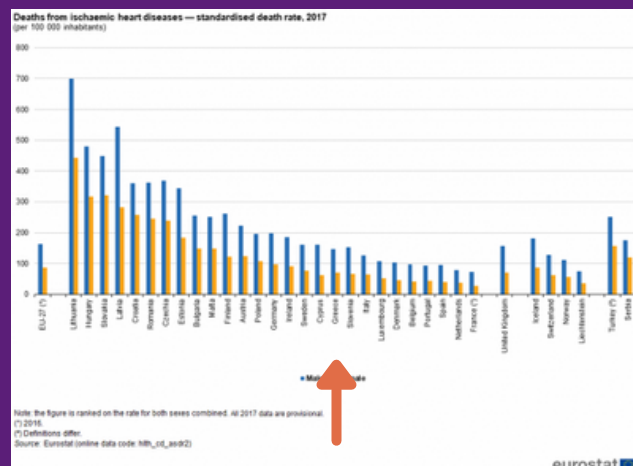
Increase in the share of the population aged 65 years or over between 2009 and 2019
(percentage points)



CAUSES OF DEATH

More deaths are caused by ischemic heart disease

In Greece for people over 65 years old the most common cause of death is circulatory disease and heart disease. It follows the cancer and the respiratory diseases.



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	1115.8	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	30.8	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	36.0	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 neoplasms of trachea, bronchus and lung.

(§) 2016.

(¶) Definitions differ.

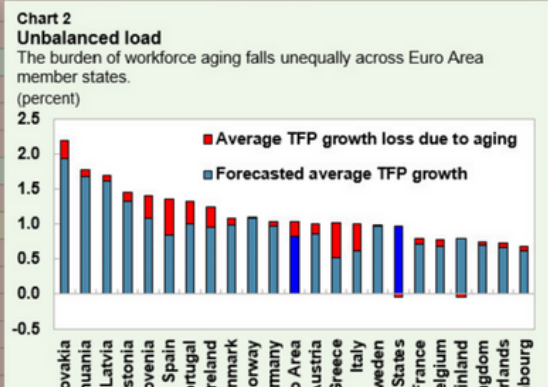
Source: Eurostat (online data code: hth_csd_asd2)

IMPACTS ON THE ECONOMY

According to Eurocarers (2021) under an assumption of no policy change the Ageing Report scenario suggests that **public expenditure as share of GDP would rise from 1.4% to 2.8% in Greece (EU-27: 1.8%-3.6%) by 2070**. The impact of a **progressive shift from the informal to the formal sector of care in Greece would entail an estimated increase by 121% in the share of GDP devoted to public expenditure on long-term care** (128% on average for the EU27).

In 2010 public spending on institutional care was negligible (0.13% of GDP; EU-27 average: 0.80%), while spending on home care and cash benefits amounted to 1.27% (EU-27 average: 1%). The same year, 12% of people aged 65 years and over in need of long-term care were in institutional care, 28% in home care, and 60% either had no access to care or were looked after by informal carers.

	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%	N/A	N/A	✓	✓	✓	...	...	...	...	...	...
MT	N/A	N/A	N/A	N/A	✗	✗	✗	...	...	...	...	...	...
NL	4.400.000	25,9%	N/A	N/A	...	✓	...	...	...	...	...	...	...
NO	N/A	N/A	800.000	15,4%	✗	✗	✗	...	...	...	...	...	...
PL	1.214.000	3,2%	4.318.800	18,3%	✗	...	...	...	...	...	...	...	...
PT	1.100.000	12,5%	N/A	N/A	✓	✗	✗	...	...	...	...	...	...
RO	N/A	N/A	1.580.800	8%	✗	✗	✗	...	...	...	...	...	...
SE	1.300.000	13,7%	N/A	N/A	✓	✓	...	...	...	...	...	...	...
SI	N/A	N/A	215.000	10,4%	✗	✗	✗	...	...	...	...	...	...
SK	58.000	1,1%	N/A	N/A	✗	...	...	...	...	...	...	...	...
UK	6.500.000	10,4%	N/A	N/A	✓	✓	✓	...	...	...	...	...	...



