Elder care in Ireland - Needs and Responses

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Outline

- Demographics
- Implications
- Response
Demographics
Implications
Implications

- Increasing dependency ratios
  - No. aged 65 and over / No. aged 15 to 64
- But Ireland does really well on this measure
Dependency ratios

Dependents per hundred working age

Year

Type
Young
Old
Total

Co-operatives and elder care in Ireland
Estimates of % GDP spend over time

Source: based on European Commission and Economic Policy Committee (2009)
Implications

• Morbidity increase with age
  – Obviously

• But it increases at different rates in different countries

• The rate of increase is lower for people born more recently (not just younger people – cohort effect)
Figure 1: ADL limitations by country, age, and time
Data taken from SHARE. SHARE=The Survey of Health, Ageing and Retirement in Europe. ADL=activities of daily living.
Compression of morbidity

- Goes back to work by Fries in the early 1980's
- Was controversial, but now widely accepted
- You live longer, and you get sick around the same distance from death
Compression of morbidity

Compression of morbidity

- Very little rise in life expectancy for centenarians in rich countries since the 1920's
- The gain is earlier
Response
Response

• Panic
  – Often with an ulterior motive

• Realistic
  – Business as usual is not an option
Choices

- Prevent morbidity
- Defer disability
- Support independence
- Restructure, fund and incentivize health and social care systems to do this
Causes of longer lives

Mathers et al, Lancet Feb 17th 2015
Actions and timing

- There is good evidence of effective interventions to reduce long term ill health starting before conception, and running up to the age of 80 or more.
- There are interventions for all ages, men and women, including lifestyle changes, environmental changes, health care, social support, community development and more.
Care models

- **Client centred**
  - Identify and meet their needs, not those of the delivery organizations

- **Community based**
  - Aim is to live as independently as possible, in the location of the client's choice, as far as possible
  - Don't drive people into long-term care settings
Economics

- Good evidence that, with some forethought, rich countries can afford good elder care
- This does not mean putting everyone over 85 in long-term care!
- People need real, accessible options
- Different countries face different challenges
References

• Lancet series on Ageing Feb 17\textsuperscript{th} 2015
• Fries at al. Compression of Morbidity 1980–2011 J Ageing and Health Research
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