

Elder care in Ireland - Needs and Responses

Anthony Staines DCU

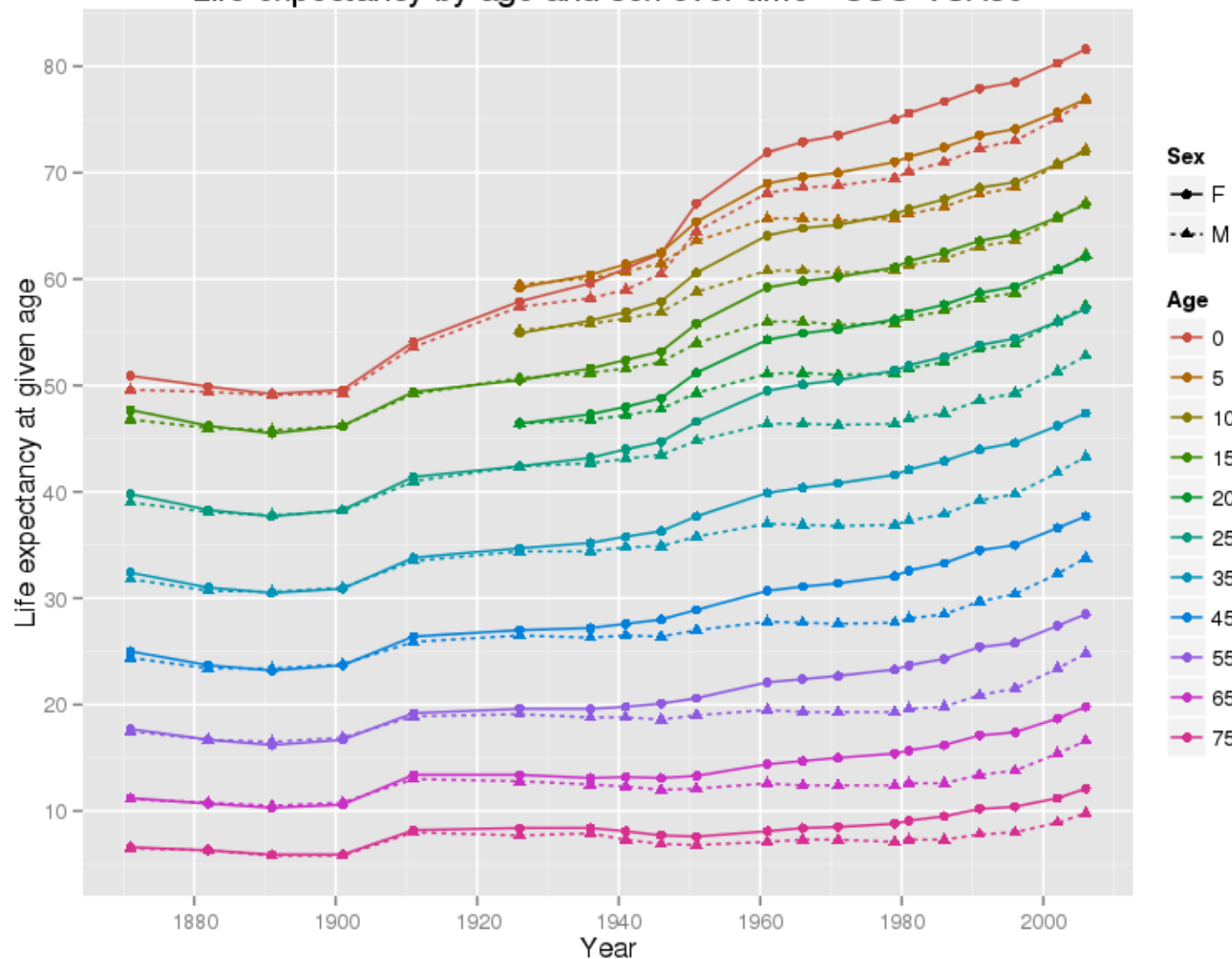
Dublin, 14th April 2015

Outline

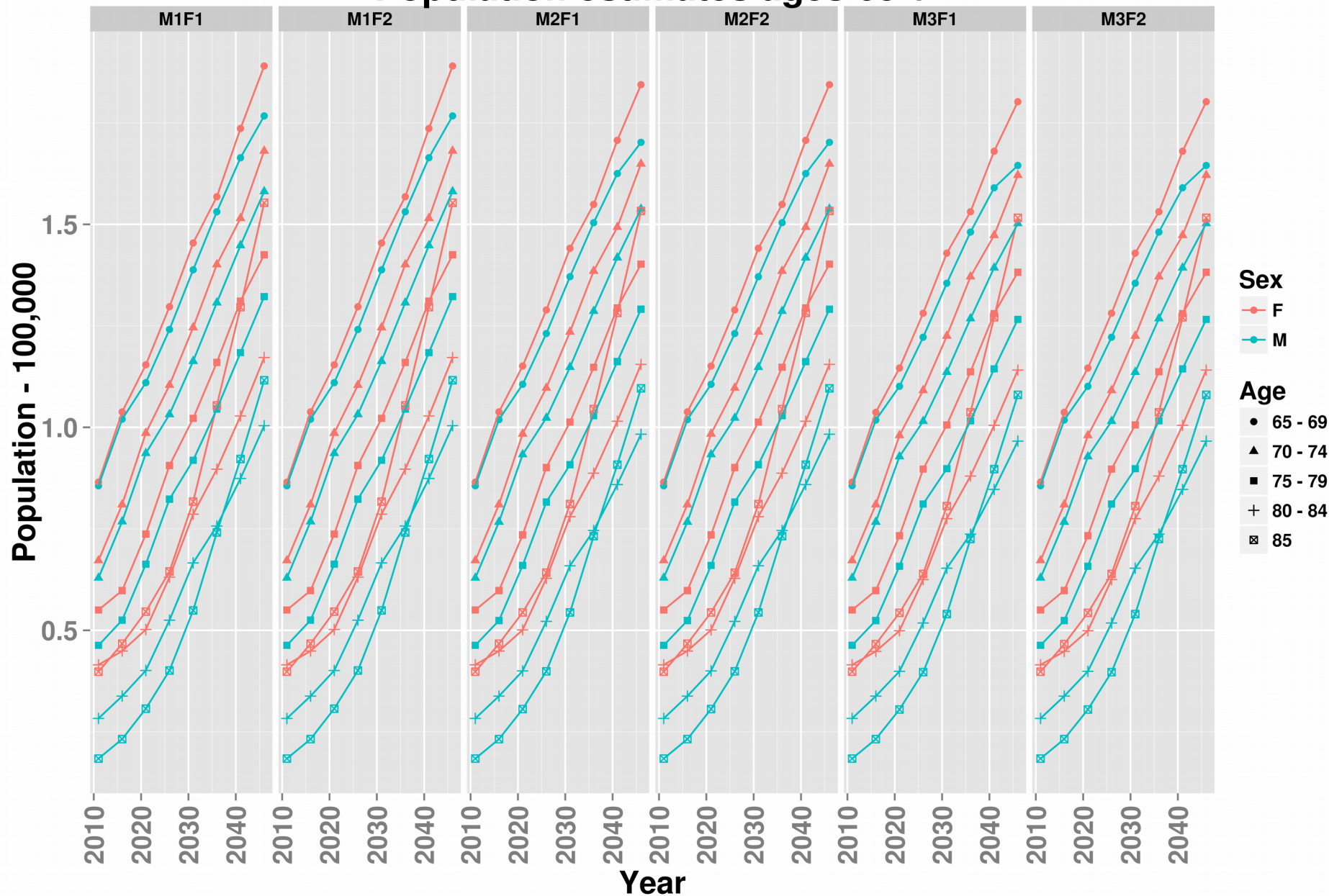