Sources: Organisation for Economic Cooperation and Development; The European Commission; United States Bureau of Labor Statistics; and IMF staff calculations.

Notes: United Kingdom starts from 1985; Switzerland starts from 1992; Austria and Ireland start from 1995; Estonia and Slovakia start from 1996; and Latvia, Lithuania, and Slovenia start from 2001. The Euro Area comprises Belgium, Finland, France, Germany, Greece, Italy, Luxembourg, Netherlands, Portugal, and Spain. TFP = Total factor productivity.

SOCIAL CARE

Prevention measures to help staying healthy and active, Support of public health and ageing institutions as well as promotion of independent living among the elderly are rather neglected policy areas.

Social care policies in the field of health

The current NSS includes 125 hospitals, 201 Health Centers (CA) and 1,487 Regional Clinics in rural areas, about 200 former IKA Polyclinics in urban areas that have recently joined the NSS, forming together with the NSS the Primary National Health Network (PEDY) and 127 Local Health Units (To.M.Y.) in urban areas. This structure is considered adequate in terms of hospital care, however, primary health care is still under-functioning, while the most recent intervention with the establishment of To.M.Y. was implemented only half of the original design, resulting in only 1/5 of the urban population being covered.

These units belong to 7 Health Regions (RIA), which have mainly supervisory and coordinating and, to a lesser extent, administrative role.

There is also a strong imbalance in the distribution of the health workforce, both from geographically as well as in terms of mix skills. Greece has the highest number of doctors (6.2 / 1000 residents) and at the same time the lowest number of nurses per (3 / 1000 residents) in the EU. In addition, the proportion of general practitioners are only 1 in 16 doctors in Greece, compared to 1 in 4 on average in the EU.

Social care policies

In terms of elderly care, the most important program, implemented in Greece, regarding the elderly, which are trying to cover some of the basic needs, are:

- A) Allowance for the uninsured elderly with chronic illness and disability of 67% and above is provided by the Department of Social Insurance and Control.
- B) A rental allowance is also granted to uninsured, financially insecure, single people from the same service.
- C) O.G.A. grants basic old-age pension to all uninsured people aged 67 and over who have not secured a pension from any insurance fund and are financially weak.

Nursing homes

Public nursing homes for the chronically ill are **financed by the state budget** and by per diem fees paid by social insurance organizations. In addition, according to recent legislation, **40% to 80% of the pension income of the chronically ill in state residential care** (including psychiatric hospitals) **is withheld by social insurance organizations for funding care expenses.**

There are not clearly designated long-term care beds in public hospitals, however it is estimated that the number of **long-term care beds in Greece is very low** (i.e. 27.7 per 100,000 population, including psychiatric care beds); or 1.4 per 1,000 people aged 65+).

A number of **private clinics under contract with EOPYY**, the National Organization of Health Service, provide long-term care (mostly to the terminally ill), but no data are available for the number of long-term care beds in these clinics.

The state provides residential care to indigent, lonely aged people in need of care through the **25 Chronic Illness Nursing Homes**. Yet **only three of them (two in Northern Greece and one in Crete) have a geriatric section.**

Long-term care to frail, incapacitated (mostly lonely and indigent) elderly people is also provided by about **100 non-profit residential care homes**. The majority of them are run by the **Church of Greece**, and the rest are run by specific endowments and some local authorities. There are also about **100 for-profit residential homes** for the elderly. In total, non-profit and for-profit residential care homes for the elderly have a capacity of about **15,000 beds**. The former are partly subsidized by the state and partly funded by donations (as well as by per diem fees paid by social insurance organization for those entitled to social insurance). For-profit residential homes are privately paid by the persons in care and their families. Interestingly, over the last few years occupancy has significantly fallen from 100% to about 80%.

