

DATA ON THE SITUATION AND NEEDS OF OLD PEOPLE IN GERMANY



PREPARED BY: MÜNSTER UNIVERSITY

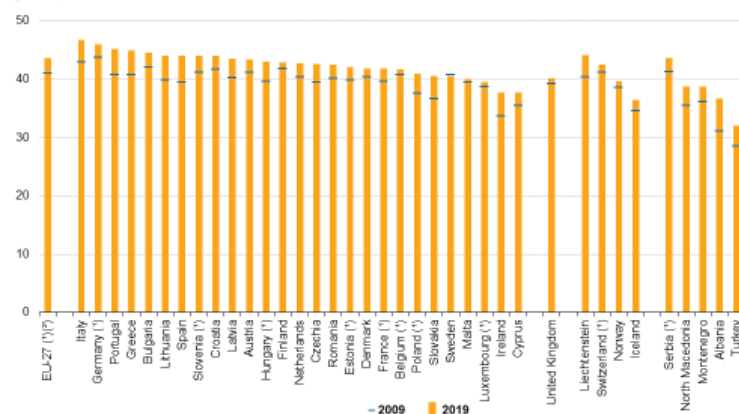
POPULATION OVER 65 YEARS OLD



In the end of 2019, there were 18,09 million persons aged 65 years or more in Germany. This makes up 21,8% of the total German population.

According to the estimations, the percentage of people aged 65 or more in Germany will increase to 29% in 2030 and 34% in 2060. The percentage of people aged 85 or more will rise to 4% and 9% respectively.

Median age of population, 2009 and 2019
(years)

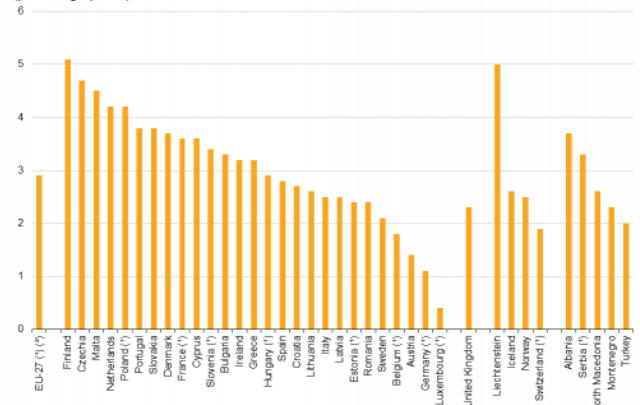


(*) Break in time series in various years between 2009 and 2019.
(*) 2019: Provisional.

Source: Eurostat (online data code: demo_pjanind)

eurostat

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



(*) Break in time series in various years between 2009 and 2019.
(*) Provisional.

Source: Eurostat (online data code: demo_pjanind)