- Demographics
- Implications
- Response

Demographics

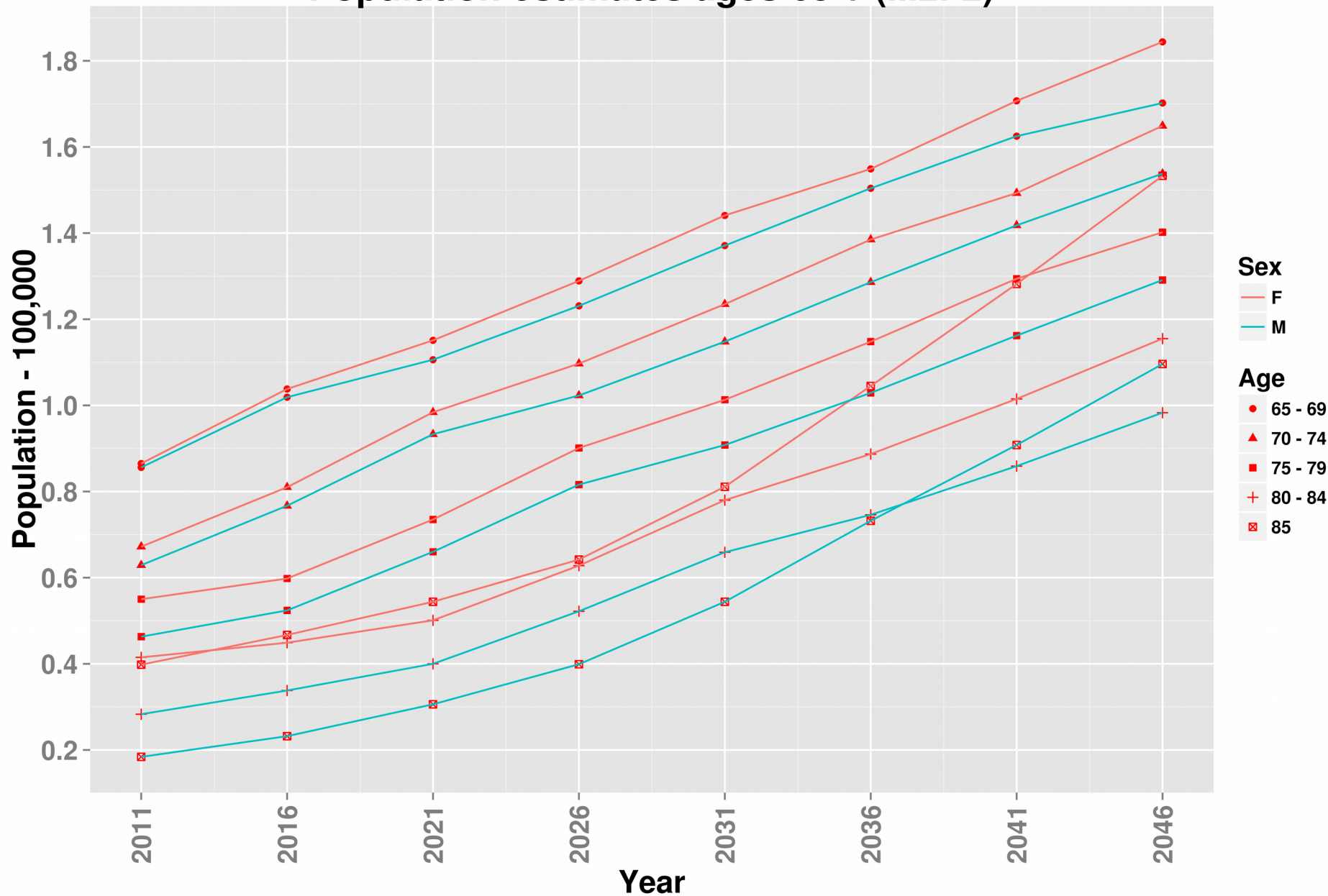
Life expectancy by age and sex over time - CSO VSA30