Due to the crisis and economic hardship, families opt to look after the elderly at home as pension benefits are a major source of income particularly among households with unemployed members.



Semi-residential - daycare centers

Semi-residential, day-care to the elderly is provided by the **68 Day Care Centres for the Elderly (KIFI)**. They undertake the day care of old-aged people who cannot care for themselves, have serious economic and health problems and their family members cannot look after them because of their work.

Since their establishment, they have been funded mostly by EU resources. According to current regulations, they are co-funded by the **European Social Fund and national/local budgets**.

KIFI cooperate with local social and health services as well as with the welfare directorates of the regional units (ex-prefectures) of the country.

Home Help

The “**Home Help**” program, which provides access to social workers, nurses, physiotherapists and home helps, was introduced as a pilot in 1998 and was later on expanded to cover most of the country.

As with the day care centres, it has been mostly funded thanks to EU funding. There are **currently about 879 “Home Help” schemes providing services to about 76,000 beneficiaries**. Competition between providers is encouraged as, apart from the schemes operated by municipal enterprises, non-profit and for-profit “Home Help” units are invited to submit bids to be included in the registry of certified services administered by the Social Insurance Organization (IKA). Beneficiaries can then choose a provider from that list. It is nevertheless expected that state funding to municipal “Home Help” will be discontinued. The option offered to those working in municipal schemes is to form “social cooperatives” and submit a bid to be recognized as an accredited provider under the new, competitive system.

Accreditation

Accreditation of institutions providing care to elderly chronically ill and incapacitated persons is carried out for non-profit and for-profit elderly nursing homes and care centres by the Directorate of Welfare of the Ministry of Labour, Social Insurance and Welfare.

Regular inspections of both state and non-state institutions also take place by the health inspectorate services of the Ministry of Health. Access to residential care (care centres for the chronically ill and nursing homes for the elderly) is means-tested, but criteria are applied in a more flexible way than for “Home Help”. Admission to state-operated care centres for the chronically ill and to contracted non-profit and for-profit clinics are subject to referral by the social services of local authorities, of “regional units” (ex-prefecture level social welfare directorates), and of the NHS hospitals. However, existing legislation does not define a specific income threshold. It rather stresses that economic hardship is a crucial criterion, but other factors defining the severity of need should be taken into account too in the evaluation of each specific case.

MAIN ISSUES

Depressive disorders

Anxiety and depressive disorders are a serious problem in old age, which is often underestimated (Vasilopoulos A. et.al, 2017).

A specific study with the purpose to investigate the frequency of anxiety and depression in a group of elderly patients visiting the provincial town KAPI was implemented in 2017. The Bedford & Foulds questionnaire on anxiety and depression was distributed to 165 elderly KAPI visitors, both men and women. The average age of the patients was 75 years old. The results showed a high incidence of both disorders, at a rate significantly higher than the general population. There was a slight predominance of women in the severity of the disorder, but not statistically significant. **The increased need for intervention in the elderly in relation to mental disorders is pointed out.**



Dementia

In Greece, about **200,000 people** currently suffer from dementia and this number until 2050 is expected to exceed 600,000. Dementia affects 6% of people over the age of 65. For each patient correspond **1 or 2 family caregivers (400.000 in Greece)**. The annual cost of dementia is estimated at 3 billion euros according to a recent study.

Public care facilities and services for dementia and Alzheimer's disease – which affect an increasing number of people in Greece – have, until very recently, been rather negligible. **Specialized care** was mainly provided by a small number of non-governmental organisations (NGOs). To address this gap, in 2014 the government established the **National Observatory for Alzheimer's and Dementia**, and in 2016 adopted the **National Action Plan**, which includes the creation of special care units (day-care centres, etc.) and the provision of support for carers (Minister of Health, 2016)



Poverty

Poverty for people 65+ in Greece was around 12% in 2018 (ELSTAT 2020).