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LIFE EXPECTANCY

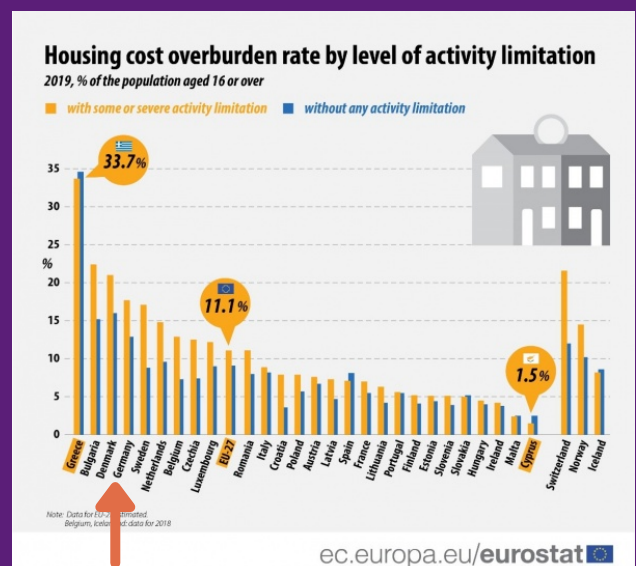
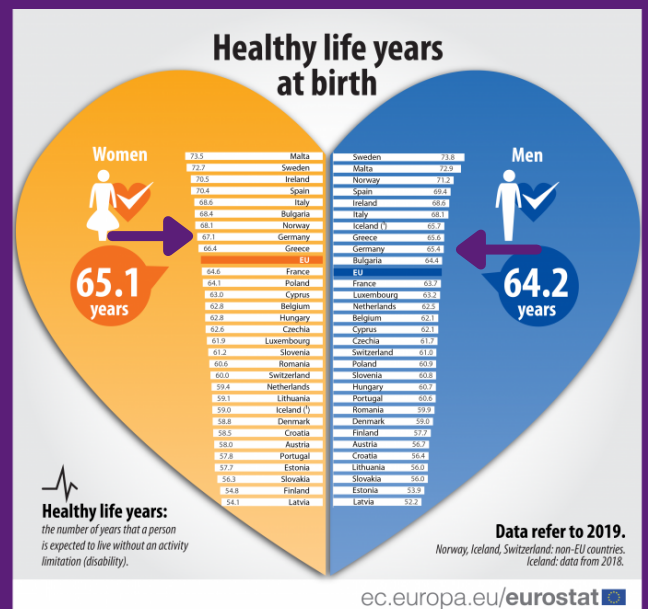
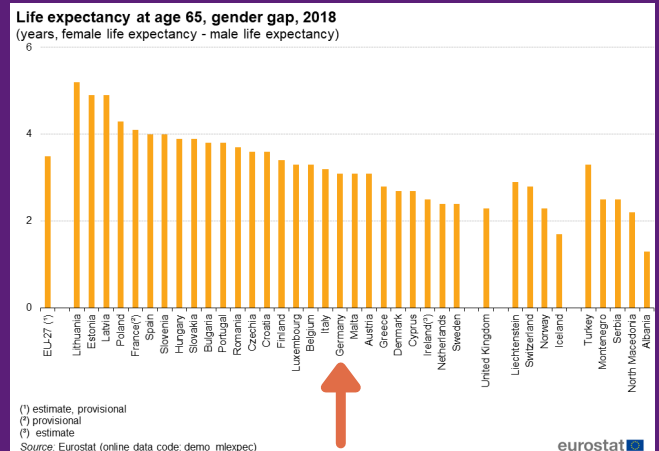
The life expectancy is continuously rising due to improved life quality and better medical care.

According to the life table 2017/19 the life expectancy of men was 78,6 years, whereas it was 83,4 years for women. In 2019 there were 1.914 hospitals in Germany with 494.326 beds in total and the bed occupation rate was 77,2%.

The majority of people aged 65 or more rate their health status as medium (45%), 40,4% rate it as (very) good and 14,6% rate it as (very) bad. In the age group of 75 and more the subjective health situation is worse, because more people rate it as medium (49,1%) or (very) bad (17,8%) and less people rate it as (very) good (33,1%).

According to the BZgA (2017) more than 50% of people aged 65 or more suffer from one chronic disease at least. In comparison, the percentage of the age group of people aged up to 45 years only amounts to 20%.

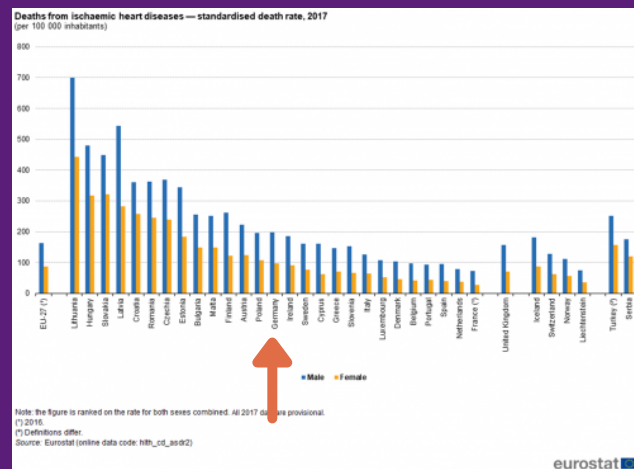
According to the BMI, people aged 65 or more on average are overweight. The average BMI of people aged 65 to 70 is 27,8, while the BMI of people aged 70 to 75 is 27,5 and in the age of 75 and more it is 26,8. Respective to the age groups just mentioned, the rate of smokers amounts to 16,7%, 11,6% and 5,4%.



CAUSES OF DEATH

Most common diseases

Most common diseases that old people suffer from are cardiovascular diseases, cancer, chronic pulmonary diseases, musculoskeletal disorders and diabetes. Depressions and dementia diseases are the most frequent mental disorders. The prevalence of dementia diseases in 2018 of people aged 65 or more was 8,6%. Most of the affected persons were female. It is estimated that until 2050 the number of dementia cases will rise immensely.