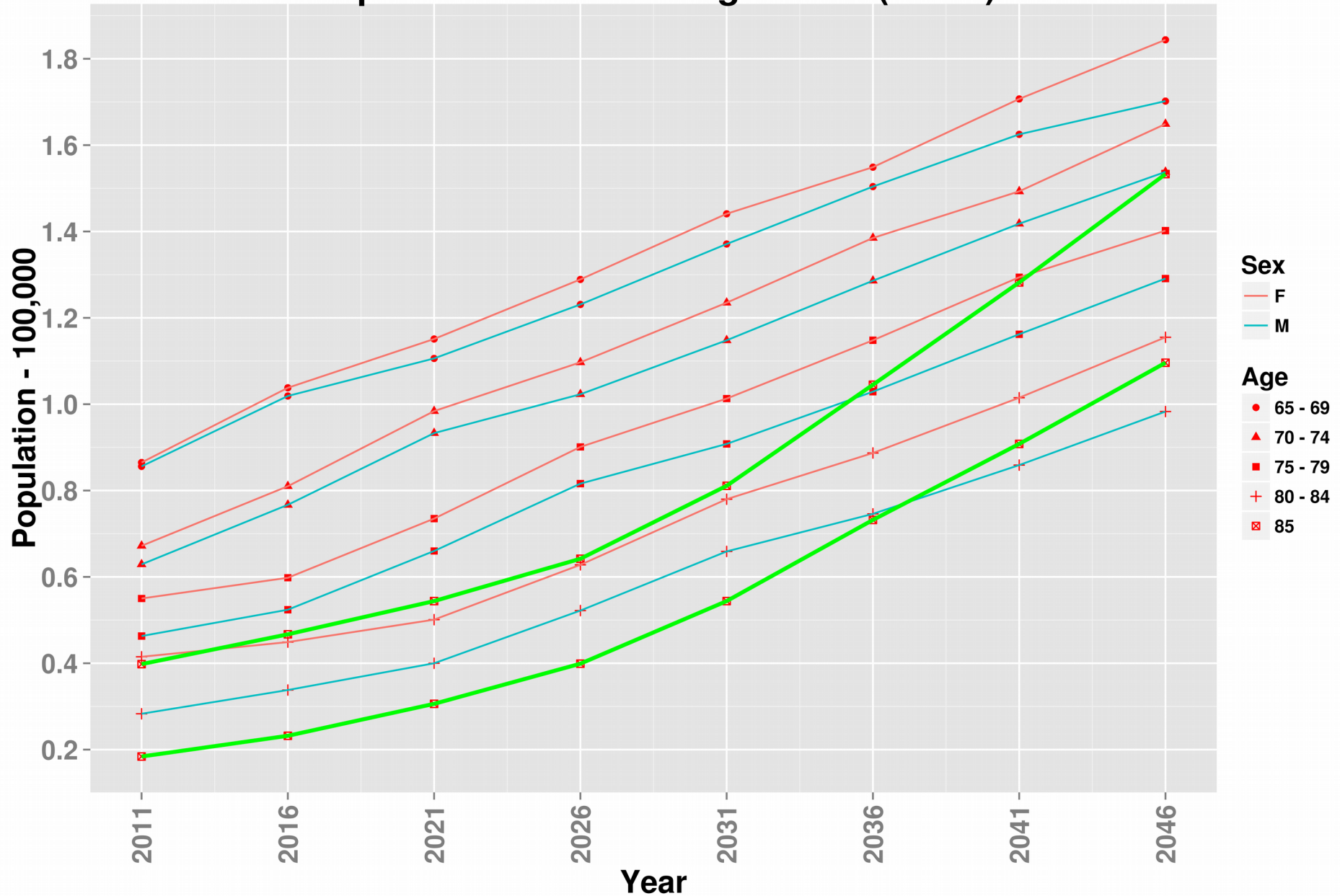
Population estimates ages 65 +



Population estimates ages 65 + (M2F2)



Population estimates ages 65 + (M2F2)