The **deteriorating economic conditions** are affecting the functioning of the health sector through reduced incomes and cuts in public spending. In particular, the **reduction of the income of the elderly, due to cuts in salaries or pensions**, leads to a reduction in the consumption of private health services, thus contributing to the gradual deterioration of the health of the population. (Karanikola, et. al., 2018).

Still according to OECD (2013) Greece pays a great amount of GDP on pensions (over 15%) compared to other countries. According to Eurostat (2019) in 2017, the total value of EU-27 old-age pension benefits relative to GDP was 9.6 %. There were six EU Member States where this indicator was in double-digits, with the highest ratios in Greece (13.0 %), France (12.2 %) and Italy (11.1 %). As such, **old-age pension benefits in Greece were 2.9 times as high as in Ireland** (when measured relative to GDP).

When asked during the fourth quarter of 2016 about their concern over not having sufficient income in old-age, adult respondents across the EU-27 had an average score of 5.9 — on a scale from 1 (not worried) to 10 (extremely worried). **People in Greece expressed the highest level of concern (8.0) in EU-27**. Pension inadequacy is one of the principal reasons why the standard of living of older people may fall below what might be considered to be a decent level. A lack of financial resources may combine with other factors that are typical in older age — for example, illness, disability or frailty — to lower the quality of life enjoyed by older people. In 2018, annual median equivalized net income across the EU-27 was EUR 16 839. **For Greece it was 7.168 bringing the country in one of the last positions in Europe.**

Financial insecurity in older age may lead to poverty and other forms of social exclusion. In general many impoverished old people are also socially isolated and with restricted offer of social care and opportunities for social engagement and inclusion.



Social life

About social life and expectations the findings of Eurostat (2020) Ageing Europe report are indicative of the large exclusion in many fields concerning old people aged 65 or more.

Greece is known for the **strong family bonds** and indeed the people of the country is in one of the first places for family meetings as more than 35% everyday and another 35% once a week at least meet with grandparents. Nevertheless **even in Greece there is a not neglectable 6% of the old people that have seen their children only once or even not at all in the last year.**

More or less the same likelihood with family connections we see for old people getting together with friends (36% everyday 34% once a week). This correlates with the finding that are about **only 5% of old people over 65 that have none to discuss personal issues or only 4% with anyone to ask for help.**

This tendency also infers that **there are many old people that are based on private informal help from relatives and even other old people mainly women (8% in Greece in one of the first places in EU-27) instead of the state.**

Nevertheless in Greece we have one of the worst situations on how people aged 65 years old or more judge their own life satisfaction. **More than 35% show low satisfaction** while only slightly more than 10% show high satisfaction.

Participation in culture and sports

The participation in cultural and/or sporting events is very low in Greece being in one of the last places with bellow 30% participants from the age 65+. Bellow 4% in this age category participate in artistic activities.



Participation in ICT

Greece is also in the worst place in whole EU-27 in use of ICT technology with almost **80% of the people 65-74 that have never used a computer**. In Bulgaria and Greece the share of older people that had not used the internet was 47 percentage points higher than the share for the whole of the adult population. Also according to the same survey the digital skills of Greek people aged 65+ are the worst in whole EU-27 with **only 1% of the population showing some skills and above 80% have not used the internet in the past 3 months**. Participation in social networks and in general in internet communications (email-video calls) is also extremely low in Greece with below 10% of the people aged 65 or more in the game.



CONCLUSION



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

- ✓ Ensuring equal and efficient access to quality healthcare
- ✓ Ensuring equal economical support to 3rd age people and improving their living conditions
- ✓ Developing cross-sectoral and intergenerational social inclusion services
- ✓ Developing and implementing programs for ICT education of people over 65
- ✓ Improve social connections of 3rd age people through participation in community activities, sports, culture etc.
- ✓ Develop programs for awareness and education of 3rd age people as well as the formal and informal cares and community for the needs and rights of them eg. informing about dementia

RESOURCES

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