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	33.3	108.6	31.1	3.3	13.4	34.8	2.8	6.2
Bulgaria	1115.8	194.8	222.8	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	38.7	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	139.1	248.0	49.7	26.5	70.2	34.9	4.2	10.6	35.8	3.3	5.2
Estonia	633.8	240.1	289.2	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	56.5	30.8	133.5	49.5	3.1	8.4	37.8	4.3	6.9
Greece	368.1	105.5	246.7	61.0	21.8	107.5	29.6	8.1	4.5	32.2	3.1	5.8
Spain	238.3	63.7	328.5	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	301.6	323.3	68.4	48.4	82.8	30.8	8.9	14.8	34.9	4.6	8.0
Italy	306.5	89.9	238.3	48.5	26.8	70.0	40.7	5.7	6.0	32.1	1.3	6.8
Cyprus	358.7	107.4	211.8	43.4	21.1	116.3	40.1	7.1	4.1	34.0	2.9	4.1
Latvia	841.8	369.8	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	20.8	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	5.8
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	334.3	190.3	224.6	41.2	33.3	103.8	24.7	4.6	3.3	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	5.6
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	243.2	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	54.1	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	48.9	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	15.0	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	23.9	101.0	103.2	2.7	8.8	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	21.8	5.2	21.6
Norway	232.7	79.8	241.7	47.8	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 (*)	318.5	198.0	196.1	56.9	18.1	120.6	67.5	10.5	3.8	13.9	1.9	4.4

(*) Ischaemic heart diseases.

(*) Malignant neoplasms.

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

(*) 2016.

(*) Definitions differ.

Source: Eurostat (online data code: hltb_cd_asd02)

IMPACTS ON THE ECONOMY

Germany is a social state, which means that the law making aims to ensure social security and justice.

The system of the health insurance is structured as followed: having a health insurance is an obligation for every German resident. Most of them are legally health insured. Financial contributions are paid by the employer and the employee to the same extent. The level of contribution is 14,6% of the gross income of the employee (7,3% are paid by the employer and 7,3% are paid by the employee). Additional payments of 1% are possible.



	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	✓	✓	✓	✓	✓	✓	✓	✓	✓

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SOCIAL CARE

Social care policies in the field of health

As stated before Germany is a social state. This includes that younger people have to care for older people. When Otto von Bismarck introduced the first social insurances in the late 19th century, it was the start of the German social state. Several laws were established like the law of health insurance and old-age insurance. In 1957 there was a pension reform among Adenauer. He introduced the index-linked pension so that the pension contributions to be paid were dependent on the gross wage of each person. As a consequence, the annuity rate increased. When people become older, they should get a pension that approximately as high as the pension contributions that they paid before. It is called “Inter-generational contract” that a younger generation pays for the pension of the older generation. The system of the health insurance is structured as followed: having a health insurance is an obligation for every German resident. Most of them are legally health insured. Financial contributions are paid by the employer and the employee to the same extent. The solidarity principle of the health insurance means that the level of contribution is dependent on the income of the employee and that children and non-working marriage partners are insured for free. No matter how high the paid contributions are, everyone who is legally insured entitlement of medical provision. People who earn more than 59.400 Euros per year, officials and self-employed people can also conclude a private health insurance. Here, the level of contributions is dependent on age, sex, individual risk of disease and the extent of the insurance. Consequently, people who are young and healthy when they conclude the insurance have to pay less than older and unhealthier people. The private health insurance is based on the principle of equivalence, meaning that everyone pays for him-/herself without social compensation.

Hospitals

In 2019 there were 1.914 hospitals in Germany with 494.326 beds in total and the bed occupation rate was 77,2%. The number of hospitals and beds is steadily decreasing as well as the period of hospitalization. In 2019 the period of hospitalization was 7,2 days, whereas it was 14 days in 1991. In contrast the number of cases increased to 20 million patients in 2019. Added to that the number of intensive care beds increased by 36% from 1991 to 2018. Moreover, the hospital expense accounts for 115,1 billion Euros in 2019 including hospital expense and costs of educational institutions. People of the age group from 65 to 85 years caused the greatest costs. In 2015 the costs of this age group added up to 125.337 million Euros, whereas the age group from 30 to 45 years just caused costs of 33.700 million Euros. In 2019 there were around 402.500 physicians, of whom 159.900 worked ambulatory (116.300 licensed physicians and 43.600 employed physicians) and 207.200 worked stationary (16.100 in an executive position and 191.100 in a non-executive position). 35.300 physicians worked in administrative bodies or other sectors. The amount of people in need of care in 2019 is twice as high as in 1999, namely 4,13 million. This value goes along with the total long-term care rate, which is continuously increasing (from 2,5% in 2001 to 5% in 2019).