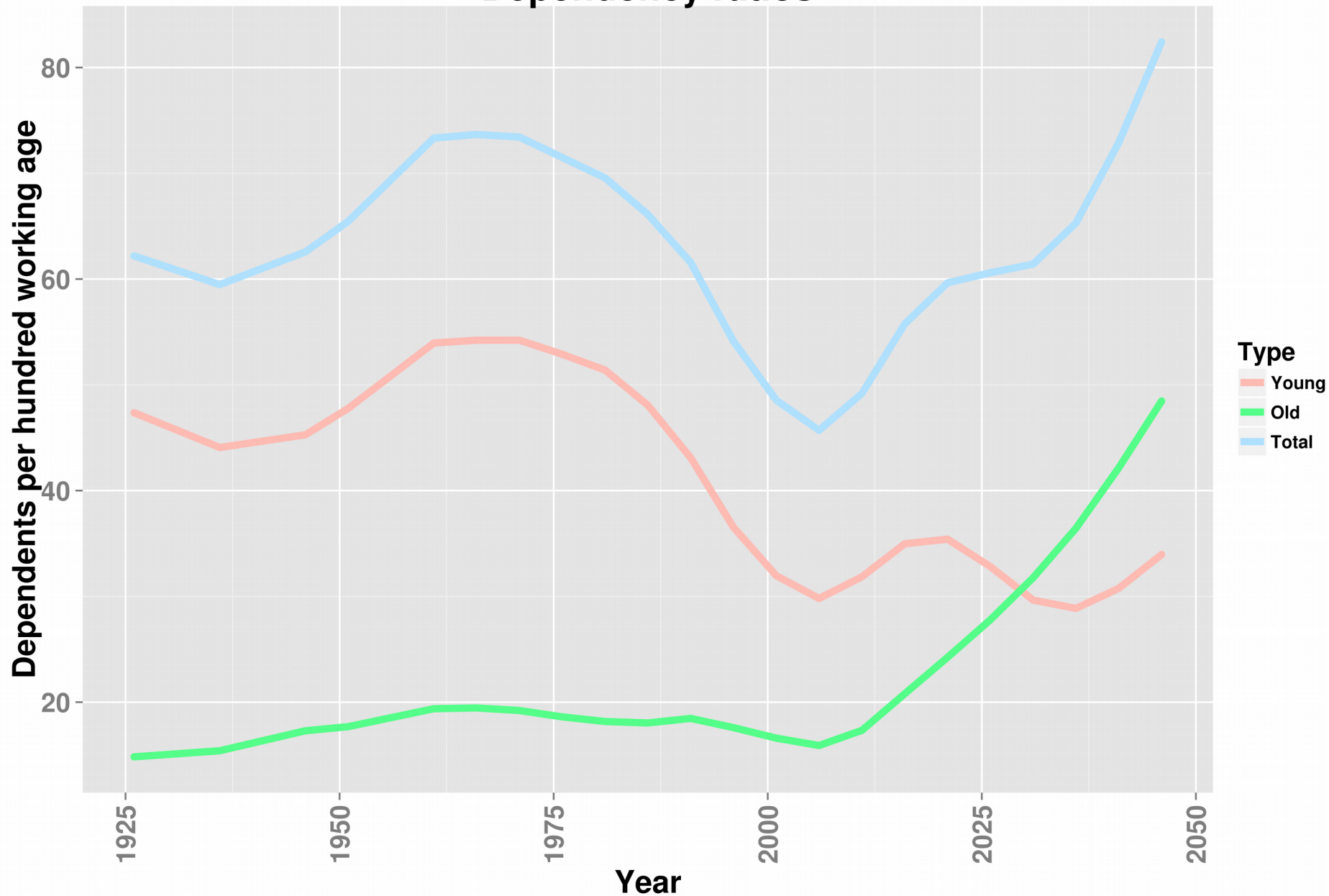


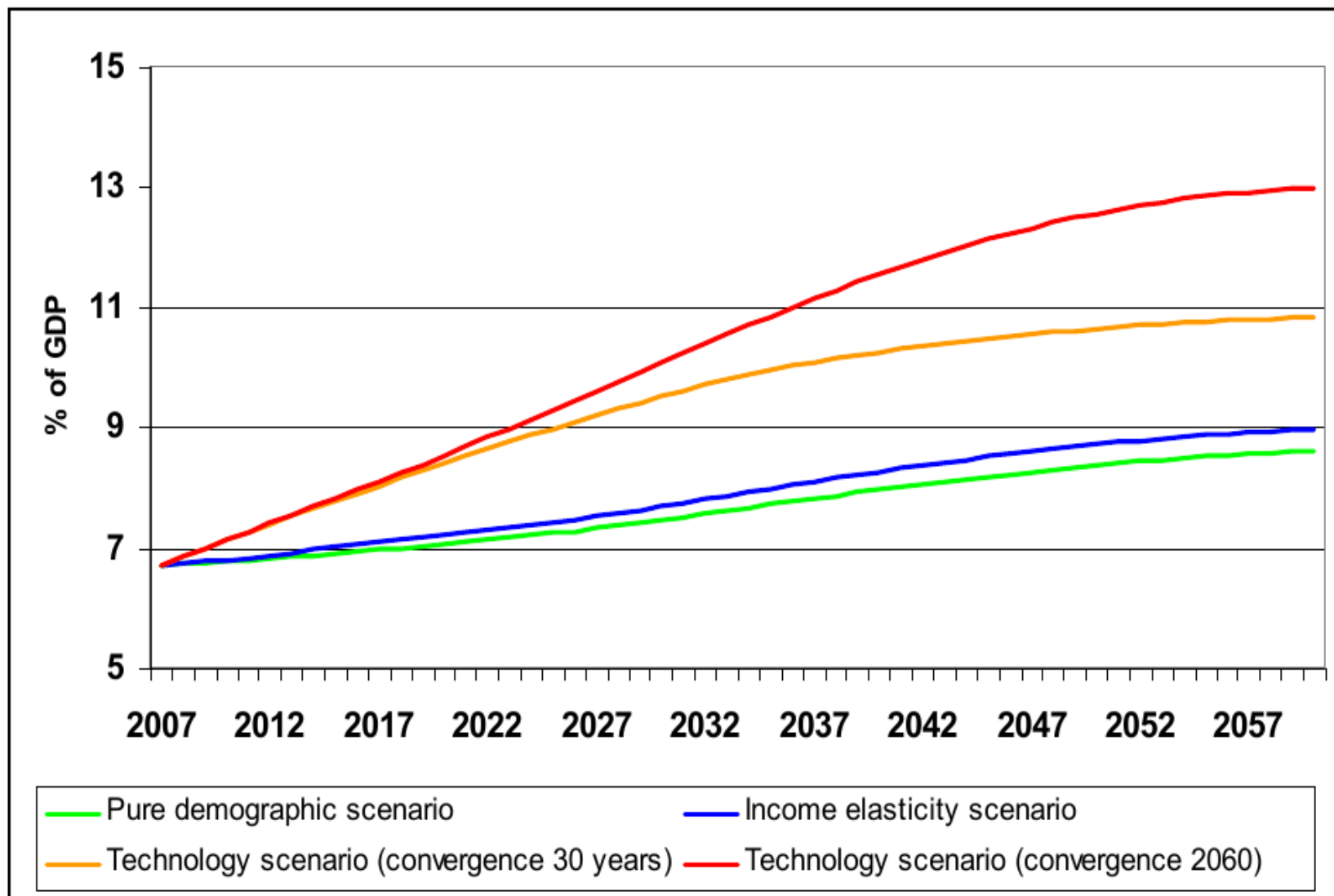
Implications

Implications

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

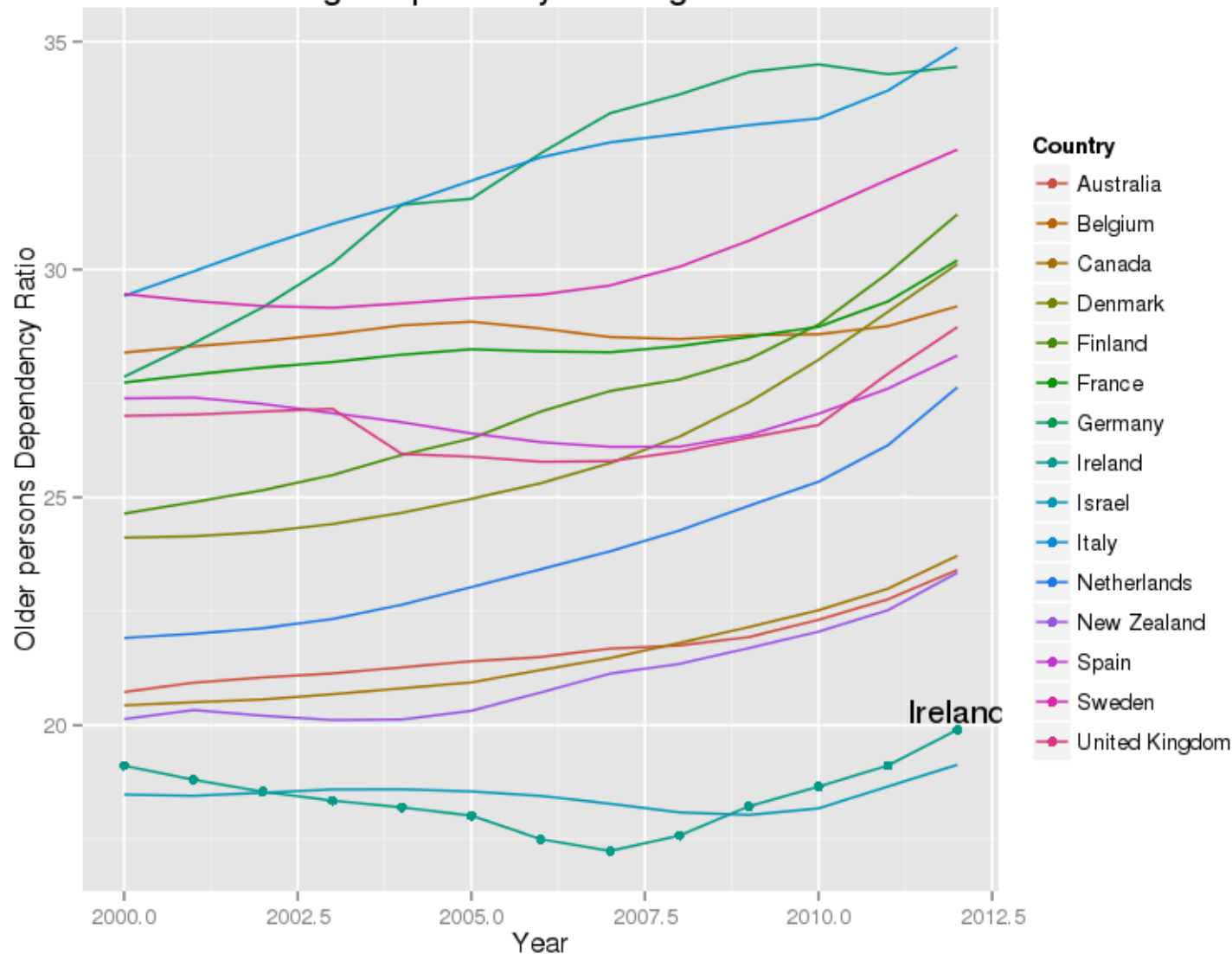
Dependency ratios



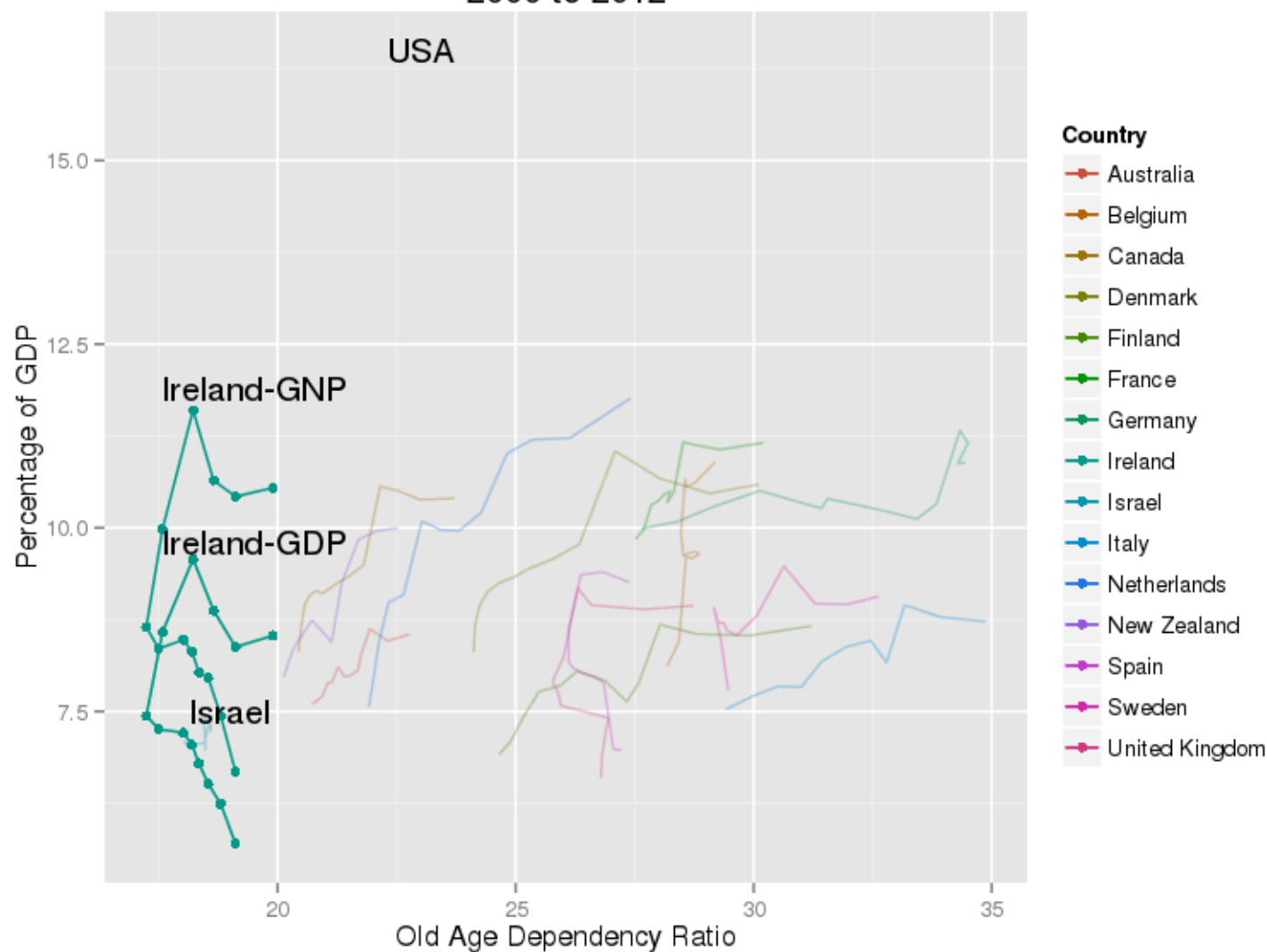


Source: based on European Commission and Economic Policy Committee (2009)

Old Age Dependency Ratio against Time



Health care expenditure as a percentage of GDP against OADR
2000 to 2012



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)