Nursing homes

Nowadays, there are 15.380 nursing homes and 14.688 ambulatory nursing homes in Germany. In the first half of 2020 there were 731.000 people who lived in fully inpatient nursing homes. The number increased strikingly over the last decade (2010: 620.249; 2015: 676.584) reaching 30% and the number of stationary facilities by almost 60%. Along with this development, the number of people dependent on nursing care is continuously increasing. In 2019 the number was 70% higher than in the beginning of the 21st century (2019: 4,1 million). The long-term care rate of people aged more than 75 increased to 11% and the one of people aged more than 90 years increased to 71%.



Assistive living

The number of locations for assisted living is increasing. This type of living aims to keep the independence and privacy of the residents. There are also flat-sharing communities of seniors where seniors live together and support each other. In a survey from the TK health insurance in 2018 it was shown that most people want to live in their own home as long as possible. They were asked where they want to be nursed and multiple answers were possible. 83% ticked “in my own apartment”, 59% “in a flat-sharing community with other seniors”, 48% “at the home of relatives” and 37% “in a nursing home”. Another way of living in the older age is in a multigenerational house. Multigenerational houses enable a collaborative living with the neighborhood and joint activities. People of all ages and origins can join the community. In Germany there are 530 multigenerational houses all over the country.



MAIN ISSUES

Depressive disorders

Depression and dementia diseases are the most frequent mental disorders. The prevalence of dementia diseases in 2018 of people aged 65 or more was 8,6%. Most of the affected persons were female. It is estimated that until 2050 the number of dementia cases will rise immensely.



Poverty

The at-risk-of-poverty rate of seniors increased over the last years. In 2019 the total at-risk-of-poverty rate in Germany was 15,9% while the rate only concerning seniors was 15,7%. The at-risk-of-poverty rate of seniors increased to a greater extent than the total at-risk-of-poverty rate. In 2005 the total rate was 14,7% while the rate concerning seniors was 11%. This value stands for rate of people that are affected from relative income poverty, meaning that their equivalent incomes are below 60% of the state median equivalent income of private households. Nevertheless, the at-risk-of-poverty rate of people aged 65 or more is lower than the rate of young people (less than 18 years: 20,5%; 18 to 25 years: 25,8%). Added to that, the median income ratio of people aged 65 and more compared to younger people was 0,84 in 2019. This value was relatively steady over the last years. Moreover, the number of recipients of basic income in old age and reduction of earning capacity also increased over the last decades. In 2003 there were 438.831 recipients, whereas in 2019 there were 1.085.043 recipients.



Social isolation/inclusion

According to the bmfsfj, the risk of solitude for seniors did not rise in the last decades. Only when people reach very old age, they feel lonelier, whereas people in middle or old age are rarely lonely. Women are more affected than men.

Around 38,7% (7 million people) of people aged 65 and more in Germany live alone. The older people become, the greater is the amount of people living alone (65 to 69 years: 25%; 75 to 79 years: 38%; 85 years or more: around 67%). Older people who live alone do not have family members in the near surrounding more often than older people who live together with other people. Concerning people aged between 65 and 74 years who live alone, only 35% have other family members that live in the near surrounding, while it is less than 50% concerning people aged more than 80 years.

There are several opportunities for participation in society. For example, there are initiatives that help older people to stay in contact with other people by using old and new media e.g. building groups that call each other regularly, participating in workshops to learn how to handle new media and connecting online partly with real meetings. The living situation of older people can also be important to socially connect. For example, in some projects students and trainees can live at older peoples' houses for free, but help with the household, in the garden or support the seniors in other ways. There are also neighborhood communities in which multiple generations care for and support each other in everyday life. Joint activities like drinking coffee or doing sports are included, too. As a consequence, older people can stay at their own homes longer and do not have to go to a nursing home too early. Other projects aim to organize joint physical activities with seniors and volunteers like regular walks outside (where people in wheelchairs can participate too), balance and mobility exercises, stretching and dancing to music. There is strong scientific evidence that physical activity has several positive effects for older people like an improved mental health, physical health, cognitive functions and performance. As the mobility of older people is limited, the offer of shuttle services and citizens buses is increasing. This allows older people to keep social contacts and stay more independent. There are also shuttle services especially for seniors that emphasize a more personal atmosphere and connection between the seniors themselves and between the seniors and the drivers. Going on vacation for one week is possible, too, when seniors are picked up every morning from their homes and then they visit locations in the near surrounding.