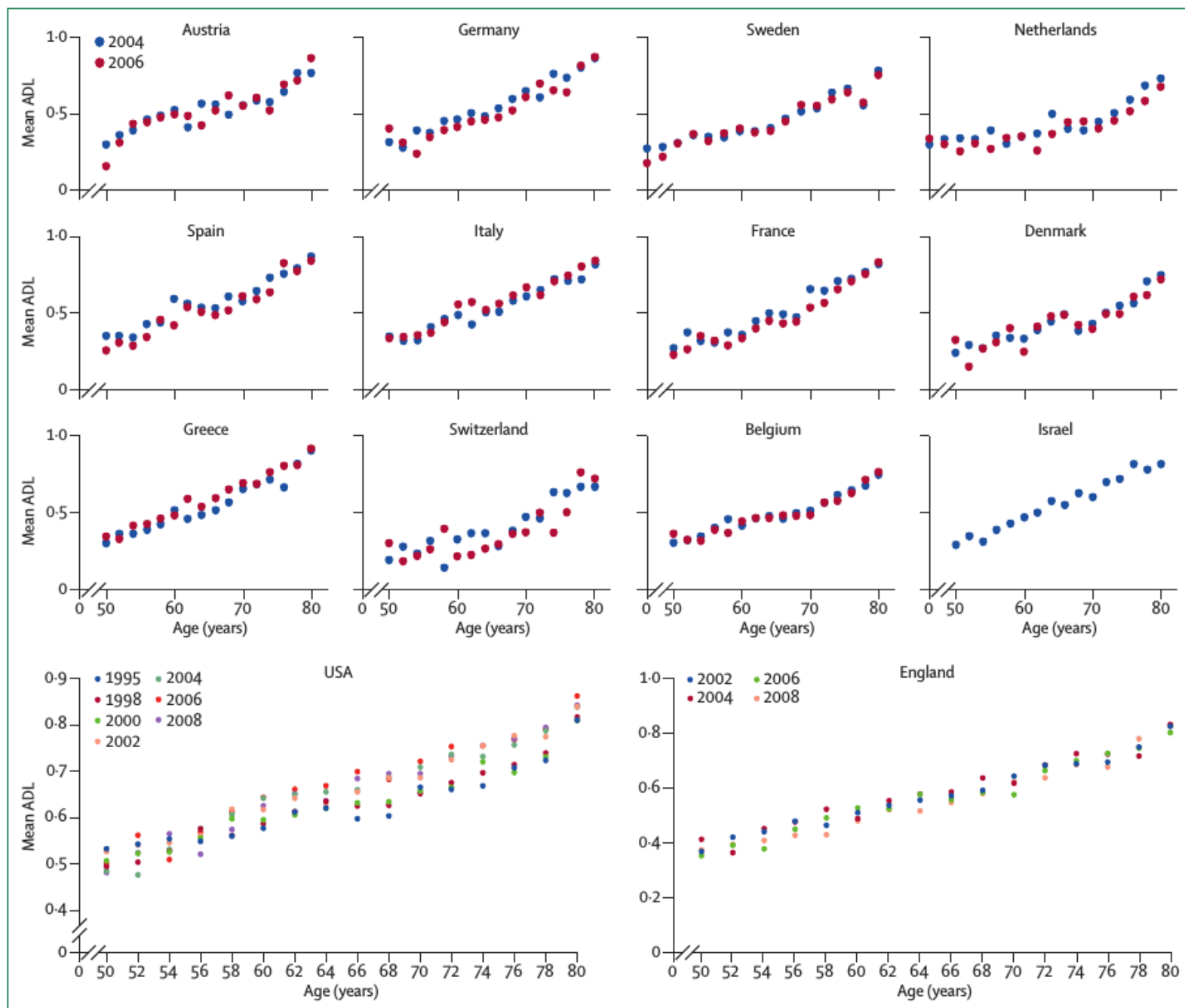


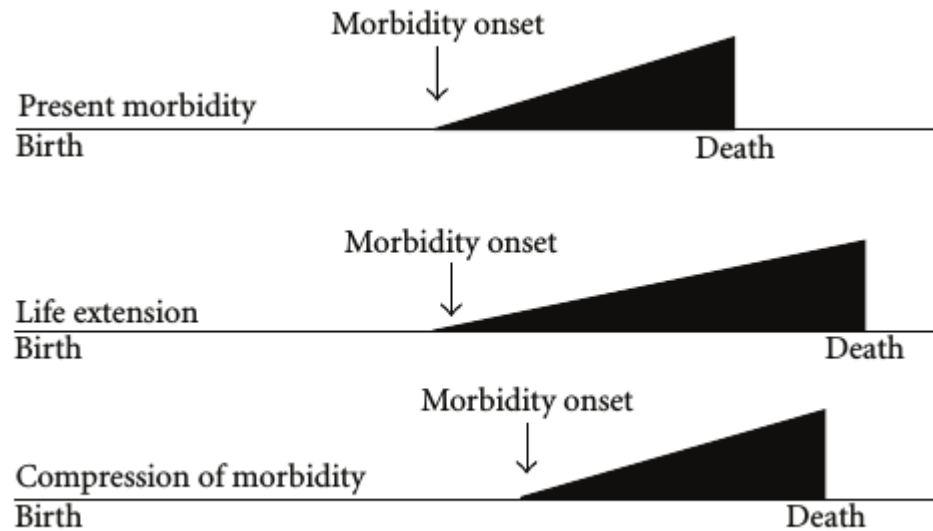
Figure 1: ADL limitations by country, age, and time

Data taken from SHARE.⁵⁵ 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



Fries et al. Compression of Morbidity. J. Aging Res. 2011

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

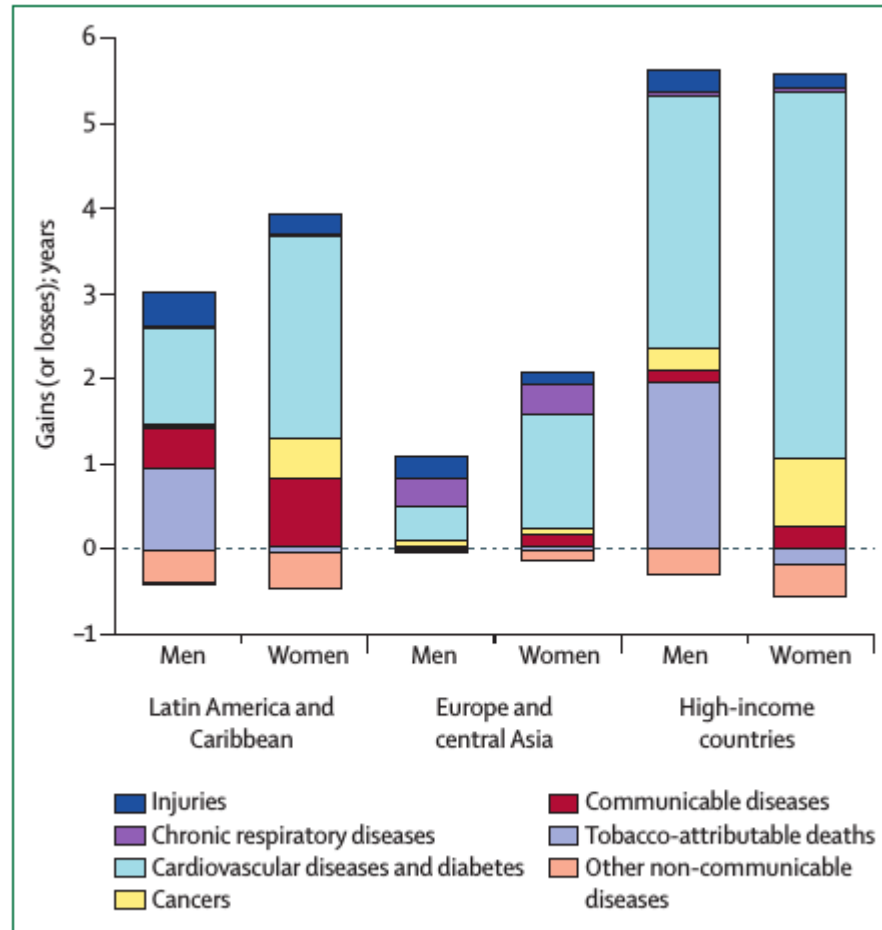


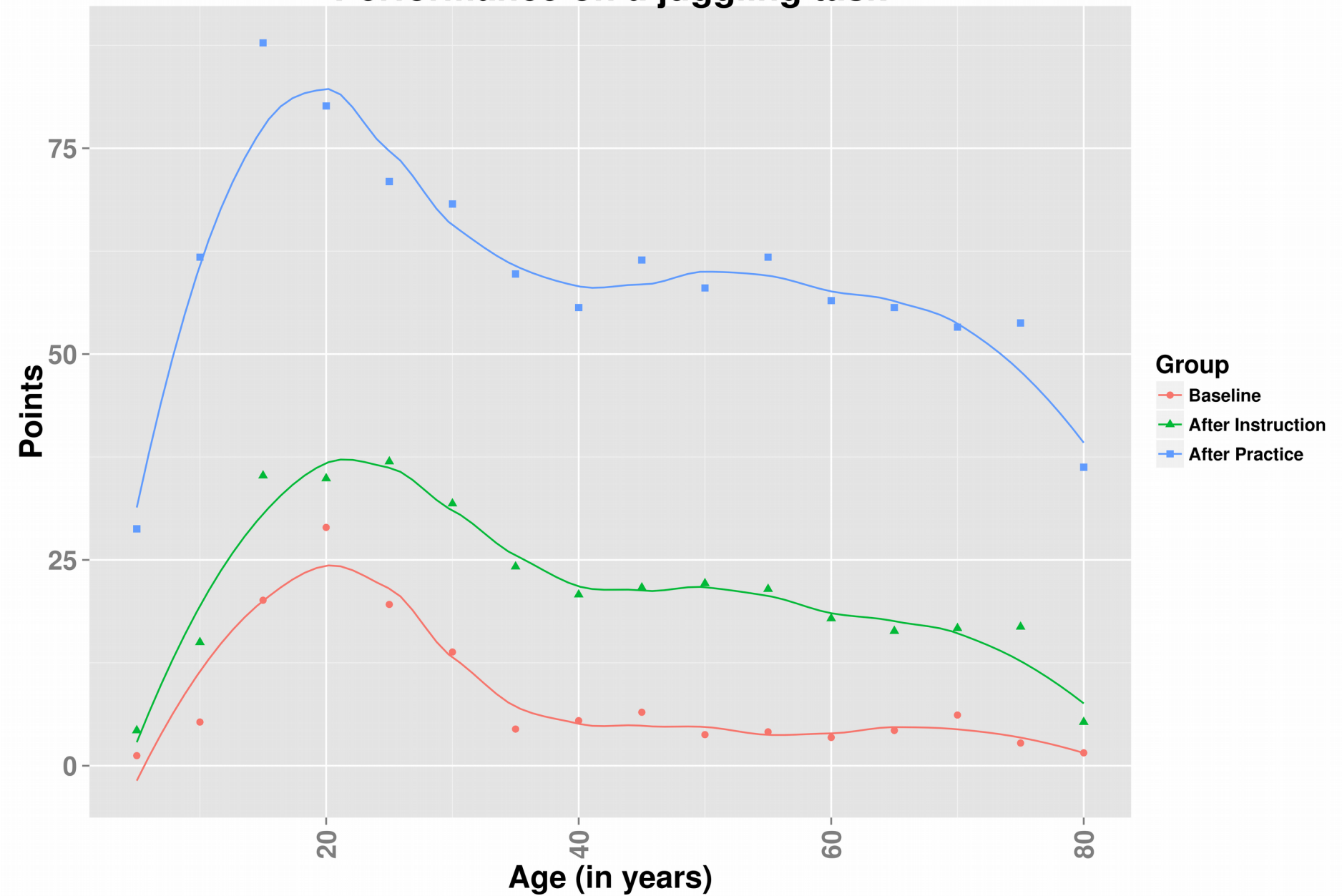
Figure 2: Cause contributions* to gains in life expectancy at age 60 years from 1980 to 2011

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

Performance on a juggling task



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 17th 2015
- Fries et al. Compression of Morbidity 1980–2011 J Ageing and Health Research
-