The percentage of people in the age of 60 to 69 years that have membership in a club was 35,5% and in the age group 70+ it was 34,8% in 2020. Over 40% of people aged 65 or more work voluntarily. Concerning paid work, the percentage of pensioners who are employed increased to 1,45 million in 2018.

Active citizenship

There is also the opportunity for older people to participate in political manners in senior citizens' councils or advisory boards for seniors. The Older People's Advocacy represents the senior citizens' councils and advisory boards for seniors at a federal level. The BAG LSV (Bundesarbeitsgemeinschaft der Landesseniorenvertretungen e. V.) works voluntarily and aims to improve the participation of older people so that their interests are formulated and arbitrated. Another option for older people to participate politically is to engage in citizens' initiatives or social movements.

Participation in ICT

Most of the people aged 70 and more do not use the internet (57,8% in 2020). As a comparison, the percentage regarding people aged 14 and more was 16,3%. 63% of old people have used a computer at least once.

Quality of life

According to the DIA study, around 60% of people aged 70 or more rate their life quality as good, while younger people rate their life quality worse (44-52% rate their life quality as good). According to the bmfsfj, most people are content with their lives, but there are differences between the sexes. Women in middle age are more content than men, while in old age men are more content than women. Although women are affected from functional problems more often than men, their subjective health evaluations are similar.

A survey from 2009 asked about the most important wishes concerning the older age. Most important was to stay healthy and fit (87,1%). This was followed by the wish not to become dependent on care (69,9%), to live in the own home (61,9%) and not to suffer from poverty (53,4%). Good medical care provision was important for 39,2%, engaging in hobbies for 36,4%, mobility and travelling for 34,5% and visits/socializing for 31,3%. Less important were leisure opportunities for seniors (8,3%), financial support (2,9%) and product offers for seniors (2,8%).



CONCLUSION



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

- ✓ Support to stay independent and live in the own home
- ✓ Good medical - health care provision
- ✓ Continuing and empowering engagement in hobbies, mobility, travelling and visits/socializing
- ✓ Education people in ICT technologies

RESOURCES

Ärzteblatt (2020)

<https://www.aerzteblatt.de/nachrichten/109460/Deutliche-Zunahme-an-Demenzkranken-in-Deutschland-und-Europa-erwartet>

Ärzteblatt (2020)

<https://www.aerzteblatt.de/nachrichten/117722/Mehr-als-730-000-Menschen-leben-in-Deutschland-in-Pflegeeinrichtungen>

BAGSO Tagungsdokumentation (2020)

[https://www.bagso.de/fileadmin/user_upload/bagso/05_Veranstaltungen/2020/FT_Politische_Teilhabe/Dokumentation BAGSO-Fachtagung Politische Teilhabe 2020.pdf](https://www.bagso.de/fileadmin/user_upload/bagso/05_Veranstaltungen/2020/FT_Politische_Teilhabe/Dokumentation_BAGSO-Fachtagung_Politische_Teilhabe_2020.pdf)

BAGSO Themenheft Gemeinsam statt einsam – Initiativen und Projekte gegen soziale Isolation im Alter. [https://im-alter-inform.de/fileadmin/user_upload/4_Gesundheitsfoerderung/Empfehlungen/Soziale Teilhabe/BAGSO Themenheft Gemeinsam statt einsam barrierefrei.pdf](https://im-alter-inform.de/fileadmin/user_upload/4_Gesundheitsfoerderung/Empfehlungen/Soziale_Teilhabe/BAGSO_Themenheft_Gemeinsam_statt_einsam_barrierefrei.pdf)

Bundesärztekammer Ärztestatistik (2019)

[https://www.bundesaerztekammer.de/fileadmin/user_upload/downloads/pdf-Ordner/Statistik2019/WEBStatistik 2019 k.pdf](https://www.bundesaerztekammer.de/fileadmin/user_upload/downloads/pdf-Ordner/Statistik2019/WEBStatistik_2019_k.pdf)

Bundesministerium für Familie, Senioren, Frauen und Jugend

<https://www.mehrgenerationenhaeuser.de/mehrgenerationenhaeuser/was-ist-ein-mehrgenerationenhaus>

Bundeszentrale für politische Bildung (2012)

<https://www.bpb.de/politik/grundfragen/deutsche-verhaeltnisse-eine-sozialkunde/138744/historischer-rueckblick>

BZgA (2017)

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